

<p style="text-align: center;">Minutes and Action Points of Patients' Group Committee Meeting Thursday 22nd January 2015 at 19:00</p> <p>Present: Anna-Marie Baber, Peter Boulton, Jerry Bullock, Nigel Leicester, John Onsworth, Sheila Shaw and Dr Williams</p> <p>Apologies for absence: Ian Bradford, Terri Kaur and Gary Stantiall</p>	Action
<p>1. Notice of Resignation - Ian Simpson</p> <p>Peter reported the receipt of Ian Simpson's resignation from the Committee and his position as Vice-chair and referred to the work that Ian had been involved with on behalf of the Patients' Group.</p> <p>AGREED that the Committee's thanks to Ian for his work on behalf of the Patients' Group be recorded.</p>	
<p>2. Minutes</p> <p>AGREED that the minutes of the meeting of the Committee held on 26th November 2014 be approved as a correct record.</p>	
<p>Co-option of an Additional Committee Member</p> <p>Following the appointment of Sheila Shaw as a member of the Committee at the November meeting there was the opportunity to consider co-opting another patient as a member of the Committee. Co-option had previously been used, mid-year, to introduce new people to the work of the Committee and it had the potential to aid continuity and avoid the situation of unfilled vacancies.</p> <p>Eileen Glasper had attended the last Committee meeting as an observer and had indicated her willingness to be involved in the work of the Group, if there was an opportunity to do so.</p> <p>In response to a request for further information about her background, Eileen has provided information which was submitted to the Committee, outlining the range of skills that she had developed during her career.</p>	

<p>AGREED that Eileen Glasper be co-opted onto the Committee until the AGM in April.</p> <p>Eileen signed the Code of Conduct and joined the meeting.</p>	
<p>Practice Appraisal Report</p> <p>As had been mentioned at the November meeting, the Practice Appraisal report and action plan had been received by the Practice and a copy of each was submitted to enable the Committee to review the findings.</p> <p>Peter commented on his involvement in the appraisal on behalf of the Patients' Group and on the positive outcomes.</p> <p>Reference was made to the concerns that had been raised by Dr Saund at the appraisal about early discharge of patients from hospital and the effects of that on GP practices and it was suggested that every opportunity should be taken to raise the issue, for example in the PPG Network.</p> <p>AGREED</p> <ol style="list-style-type: none"> 1. that the Appraisal report be noted and the Practice be congratulated on the outcome; 2. that the opportunity be taken at PPG Network meetings, etc. to raise with the CCG and other PPGs the implications for patients and practices as a consequence of the early discharge of patients from hospital. 	<p>PB/JB</p>
<p>5. Patient Survey 2014 - Action Plan - Monitoring</p> <p>The Action Plan which had been agreed following the latest Patient Survey was submitted together with a statement of the current position against each of the six Action Points.</p> <p>Although all areas for change had been actioned, there was a case for reinforcing the publicity given to early weekday and Saturday morning surgeries.</p> <p>AGREED that the actions taken against each of the headings in the Action Plan be noted.</p>	<p>A-MB</p>

<p>6. Review of Changes to Doctors' Rotas</p> <p>This item was in the work programme to enable the current position to be outlined by Practice representatives. It was indicated that it was very much "work in progress" as the Practice shared the experiences of other practices in recruiting GPs.</p> <p>AGREED that the matter be considered further at the June meeting of the Committee.</p>	<p>JB/A-MB</p>
<p>7. Training for Committee Members - Summary of Services</p> <p>The summary of services document produced by Karen had been considered by Committee members as part of an informal meeting on 12th January.</p> <p>The view had been taken then that the list of services should be kept under review pending decisions by the Committee on areas of interest or future work that it might wish to develop. At that stage a briefing from the Practice on the relevant topic(s) could then be requested.</p> <p>AGREED that the approach outlined at the informal meeting on 12th January be adopted.</p>	<p>JB</p>
<p>8. PPG Network - 15th January 2015</p> <p>Peter reported on the PPG Network meeting which he had attended with Ian Simpson and Jerry. Of particular interest was a presentation on Locality-based PPG working and Peter reported that Paul Hanlon, Practice Manager at the Rosebery Street surgery would be organising the first of those meetings, hopefully in the coming weeks.</p> <p>The next meeting of the Network would be held in the afternoon on 16th April and any member of the Committee who wished to attend should advise Jerry.</p>	<p>All</p>
<p>9. Annual General Meeting - 23rd April 2015</p> <p>The Group's AGM would be held on 23rd April and it was appropriate to consider arrangements for that meeting as it was the patients' opportunity to have a say on anything to do with the Group. A timetable for actions leading up to the</p>	

AGM and a draft agenda for the meeting were submitted.

In particular, the Committee might wish to review the Constitution to see whether any amendments should be proposed to the AGM and decide whether there is a topic on which a presentation by an "outside speaker" may be appropriate.

So far as the Constitution was concerned, it has already been identified that provision should be included for registered carers to participate in the work of the Group and a form of words to change the Constitution would be submitted to the Committee at the March meeting before being put before the AGM.

At the last AGM, a Question and Answers session (or "Question Time") was held involving representatives of the Practice and the West Leicestershire Clinical Commissioning Group. That had been well-received and could be repeated. Since last April a new Planning and Engagement Manager (Laura Wilcocks) has been appointed for the North Charnwood Locality and she was someone who could be invited to attend as a member of a Q & A panel and to give presentation on a relevant topic.

