

CLARENDON LODGE PATIENTS PARTICIPATION GROUP

DRAFT MINUTES OF MEETING 26/01/16

Present: Michael Pearson (Chair), Sam Grover, Daphne Edwards, Maureen Hirsch, Martin Blows and Stephen Gallagher (Practice Manager). Dr Fahmy (GP partner)

Apologies: Bridget Winn, Ann James, John Pickering, Martin Merson and Marcial Davis.

Notes of last meeting:

These were approved as a correct record of the last meeting.

Matters arising:

- Now the PPG dates are set, Michael to re invite Laura Fulcher to a meeting
- Phone message regarding the new IT system has been removed.
- Michael to continue to attempt to contact other PPGs
- PPG letter to CCG has been held up for further discussion.
- Michael apologised for publishing the wrong date for today's meeting. This meant that several members were unable to attend.

Meetings attended by members

Daphne and Maureen attended the recent CCG 3P meeting. They expressed concern about the structure of the meeting. The information being provided was extensive and written in officialese making it hard to understand.

Daphne said that following some small group sessions the CCG had responded to the questions raised by CCG 3P members. She would circulate the paper via Stephen as she only has hard copies.

Michael and Bridget attended the SWFT/GP federation meeting at Warwick Racecourse. The plan was to get feedback from patients and patient groups about the out of hospital services currently being provided and to suggest improvements. SWFT intended to include the feedback from the meeting when required to re tender for the services.

Practice Managers Report

Staff update - Two new receptionists have started. Stephen reported that there has been quite a turnover of reception staff recently.

Complaints - there were no complaints to date

Pharmacist - a pharmacist and a technician have commenced work at the Practice. Currently they are involved in introducing standard diabetic monitoring meters to some patients.

New Premises - Still on going. Stephen and Dr Fahmey had recently visited a purpose built premises accommodating three separate Practices. They were highly impressed by the set up and would definitely recommend a similar arrangement for our area.

Care Home project - This has been extended prior to going out to tender. The project will now include a series of Reminiscence presentations sponsored by the Practice and carried out by the Leamington History Group. Dr Fahmey told the group that visiting the Nursing homes had enabled the staff to have more confidence in referring patients to the GP or hospital in an informed manner. She also stated that she had attended a course on dementia and reminiscence therapy was highly recommended for patients with the disease.

Carers Group - Stephen asked for PPG assistance in getting this group going again. He will provide Martin B with some information to send to the PRG. Michael will approach Ann to see if she would be interested.

Virtual consultations - Stephen asked if the PRG could be approached about their views on the use of virtual consultations by using Skype. The Practice has a small room available which should be able to accommodate a GP. Dr Fahmey was not too keen on this approach but accepted that many younger GP's are keen on the use of virtual technology. Stephen agreed to send Martin B some suitable questions to be sent out to PRG members.

NHS survey results - Stephen reported that the NHS had recently carried out a satisfaction survey of all GP Practices in England. The overall score for Clarendon Lodge was 97% and they now occupied a position in the top 10% of Practices. The PPG expressed their satisfaction at the result and congratulated the Practice on an excellent patient satisfaction score.

Main Items

Friends and Family:

The filling in of the F and F cards had dropped off considerably - down to about 10 or 20 a month. However a new patient texting service, MJog, had been introduced. After completing their appointment at the Practice, patients now receive a text message asking them to score their experience. So far the number of responses has reached 120. Stephen will send the data to Bridget for analysis.

Access to Records

This service is now working well and the issue around access by 11-16 year olds has been resolved.

Newsletter

It was agreed to publish the next newsletter at the end of March.

Website redesign.

Stephen was concerned about progress in this area. The CSU had apologised for the delay and sent through webpage mock up for the PPG and the Practice to look at. The PPG expressed disappointment with the layout. Stephen said he was happy for the PPG sub group to have access to the CMS (Content Management System) and start work on a patient friendly design. Martin and Sam and hopefully Marcial will be able to meet with Stephen soon to start the process. They will report to the next meeting.

Consultation arrangements

There followed a detailed discussion on the consultation arrangements designed by the CCG. The CCG is putting all out of hospital services out to tender and appointing a lead provider to manage all of these services in an integrated way. It is possible that the contract would attract a major Health Provider from the private sector. The CCG is bound by law to consult all interested parties on this including patients. However no one at the meeting was aware of being consulted despite the CCG stating that extensive consultation had taken place. Stephen posed the question as to what is meant by consultation. Did this mean just informing people after the decisions had been made?

Also all the extra services being provided by the Practice (i.e. phlebotomy, support to residential and nursing homes, flu clinics etc) are also being put out to tender. This could impact on patients in a big way

yet nobody seemed aware of any consultation process to ensure the patients voice is heard.

Michael suggested writing a formal letter to Laura Fulcher (the patient and public engagement lay member on the CCG board) asking how and when the consultation process is to be carried out. Michael agreed to draft a letter

There was a strong feeling in the group that consultation was a tokenistic exercise as the important decisions had already been taken and nothing could stop the CCG from proceeding with the tendering (or procurement) approach.

It is now essential to keep on top of the CCG's consultation programme re the tendering arrangements and decisions. Michael will ask Bridget to scan the CCG committee papers for reference to any consultation programme.

Maureen requested that the group comment on a draft Primary Care strategy prepared by the CCG 3P Primary Care sub group. As the meeting to discuss this was tomorrow, members felt that they would not have enough time to comment.

Future meeting date: March 22nd 2016.

Meeting closed at 19.50 pm