

<p style="text-align: center;">Minutes and Action Points of Patients' Group Committee Meeting Wednesday 20th November 2013 at 19:00</p> <p>Attendees: Dr Akhtar, Peter Boulton (Chair), Jerry Bullock (Secretary), Karen Pearce (Practice Manager), Sheila Shaw, Ian Simpson and Gary Stantiall.</p> <p>Apologies for absence: Martin Dudley and John Onsworth</p>	Action
<p>Welcome</p> <p>Peter welcomed Teresa Kaur and Anila Sisodia to the meeting as observers and thanked them for putting themselves forward as Committee members.</p>	
<p>Minutes</p> <p>AGREED that the minutes of the meeting of the Committee held on 26th September 2013 be approved as a correct record.</p>	
<p>Filling of Vacancies on the Committee</p> <p>Notice had been given of the two vacant places on the Committee with the closing date for "applications" being 14th October.</p> <p>There had been two expressions of interest before the closing date – from Teresa Kaur and from Anila Sisodia who were both patients at Maxwell Drive surgery.</p> <p>Teresa had attended the Committee's last meeting as an observer and had supplied information in support of her application which was circulated with the agenda.</p> <p>No written information had been supplied by Anila but Karen had discussed the role with her and had indicated that Anila would be likely to be a good asset to the Committee.</p> <p>Acceptance of the two expressions of interest would help to ensure that the background of the Committee's membership was more diverse and better reflected that of the patient population, that the current imbalance between male and female members was addressed and that there was a more even balance of members who were patients of the Hathern and Maxwell Drive surgeries.</p>	

<p>As a result of the publicity regarding the Patients' Group given as part of the latest "Flu Day", another expression of interest had been received, from Ian Bradford who was a patient at Hathern surgery. He had provided supporting information which was submitted with the agenda.</p> <p>AGREED</p> <p>1. that Teresa and Anila be appointed members of the Committee until the AGM in April 2014, subject to them signing the Code of Conduct before taking up the appointments;</p> <p>2. that, in view of his experience in the voluntary and health related sectors, Ian be co-opted as an additional member of the Committee until the AGM in April 2014, subject to him signing the Code of Conduct before taking up the appointment;</p> <p>3. that, when any future vacancies on the Committee are advertised, it be made clear to potential applicants that the need to supply information in writing in support of their application is optional.</p> <p>Having signed the Code of Conduct, Teresa and Anila joined the meeting as Committee members.</p>	<p>JB</p> <p>JB</p> <p>JB</p>
<p>Patient Survey 2013 – Action Plan – Monitoring</p> <p>The Action Plan had been submitted to the Group's AGM in April and the intention was that the Committee would review progress with implementation at its regular meetings. A copy of the updated Action Plan was submitted.</p> <p>Of the six action areas one had been completed as had been reported at the June meeting. The remaining five had timescales of six to nine months and Karen outlined progress to date. The Practice had accepted a quotation for automated doors to be installed at both surgeries and installation was to start shortly.</p> <p>AGREED</p> <p>1. that the actions being taken against each of the headings in the Action Plan be noted;</p> <p>2. that the Practice's agreement to extend the period of review of waiting times until the end of March 2014, as suggested at the September meeting, be noted.</p>	<p>KP</p> <p>KP</p>

Walking for Health

The first of the initial programme of weekly health walks starting and ending at Gorse Covert Community Centre had taken place on 20th November. Peter reported that seven people had attended the first walk, which had been regarded as a promising start by the Charnwood Borough Council staff who were arranging and leading the series of walks.

It was too early to know whether the number attending would grow or not and it was suggested that the Council's staff be advised that the Committee would have no objection to participation being encouraged through other Patients' Groups if that would help to support the programme.

JB

Training for Committee Members

This topic was in the Work Programme for consideration at the meeting. It was one that the Committee had struggled with since the Patients' Group had been formed because of a reluctance to take too much time of surgery staff and uncertainty about what Committee members might need to know about.

However, when it had been suggested six months or so ago that the item be removed from the work programme and that Committee members just continue to learn as they went along, that approach had been resisted as there was a feeling that something more structured could or should be available.

With two new members having been appointed in September and others at this meeting, it was appropriate to consider how the matter might be approached. It had been considered by members of the Committee informally on 11th November when it had been concluded that there was a role for the CCG in promoting training for PPG members generally plus the potential for input from the Practice on issues relating to the Practice.

Reference had been made at that meeting to the valuable presentation made by CCG representatives at the Patients' Group's last AGM and whether something along those lines but perhaps extended to cover the PPG role in commissioning, could be provided for committee members as a pilot which could then be "rolled out" to other West Leicestershire PPGs. Potentially, such a session could be followed by one from Practice representatives, dealing with more local issues.