At the informal meeting of Committee members on 12th January, the question had been raised about whether the surgery at Maxwell Drive was the most appropriate venue for the meeting, in terms of:

(i) capacity, given the number of patients who were entitled to attend; and

(ii) encouraging patients to attend and participate in the AGM as patients may feel that it is not their place to raise questions as, for some, the surgery was still regarded very much as the doctors' rather than neutral territory.

At the informal meeting, it had been mentioned that the use of Gorse Covert Community Centre had previously been raised with the Practice (on capacity grounds). Attendance at the last AGM had been close to capacity in terms of the surgery reception area.

At the informal meeting it had also been mentioned that several Committee members had developed a good working relationship with Community Centre staff over the last 12

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<p>months through the Health Walks and that was something which could be built upon. John had volunteered to obtain details of the cost of room hire at the Centre and to check on availability of a room on 23rd April, if required and information on that was submitted.</p> <p>In terms of a suitable topic for a presentation, it had been suggested that something on a "pathway" theme might be appropriate, for example the journey that a patient might experience going into and out of hospital, as these were areas of change and something that was likely to be of interest/concern to patients.</p> <p>Anna-Marie indicated on behalf of the Practice that the use of the Community Centre would be supported and that the Practice would consider covering the cost of room hire. That being the case, John suggested that the Committee members could sort out any light refreshments that would be on offer.</p> <p>The only other item required for the AGM would be the Annual Report. No work on that had been started at this stage but it was intended to submit an outline report to the meeting in March and then for the full report to be drafted in the run-up to the AGM.</p> <p>Publicity for the meeting would be key to encouraging a good number of patients to attend, but the steps discussed under item 11 below should help to raise awareness and interest.</p> <p>Eileen referred to the fact that no mid-year report had been submitted to the Committee in the current year and hoped that it would be possible to reinstate that in future years to enable the Committee to review progress against its programme.</p> <p>AGREED that the proposals for the AGM outlined above be supported.</p>	<p>A-MB</p> <p>JO/PB/JB</p> <p>JB</p> <p>JB</p> <p>JB</p>
<p>10. News from the Practice</p> <p>Anna-Marie reported on the current position with recruitment to certain roles.</p>	

11. Communication with Patients

The topic had been considered by members of the Committee meeting informally on 12th January and a note of the issues arising was submitted as follows:

“Peter advised that the meeting with reception staff to discuss ways in which they may be able to help improve patients’ awareness of the PG had yet to take place. There was a case for that to happen, linked with any steps that might be taken to improve information about the PG, possibly through existing Reception team meetings or in any training sessions that took place. It would be a matter to discuss with Practice representatives before or at the next Committee meeting.

On the matter of leaflets/hand-outs reference was made to the one used for the Flu Days to promote the PG and there was agreement that a similar approach, size and branding should be adopted for other material to be produced, hopefully with the input of Practice staff who had made such a useful contribution to the Flu Days hand-out.

In terms of topics for PG leaflets, in the near-future publicity material would be required for the AGM but other less-specific topics could be covered, for example, “What we are doing for you”.

With the publicity associated with recent and on-going pressures on A&E departments, the introduction of the 111 service, etc. it was questioned whether it would be useful for the Practice to provide patients with relevant information, possibly in the form of a fold-out leaflet (which folded-down to credit card size), which could also carry brief information about the PG.

Alternatively (or additionally), something in card form for patients to keep handy at home, with information on what to do, who to contact, etc. in a range of circumstances. It was anticipated that much of the information already existed (for example from an Age UK leaflet already available in the surgeries) but something tailored to the Practice would be likely to have much more purchase with patients. It was agreed that these ideas be discussed with Anna-Marie in the first instance.

The question was raised whether the recently introduced text

<p><i>message system to remind patients about appointments could be used by the Practice for other purpose, such as Flu Day alerts.</i></p> <p><i>There was some discussion but no conclusion on the merits of having a photo of the PG (or photos of the individual PG members) in the surgeries. Although Ian B. was willing to take any photos that may be required, there was concern that individual photos might be akin to politicians' mug-shots. A group photo would be more acceptable but would not relay much to the patient population, except perhaps if all concerned appeared in the form of super-heroes or some other attention-grabbing pose!</i></p> <p><i>Reference was made to the need to make information displayed by the PG on the Notice boards far more interesting and readable as well as far less wordy - bullet points rather than paragraphs!</i></p> <p><i>Ian B. volunteered to write some copy for the Hathern Church Newsletter and Jerry agreed to supply him with some background information.</i></p> <p><i>Nigel volunteered to work with Practice staff on the production of leaflets, etc. and that offer was readily accepted. During the course of the meeting Anna-Marie briefly joined those present and advised that she had the use of i-Pad based software which could readily help produce the type of material that was envisaged and that she or Daniel would be able to engage with the PG on this."</i></p> <p>Peter referred to the fact that the discussion at the informal meeting had been quite extensive and was of the view that little could be added at this meeting. The next step would be a meeting with Practice representatives, involving Nigel, Jerry and himself to look at implementing some of the ideas.</p> <p>AGREED that the position be noted and the next step proposed by Peter be accepted.</p>	<p>IB/JB</p> <p>A-MB/NL/ PB/JB</p>
<p>12. Work Programme & NAPP December E-bulletin</p> <p>The Committee's Work Programme was submitted for consideration together with the NAPP e-bulletin for December</p> <p>One item in the bulletin which might be of interest to the</p>	

<p>Committee relates to Self Care. It was suggested that the matter be the subject of discussion with Laura Willcocks and then further information supplied to the Committee, if appropriate.</p>	JB
<p>AGREED that the Work Programme be approved as submitted subject to any changes as a result from decisions at the meeting.</p>	JB