

**The Castle Medical Centre**

**PATIENT REFERENCE GROUP**

**Interim PRG Summary Monday 14th April 2014**

**Present**: Jane Cunningham, Patrick Gates, Thuy Hoan Gibb, Gail Helfet, Peter Jones, Andy Matthews,Maggie McParland,Val Mobberley, Jim Price, Keith Rockett, John Shiell, Rosemary Shiell, Pat Slessenger, Margaret Wallis, James Worrall, Jean Yea

**Apologies**: Pat Hough,Val Millman, Barbara Sheppard.

**Chair**: Jim Price

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| ACTION POINTS | Date action needed :- | Action by :- |
| Newsletter contributions | By 14.5.14 | Members |
| Distribution of Missed Appt. Policy | By 14.5.14 | Chairman |
| Response to Chief Exec. re. Orthotics letter | Before next meeting | Secretary |
| Circulation of Care records info and opt-out sheets | ,, | Secretary |
| Text message reminders – phone system activation | ,, | Chairman to liaise with Practice |
| Approach to Practice re written communications with patients | By 14.5.14 | Chairman to liaise with Practice |

1. Jim Price welcomed everyone.
2. Introduction of the Doctor First system for appointments – it was confirmed that the date for the introduction has not yet been finalised, as far as the PRG is aware. While one member proposed leafleting to publicise the new arrangements could be carried out by PRG members, once a date was fixed, most members felt this was not a suitable approach.

It is intended that the new system will be publicised in the press and in the surgery itself, and by changes as needed to the telephone messaging services. Some members felt that all patients should be formally notified of the change, however members were referred back to Dr Holt’s comments at the last full meeting that it is planned that, from the patient viewpoint, the experience of appointment making should not differ greatly, but will be easier, with a speedier response in the form of telephone contact. It is understood that the change to the new system will be organised as one transition as it does not lend itself to a gradual approach. Two sessions introducing the Doctor First system are being arranged for May 9th between 1.00 and 2.30pm

The discussion moved on to telephone messages and Friday afternoon opening. Although the surgery is now open on Friday afternoons, the telephone message has not yet been altered to reflect this. The reason for this was not known, and some concern was expressed, however the Chairman confirmed that it will be changed by the start of next month. (Chairman to liaise with Practice).It was unclear whether any bookable appointments for Friday afternoons have as yet appeared on the website. Again, members are referred to the minutes of the last meeting regarding this.

There was some further discussion about appointment-making, particularly with regard to urgent appointments when the advice to phone at 8.30 am was felt to be counterproductive in some cases, adding to the peak of calls at this time.

Care Records – the Practice has produced an explanatory sheet and an opt-out sheet for any patients not wishing to extend disclosure of their records under the new scheme. Some members expressed doubt whether, since its recent deferral, the scheme was now likely to be introduced.

The 2 sheets have not yet been circulated to members.

1. Missed Appointments.

Lack of feedback on current policy was raised at the last meeting. A new notice regarding patients who have missed appointments has been created, but it was not known whether the missed appointments policy had been finalised. The Chairman informed us that a new policy has been sent to him, but it has not yet been shared with the group. To be circulated with the minutes of this meeting. Some concern was expressed that this was an issue on which the PRG had several meetings and detailed discussions last year, but further discussion with the Practice has not been held.

Several members again made the point that text message reminders are successful in reducing missed appointments. The Chairman informed us that this feature exists on the new telephone system and could be switched on – he will liaise with management on this.

1. Review of PPPG attendance and Minutes

Three members of our PRG have attended PPPG meetings, which are open to any interested patients. The details of the meeting times and venues are on the website. Recently an issue arose on which voting might become necessary, and only one representative from each PRG is permitted to vote.

Andy Matthews was elected the official representative of the PRG for voting purposes should voting be required. He also undertook to report back to members on the meetings. There have been some contentious issues raised at meetings, including, on principle, the election rather than the appointment as currently of the PPPG representative on the CCG. The Chairman said he had not so far been able to attend any of these meetings, but intends to.

Any members interested in registering to gain access to the patient area of the SWPPPG website can contact Andy.

2nd-7th June is National PRG week.

A presentation highly recommended by Andy was given at the last PPPG by the West Midlands Ambulance service, who are also available to give talks to interested PRGs.

1. PRG contribution to the Practice Newsletter

After some discussion, it was agreed that any members who had brief contributions to the Newsletter should submit them as soon as possible, and before the next meeting, to the Chairman who will be the final arbiter on which are put forward for inclusion in the next Newsletter. Contributions should show the work of the PRG and encourage more participation from patients.

1. Election of PRG officers.

Members were asked to consider whether they wished to stand for any of the offices of Chair, Vice-Chair and Secretary. Nominations will be confirmed at the next meeting, for elections at the June meeting.

1. Information/ New Agenda Items

* Defibrillators. A member informed us that there are 9 defibrillators available in the Kenilworth area. It was suggested that their locations should be more widely publicised.
* A member asked if the group would support the provision of hypnotherapy at the Practice, which they said has been discontinued. The PRG thought this is not a routine NHS service.

* It was mentioned that funding for PRGs is reducing dramatically.
* Correspondence with patients. Several members expressed the view that in some cases, from the viewpoint of patients, the tone of correspondence from the Practice and Notices could be improved. It was suggested that the PRG might have a helpful and positive role to play here, if the Practice is open to this. Several examples were mentioned, including the flu clinic invitation letter which was felt to be poorly worded.

**Next meeting to be held on 14th May at 7pm at CMC.**