

Castle Street Patient Participation Group

Notes from meeting held on the 13th June 2011

Present:

Karen Bestwick (Practice representative)
Gordon Hartley
Jean Railton
Mary Kay
Debra Ford
Mandy Wareham
Anne Aston
Grant Stothard
Guy Freeland
Mary Freeland

Apologies:

Dr Deb Kar
Hazel Mellard
Mike McDonnell
Barrie Ducker
Pat Ducker
Geoffrey Henry

Welcome and Introductions

Karen welcomed attendees to the second meeting and introduced Debra, Gordon, Guy and Mary who were new to the group.

It was agreed that to be purposeful the group would need to take ownership and have identified targets to work to and Karen proposed that the meeting would spend some time identifying priorities and the groups terms of reference. It was discussed briefly that the group will maybe need to consider a more formal arrangement in the future with a chairperson and secretary.

Surgery and Locality Update

Karen gave a brief overview of the government statement released that day in response to The NHS future forum review (the government listening exercise on the proposed reforms).

Other updates included the proposed CQC (Care Quality Commission) registration requirement for surgeries and the work involved.

Doctor issues discussed included an explanation of the Practice training status and the role of the registrars. It was identified that this was sometimes a source of confusion for patients as the registrars were not permanent and therefore did not

provide continuity although there were many other benefits of being a training practice.

Karen informed the group that Dr Kama (permanent GP) would be on maternity leave from the middle of July.

Group Business

Patient Participation Group Direct Enhanced Service- PCTs are now obliged to contract with any willing practices for this service. Karen went through the requirements of the contract which the practice have signed up to deliver. The main contractual points for practices to achieve are:

- develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. PPG;
- agree areas of priority with the PPG
- collate patient views through the use of a patient survey;
- provide the PPG with an opportunity to discuss survey findings and reach agreement with the PPG on changes to services;
- agree action plan with PPG and seek PPG agreement to implementing changes;
- publicise the actions taken and subsequent achievement.

Issues identified at this meeting included:

1. Confidentiality at reception- significant concern about disclosing DOB and address. Suggestion re: patient ID card offered.
2. Communication about different services and how these should be communicated to the practice patients. E.g. posters only useful for people who attend the surgery.
3. Disability and pushchair access- very difficult (may also be a CQC requirement)
4. Waiting room issues- lack of space, confidentiality, chairs not patient friendly (more high backed chairs suggested)
5. Position of Jayex board not appropriate to patients sitting below it.
6. Loss of practice based physiotherapy service.

It was agreed that these issues would be considered in priority and may form part of the local patient survey to obtain patients views.

Terms of reference Karen handed out sample documents from the NAPP (National Association of Patient participation groups). This was used to develop the group's terms of reference which is attached as appendix 1.

Work Plan

Leading on from the terms of reference the group brain stormed areas of possible work to consider for the future. The following were highlighted and discussed:

1. Patient Feedback- how to get feedback from all groups.- consider information being attached to prescriptions
2. Encourage/increase representation from all groups- posters targeting specific groups, individual requests to attend the PPG to represent minority groups, involve other health professional to help canvass support eg school nurses
3. Continue with the surgery newsletter with PPG involvement
4. Consider how children attending the surgery can be catered for (in the waiting room) taking into account H&S issues and infection control policies.
5. Plan a further open day.
6. Use of a notice board for the PPG
7. Bolsover Town Council Charity day- information stand for PPG, leaflets maybe a video running on a laptop
8. Education for patients- videos in waiting room on emergency response (maybe St John's could support)
9. Information re: preventative medicine
10. Expert patient groups- talks on long term conditions etc.

Frequency of Meetings

To continue monthly but to increase length of meetings by 30 minutes to run from 6.30 to 8.00pm

Date of Next meeting 11th July at 6.30pm

Terms of Reference

- 1.** Contribute to practice decision-making consult on service development and provision.
- 2.** Provide feedback on patients' needs, concerns and interests and challenge the practice constructively whenever necessary;
- 3.** Serve as a 'safety valve' for dealing with grumbles and complaints about the practice – representing patients but also helping them to understand the practice's viewpoint;
- 4.** Assist the practice and its patients by arranging voluntary groups/support within the community;
- 5.** Communicate information about the community which may affect healthcare;
- 6.** Give patients a voice in the organisation of their care;
- 7.** Promote good health and higher levels of health literacy by encouraging and supporting activities within the practice and promoting preventive medicine;
- 8.** Influence the provision of secondary healthcare and social care locally;
- 9.** Monitor services, eg hospital discharge and support when back in the community;
- 10.** Give feedback to NHS trusts on consultations;
- 11.** Work with the Practice to identify sources of funding for medical equipment or other facilities to improve the practice and/or fund the activities of the PPG; and
- 12.** Liaise with other PPGs in the area.