<p>Views were expressed:</p> <ul style="list-style-type: none"> (i) that health education should be incorporated into any training and awareness programme; (ii) that members of the Committee were not necessarily aware of all the activities undertaken by the Practice and that a "list of services" might be an appropriate starting point for any Practice-based input into a training and awareness programme; (iii) that the Clinical Commissioning Group should be taking a lead in supporting the work of PPGs across West Leicestershire by making training available for PPG members; (iv) that the Practice should be asked to give further consideration to ways in which it feels it can assist members of the Committee to learn about the Practice and the issues faced by the Practice and patients. <p>AGREED</p> <ol style="list-style-type: none"> 1. that the Practice be requested to produce a list of services provided at the surgeries and to consider other ways in which it may be able to assist members of the Committee in learning about the Practice and issues faced by the Practice and the patients; 2. that West Leicestershire Clinical Commissioning Group be asked to consider ways in which it can assist the Patients' Group members with training and awareness, within the context of training for PPG members generally in West Leicestershire. 	<p>KP</p> <p>JB</p>
<p>NAPP Regional Conference – 1 October 2013 – Report back from Chair & Secretary</p> <p>Peter and Jerry had attended the conference in Nottingham, covering NAPP members throughout the East Midlands. Although it was not particularly well supported (Dishley Grange was just one of two Leicestershire PPGs represented) it had proved to be a useful event.</p> <p>The theme was "Inspiring and Learning" and included sessions on "Growing Healthy PPGs – characteristics of strong groups and why it matters at Practice and CCG level" as well as information about the PPG Commissioning Champions Project and on getting involved in other NHS issues as the patients' voice.</p> <p>As part of the presentation a checklist had been used to enable PPGs to identify whether they considered they passed the "PPG MOT". It was something which the Committee might wish to consider in the run-up to the next AGM, so that any shortfalls</p>	

<p>could be addressed through the Annual Review report and any remedial actions considered for next year.</p> <p>Not surprisingly, issues that arose were common to many of the PPGs represented. Of particular relevance to the Committee was advice from others on working within the data protection constraints which had impinged on the Patients' Group's work on occasions. Also, information about some of the issues emerging nationally which it was expected that the West Leicestershire CCG should be raising with PPGs through the PPG Network. Those included:</p> <ul style="list-style-type: none"> • Directed Enhanced Services (DES) monies in 2014/15; • a "Call to Action" in primary care; • Patient Experience in GP services. <p>AGREED</p> <ol style="list-style-type: none"> 1. that the "MOT checklist" be used to ensure that the Group fulfils the requirements of the checklist and to develop the Group further over the next 12 months; 2. that use of the checklist initially be by its resubmission to the Committee with evidence of how compliance can be demonstrated, so that any shortfall can be identified and addressed; 3. that the document referred to in 2. above be submitted to the March 2014 meeting and the Work Programme be amended accordingly. 	<p></p> <p>JB</p> <p>JB</p> <p>JB</p>
<p>Patient Survey 2013-14</p> <p>The draft questionnaire for use in the next patient survey was submitted for the Committee's comments. It was intended to undertake the survey during December.</p> <p>The Committee was asked to consider the clarity of the questions and to suggest any additional areas of questioning which it might wish the Practice to consider incorporating in the survey.</p> <p>Also, to consider any assistance that might be provided by members of the Committee to promote the survey among patients (especially in increasing the proportion answered online) and to assist with data inputting for "paper" returns.</p> <p>The Committee had previously expressed a wish for a question</p>	<p></p>

<p>to be included regarding the Practice's website to see whether patients were aware of it and/or had visited it.</p> <p>Concern was expressed about the need to ensure that the questionnaire reached all sections of the patient community so that results were as representative as possible.</p> <p>The survey process provided opportunities for members of the Committee to become involved by attending the surgeries to encourage and assist patients to complete the survey form, as well as assisting with the inputting of the those forms that were not completed online, so that all questionnaires were available electronically for analysis.</p> <p>AGREED</p> <p>1. that the draft questionnaire be accepted as submitted subject to the inclusion of a question regarding patients' knowledge of the Practice's website;</p> <p>2. that members of the Committee be requested to indicate their availability to attend surgeries in the survey period to encourage the completion of questionnaires and for data inputting.</p>	<p>KP</p> <p>JB</p>
<p>Potential changes in Primary Care Services and possible impacts on Dishley Grange Practice</p> <p>As a consequence of a proposal of another local practice to close its branch surgery in Hathern, consultation was being undertaken with patients of that Practice regarding the potential closure. As Dishley Grange's Cross Street surgery was the only other one in the village, there were implications for the Practice and potentially for patients. Already that had started to become apparent with an influx of patients wishing to register at the Cross Street surgery.</p> <p>Karen reported that there had been no prior notification to the Practice about the consultation or any potential impacts on the Practice or patients. Discussions had subsequently taken place with the Planning and Engagement Manager for West Leicestershire CCG.</p> <p>Although the Practice was willing to take on additional patients, the situation needed to be managed. Therefore, rather than to agree to transfers in advance of any final decisions, patients who expressed an interest in transferring to the Cross Street surgery were being asked to remain with the existing Practice until the</p>	

