

CLARENDON LODGE PATIENTS PARTICIPATION GROUP

NOTES OF MEETING 28/03/17

Present : Michael Pearson (Chair), Daphne Edwards, Sam Grover , Dorrette McCauslan, Maureen Hirsch, Martin Blows, Stephen Gallagher (Practice Manager), Dr Mulley (GP Partner)

Apologies: Ann James, Bridget Winn, Marcia Davis, John Pickering

Guest: Chris Bain – Chief Executive, Healthwatch, Warwickshire

AOB – no items raised

Action Sheet.

Stephen has approached the CQC about the final report on the Practice. No report yet available. **Stephen** will inform PPG as soon as it is published.

111 Centre visit. The new provider for this service is Care UK and they have decided only to allow visits booked through the CCG 3P meetings.

Second report on early morning queue – Report finished and sent to Practice. Not all members recall receiving a copy. **Michael** will re distribute to all.

Young Persons survey – This project has been suspended as Bridget is currently unavailable

Friends and Family data – **Stephen** has sent out latest data to members and will continue to do so. Very positive responses so far, however, the appointment system is still causing concern to some patients

Website – Working well. Sam produced statistics showing numbers of people accessing the site. Would be useful to have regular reports to future meetings. **Sam** to organise.

Induction loop – This has been tested by Dorrette and found to be satisfactory.

Developments of Dr First System – now to be called Demand Led Access or DLA. It was agreed that a separate meeting was needed so that the PPG members could be fully briefed on the new system. **Stephen** will look into arranging possible dates.

Healthwatch

Chris Bain introduced himself and gave members an insight into the work of his organisation. Healthwatch has been set up across England to act as an independent watchdog over all health and social care services. It is funded by central government although the funding is managed by the local authority which causes difficulty as not all the designated funding is handed on.

Healthwatch is independent of both the local authority and NHS. It has representation on Health and Well Being Boards and Scrutiny Committees of the local authority. It also works closely with the respective CCGs.

Currently its main activity is called enter and view. Healthwatch is empowered to visit any service or agency providing health and social care services. These visits are usually unannounced and they cannot be refused entry. Action will be taken if the service is not acting in the interest of clients, residents or patients. Healthwatch has various reporting mechanisms to ensure swift action is taken over concerns raised .

Chris stated that any member of the public can approach Healthwatch with concerns over any health or social care service. He would encourage PPG members and Practice members to take this approach if they are worried about a service. Healthwatch will always investigate although may not always invoke the enter and view approach.

All Healthwatch reports are made public and are available on their website.

Healthwatch holds an annual conference and he invited PPG members to attend. The date will be on the morning of the 20 September at the Gurdwara in Leamington.

There was then a discussion on Patient and Public representation over service changes particularly in respect of the STP plan. (Sustainability and Transformation plan). Chris was very concerned that the public voice was not being heard and plans were being developed by senior managers in isolation.

He suggested that a standing conference be arranged for all PPGs so that their voice could be heard. This was supported by the meeting.

Chris also said he would look into the CQC report delay and discuss with Care UK why individual PPGs could not arrange appointments to look at the work of the 111 service.

Michael thanked Chris for his input which all agreed was very useful and informative.

Practice Manager's Report

- There had been one complaint received but this came through NHS England. Stephen stressed that although patients had a right to take their complaints directly to the NHS a local approach and resolution was by far the best option.
- Two new reception staff have now been appointed. Becky Richardson is now in post with Julie Holloway, a very experienced receptionist, due to arrive shortly. Dawn, the longest serving receptionist had now retired with everyone's good wishes.
- Whilst the practice had difficulty in engaging a second locum to cover Dr Alsop's leave, the vast majority of the sessions had now been filled with three locum GPs covering. The Practice is coping well with the situation and will continue to do so until Dr Fahmy and Dr Alsop return in June and July, respectively.
- The check in screen should now be able to give waiting times for appointments. Stephen asked that **PPG members** checked the system out and let him know of any problems.
- Stephen stated that the Practice had put in a bid to provide specialist primary medical care to five nursing homes. However the tender process has extremely complicated and there was no guarantee the Practice would be awarded the contract.
- The new pharmacist has completed a review of prescription service at the Practice and this had been useful in improving the service to patients. The problem of overspend on drugs had been addressed and the Practice was now on target.

Discussion

The remainder of the meeting was taken up with a discussion on the CCG request to assist with the promotion of a patient questionnaire on GP services. Maureen who had attended the last CCG meeting said that the meeting had expressed surprise at the request, feeling that it would impose too great a burden on the chairs of the PPG. Stephen said he had already put information on the TV and posters in the reception areas. He could leave the information slips on reception for patients to take away.

The meeting felt that sitting with patients to help them fill in paper questionnaires was not feasible due to the time that would be taken to go through the 24 questions. Questionnaires can be filled in on line and the meeting felt that patients would be best advised to do this. It was agreed to put information on the website and to send out a special newsletter on the subject, **Martin** agreed to arrange this. Several members took away paper copies of questionnaires plus envelopes to fill in and send off to the CCG. The CCG are hoping for a minimum of 3000 filled in questionnaires.

Maureen raised the issue of more frequent meetings and Dorrette requested that consideration be given to a meeting day other than Tuesday. **Michael** agreed to email members for their views.

Meeting closed at 7.50 pm

Date of the next meeting: Tuesday 23 May 2017