

**The Castle Medical Centre**

**PATIENT REFERENCE GROUP**

**Minutes of the Full PRG Meeting on 14th May 2014**

**Chair –** *Jim Price*

**Present;**

*Lesley Aldridge, Holly Bennett, Carmel Cleary, Jane Cunningham, Kim Dodd, Patrick Gates, Dr Tim Holt, Pat Hough, Patrick Gates, Thuy Hoan Gibb, Cynthia Jackson, Andy Matthews, Val Mobberley, Judith Nicholls, Jim Price, Keith Rockett, Pat Slessenger, Margaret Wallis, Barrie Williams*.

**Apologies;** *Peter Jones,Val Millman, Evonne van Heussen Powell*

1. **The Chairman welcomed** **members and practice staff, particularly our two receptionists Holly Bennett and Cynthia Jackson for whom this was their first meeting. There were no new members.**
2. **Election nominations for officer positions**

**No nominations as yet received. The closing date for all nominations is Monday June 2nd. The list of candidates will be circulated to all members on June 3rd and voting by e-mail to the Secretary can be accepted up to midday on June 8th. The election meeting will be held on 9th June. Members may be nominated by another member, or self-nominated. Nominations may be accompanied by brief summary (max. half an A4 sheet) of what the nominee can offer in the role (no pro-forma).**

1. **Action Plan – has been circulated. New Action planning to be discussed at July meeting. Patient Participation Enhanced Payment has been reduced from £1.10p per patient to 36p this year. It is contingent on reviewing patient feedback with the PRG.**

**There was discussion again about trying to make the PRG age profile more representative and Jane will follow up with Castle Sixth Form, whether any students interested in medical careers would like to attend some meetings, and also explore the possibility of short questionnaires for this age group to make a virtual contribution.Ths method might also work with the 20-40 age group many of whom have small children and cannot easily attend evening meetings.**

**A “Friends and Family” test is also being introduced for GP Practices similar to those already run in hospital departments.(This is also quite similar to one of the questions asked on our last year’s patient questionnaire).**

1. **Missed appointments Policy (circulated by e-mail)**

**After brief further discussion, and explanation by Management on use of discretion in sending out letters/follow-up of non-attenders, the policy was agreed as being “firm but fair”. Currently about half a dozen patients are reviewed each month, having missed two consecutive appointments. A member asked about publicizing the new policy by individual contact with patients, but it was agreed that the default assumption is that non-attendance without giving notice is unacceptable. The group recognised the disruptive effect not only of patients missing appointments, but also cancelling at the very last minute. Cancellation is very much encouraged when appointments are no longer required or cannot be kept, but needs to be in sufficient time to give that appointment to another patient whenever possible.**

1. **Progress on Doctor First.**

 **A power-point presentation was given at the surgery and attended by the officers of the PRG, together with the majority of the Practice Staff (if publicly available, it will be circulated) Responses were generally very positive and it was felt that the system’s advantages should include a reduction in non-attendance rates (since appointments will not be booked ahead), an increase in flexibility so more patients will be able to see a doctor of their choice, and a reduction in the number of patients coming into the surgery for matters which could have been dealt with on the phone. A further advantage was recognised for the reception staff as they will no longer need to try to balance confidentiality with ensuring those patients most in need are given urgent appointments.**

 **A demand audit lasting one month is to be carried out from mid-May to mid-June, during which receptionists will log all requests for appointments and whether they are for the same day/a future date. The audit can then form the basis of discussions on the details of moving to the Doctor First system, which has several “versions” which can tailor the system to the Practice.**

**Our Practice is also in communication with another Practice with a similar patient profile and at a similar stage with Doctor First introduction – the two Practices will liaise during the months ahead.**

1. **Surgery Infrastructure Improvements**

**A meeting is to be held on Monday 19th May to discuss and finalise the layout of the reception area. No external funding for surgery improvements is involved. There has been discussion about the possibility of using Jubilee House for medical services but there are various contra-indications such as parking issues and CMC will not pursue this further.**

**Dr.Holt has recently taken up the issue of the anticipated sharp rise in patient demand driven by development in the Kenilworth area. The Community Infrastructure Levy (C.I.L.) came into force in April 2014 – this requires developers to contribute to the provision of infrastructure, such as schools, clinics and surgeries, to meet the needs of the population increase which larger-scale developments cause.**

**It was noted this has been the subject of discussion at the SWPPPG ( regional level patient group) and that some other areas are already more advanced in applying to access these funds.**

**It was agreed that this is a priority area for our PRG and the Chairman will set up a sub-group of interested members to meet as soon as possible and report back to the whole PRG.**

1. **Newsletter – PRG Input.**

**The proposed item on Friday afternoon opening has been delayed because the phone message on Friday afternoons still informs patients that the surgery is closed. This is still pending adjustment because Friday afternoon opening is straining capacity while staff hours are adjusted, and in terms of covering reception there has been a lone worker situation, so phone lines and desk cannot be covered simultaneously. Once the new phone message can be put in place, which will be by June, this newsletter item can go ahead.**

**A draft of proposed newsletter items will be circulated from Management.**

1. **Item deferred by the Chairman**
2. **Item deferred by the Chairman**
3. **Orthotic Equipment Return**

**Some research confirms all 8 recycling centres in South Warwickshire are receiving orthotic equipment as waste. The Area Contracts Manager is very willing to discuss this and to consider asking staff to give leaflets to persons bringing the equipment to the centres, or allow NRS to collect from the centres.**

**Members asked whether this equipment is regarded as an asset or consumable in the budget – if a consumable, then what is the write-off amount annually?**

**The problem does not originate at the physiotherapy department of Warwick Hospital; it has confirmed that all equipment is labelled and patients given leaflets explaining return options. Patient education may improve the situation. Response letter to be sent to that received from Chief Exec.**

1. **Meetings attended, meeting dates.**

**3 patients from CMC recently accepted an invitation from Dr Holt to take part in a Research Design Service consultation in Oxford. The aim was to capture patient viewpoints on a research project being put forward for funding. Colin Richie, Jim Price and Jane Cunningham were thanked for their assistance by Dr Holt.**

**We have a rep on Gateway and SWPPPG (Andy Matthews) who has trained as a Patient Leader and is also involved with various other groups/sub-groups. Judith Nicholls attends SWPPPG. Various other meetings have been attended (Healthwatch, CHIEF, Save our NHS etc) by members but but not on a regular basis. There is a plethora of groups available to attend/get further involved with, for those interested!! Reports back from meetings attended, briefly identifying issues relevant to the PRG, are welcome, in a form comprehensible to members without insider knowledge of the topic/an acronym decoder, please!**

1. **New Agenda Items/AOB**

**Carried forward to next full meeting – Text message reminders for appointments.**

**Locations for defibrillators – no comprehensive list has yet been identified. In emergency, we were informed that the emergency services can direct anyone to their nearest defibrillator, give a code if necessary to access it and instruct on use.**

**The next meeting will be held at the surgery on** **9th June at 7.00pm**

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