<p>end of the consultation period on 19th January 2014 to provide time to prepare for any influx of new patients.</p> <p>Receptionists had been provided with a set text for use when responding to enquiries reassuring people that a transfer of registration would be possible and that names and addresses of those who wished to register at Cross Street would be taken. Those people would then be asked to contact the surgery again at the end of January.</p> <p>There were approximately 500 patients who would be affected and of those about 340 were in the Hathern surgery catchment area. About 50 of those had made enquiries to date. Some of the remaining 160 might be eligible to be patients of the Maxwell Drive surgery.</p> <p>A further report on the matter would be given to the next meeting to keep the Committee informed of developments.</p>	<p>KP/JB</p>
<p>Practice Appraisals</p> <p>The next round of CCG Practice Appraisals had started in October and would run through until early 2014, covering the various Practices in West Leicestershire. The Committee had indicated its wish to be represented at the appraisal this year and that was a point that had been referred to in the CCG's appraisal review report in 2013.</p> <p>Karen stated that the Practice had yet to be notified of the date of an inspection in 2013/14 but once she had been notified she would contact Peter and Jerry.</p>	<p>KP</p>
<p>Monitoring Practice Performance</p> <p>The topic had been the subject of initial discussion between the Peter, Jerry and Karen with reference to the Quality and Outcomes Framework and the NHS Choices website.</p> <p>The purpose of the item was to enable Practice representatives to set the scene on the information provided via the Quality and Outcomes Framework, with the intention that the Committee could look at the matter in more detail at the January meeting. Karen and Dr Akhtar confirmed that the results from the Quality and Outcomes Framework, published via the gpcontract website, needed to be treated with care. The key element remained the CCG's Practice Appraisal. With an appraisal meeting anticipated</p>	

<p>early in the New Year, it was appropriate to await the outcome of that before considering the matter further.</p> <p>AGREED that further consideration of the matter be deferred until after receipt of the Practice Appraisal report and the work programme be amended accordingly.</p>	<p>JB</p>
<p>Recent Issues</p> <p>In the run-up to publication of the agenda, three additional items had been raised for consideration by the Committee, as follows:</p> <ol style="list-style-type: none"> 1. Whether consideration had been given to the facility to pay by debit card for items dispensed at the Hathern dispensary? 2. Whether members of the Committee would be willing to act as volunteer drivers for patients who had difficulties in getting to the surgeries? 3. Whether there were any views about the "Summary Care Record" on which patients had been receiving letters from the NHS and on which there was a new section on the Practice's website? <p>In relation to 1. Karen confirmed that the matter had been considered by the Practice but the costs involved were prohibitive, especially as many of the patients who were exempt from prescriptions charges.</p> <p>In relation to 2. reference was made to the consideration given in 2012-13 to the related topic of prescription delivery, when insurance had appeared to be an obstacle. It was suggested that in view of Ian Bradford's background and experience, he might have knowledge of matters of this type.</p> <p>In relation to 3. Dr Akthar outlined the consideration that had been given to the matter by the Practice.</p> <p>AGREED that the position be noted in relation to each issue and that Ian Bradford be requested to consider a potential way of addressing the issues relating to volunteer drivers and to report to a future meeting of the Committee.</p>	<p>JB/IB</p>
<p>Review of Doctors Rotas</p> <p>The item was in the Work Programme for review at the meeting. However, in view of the changes currently being experienced</p>	

<p>within the Practice, it might be that it would simply be an update on how rotas are being managed during this period rather than anything more definitive at the current stage.</p> <p>Karen confirmed that that was the case and outlined the current position in relation to Dr Adlam now covering sessions at Hathern as well as Maxwell Drive, that Dr Ruparelia was now in post and about changes to the sessions covered by Dr Wolstenholme and Dr Akthar.</p>	
<p>Mid-year review of Objectives for 2013-14</p> <p>The Annual Report for 2012-13 which had been approved at the Patients' Group AGM in April 2013 contained a number of actions to be completed in the current year. A mid-term review of progress, outlining the Actions, Progress to date and proposed Activity, had been undertaken and was submitted.</p> <p>One of the issues related to the "constructive challenge" element of the Committee's role but was something which the Committee members found difficult to judge as they would be judging their own performance. Therefore the views of the Practice representatives on that were requested.</p> <p>In response the view was expressed that Committee members broadly achieved a balanced approach to being constructive and in challenging the Practice.</p> <p>AGREED that the report be noted and be incorporated into the Work Programme and draft Annual Report 2013-14, as appropriate.</p>	<p>JB</p>
<p>Communications with Patients</p> <p>Since the matter had been considered at the September meeting, when a programme of action to be undertaken over the following six months period had been agreed, the two "Flu Days" had taken place and members of the Committee had met informally to look at how matters could be taken forward in the period to March 2014.</p> <p>The item was on the agenda in case there were matters arising either from the "Flu Days" or the informal meeting.</p> <p>There was agreement that the Flu Days had been successful and had provided a good opportunity for Committee members to get involved with patients.</p>	

Work Programme

The updated work programme was submitted and reviewed.

Concern was expressed about the operation of the NHS 111 service and the way in which the Urgent Care Centre in Loughborough was operating. Although they were not issues for the Work Programme at the present stage, they were matters for Committee members to be aware of, perhaps with a view to raising with the CCG at future PPG Network meetings.

AGREED that the work programme be noted and updated to accord with other decisions taken at this meeting.

PB/JB

JB