

**The Castle Medical Centre**

**PATIENT REFERENCE GROUP**

**Interim PRG Summary Monday 9th June 2014**

**Present**: Jane Cunningham, Patrick Gates, Thuy Hoan Gibb, Pat Hough, Maggie McParland,Val Mobberley, Judith Nicholls, Jim Price, Keith Rockett, Barbara Sheppard, John Shiell, Rosemary Shiell, Pat Slessenger, Margaret Wallis, James Worrall

**Apologies**: Andy Matthews,Val Millman, Jean Yea

**Chair**: Jim Price

|  |  |  |
| --- | --- | --- |
| ACTION POINTS | Date action needed :- | Action by :- |
| Final letter on reducing wastage orthotics equipment | 14.6.14 | Outgoing Sec |
| Liaison with Practice on introduction of text message reminders for appointments | Carried forward from last meeting to 7.7.14 | Chair |
| Collaborate with Practice in joint letter to Town Council re. C.I.L. funding/local plans | Letter by late June – issue ongoing | Officers, Sec |
| Contact RCGP for further info and materials | ASAP | volunteer |
| Follow up on involving Sixth Form students in PRG in some form | Continuing | Outgoing Sec |
| Approach to Practice re written communications with patients – obtain standard letters | For discussion 7.7.14 | Chair |

1. Jim Price welcomed everyone. He explained that there was only one candidate for each officer position and thanked the outgoing secretary, who is not standing for re-election, for two years’ service.
2. Questions to candidates –

Has the relationship between the PRG and Practice improved?

All the candidates felt that the PRG/Practice relationship over the last two years has developed and matured, becoming more open. Initially the Patient representative group concept was unfamiliar and the Group members also had to get to know each other. It was felt that there is now more trust and the relationship is positive and supportive.

What are main priorities for the forthcoming year?

Support with introduction of the new appointments system was highlighted as a priority. More work is needed on explaining to patients how the Doctor First system can combine shorter waiting times for appointments with increased doctor continuity for patients with chronic medical conditions.

There was a discussion about doctor choice, and some members expressed the view that while priority should be given to ensuring that patients who have chronic/complex health conditions can see their doctor of choice, it is unrealistic to expect choice of GP for everyone, for all consultations.

Some concern was expressed about the balance between full-time and part-time GPs, as it was felt that having fewer full-time doctors made continuity harder to achieve. (The Chair to ask Practice for the full-time GP equivalent figures) Full-time new appointments would be very welcome.

The introduction of Friday afternoon opening is ongoing, and full introduction should be followed up. A variety of members’ recent experiences were discussed at this point.

Newsletter contribution – improving the PRG profile through contribution to the Practice Newsletter is a priority for the year ahead. At present the group is waiting for the draft summer Newsletter to be distributed

The overall financial situation of Primary Care services, and concerns for future funding levels with increased pressures in demand were discussed ( see also item 4). It was agreed that the PRG remit is not the business aspects of GP services, but is closely concerned with the broader picture of how NHS funding changes affect service delivery to patients.

Making the age profile of the PRG more representative was discussed. The Chair felt this was very important and asked members to recruit from younger neighbours or friends who are Practice patients. There are various reasons beyond the group’s control for the skewing of the age profile – the relative disengagement of younger people from voluntary civic bodies and the time pressures on young families were mentioned as possible factors. This is a national problem. Positive action taken so far includes trying to engage younger patients at the flu clinics, putting annual questionnaires into the nursery school, and contacting the sixth form college.

Contribution to the CQC Practice inspection – the PRG felt that as many members as possible should be consulted. The format of assessment means there is short notice and the procedure is understood to include consultation both with the PRG and also with patients attending for appointments over the assessment period.

1. The 3 candidates were each nominated and seconded by members present and confirmed in post with the agreement of the meeting (at end of meeting)
2. Dr. Rapley joined the group for discussion of items 3 and 4. Dr. Rapley is now taking the lead as Practice representative on the PRG.

Property Development Levies and the local plan for Health service development at Kenilworth Town level are currently being discussed and are part of the Local Plan document, which can be accessed on the Town Council website ( p 127 onwards). A sub-group of the PRG met to discuss accessing CIL money for health services, and a one-page introduction written and circulated to the group.

New developments will increase demand, and although Kenilworth is an “open” area where a new Practice could be established, as with some other areas of the country, it has not attracted any applications to do so. Dr. Rapley pointed out high costs are involved in establishing a completely new Practice, with potentially low return rates until a patient base has been well established.

Dr Rapley also explained that there has been discussion between both existing Practices and the Town Council over a proposal made some time ago that Abbey and Castle might co-locate at Jubilee House. A number of serious issues with this proposal were identified, including building suitability, patient access, parking. Both existing surgery buildings are privately owned and improvements to them were already planned/being carried out. Our own Practice will shortly have 4 more consulting rooms.

The PRG understands that alternative options are currently being considered eg, additional consulting room capacity near new housing development area. For any options, the discussions are complex, including data security, equipment availability, etc. as well as the buildings themselves.

The PRG Secretary and Dr Rapley will correspond with the Local Plan consultative team during this process which ends in a few weeks’ time.

1. Dr Rapley, who until very recently was the Midlands Area Chair of the Royal College of Medical Practitioners, supported the RCGP in their efforts to draw the attention of patients to the funding crisis in Primary Health Care and the increasing workloads of GPs. He reiterated some of the details from the website (see link in agenda). The outgoing Secretary offered to follow this up with the RCGP, and either contact the membership in the interim or report back on at the 7th July meeting.
2. Information/ New Agenda Items

See items 4 and 5.

Correspondence with patients. The Practice is sharing the text of standard letters sent to patients with the PRG and these will be available for discussion at the next meeting

**Next meeting to be held on 7th July at 7pm at CMC.**