

<p style="text-align: center;">Minutes and Action Points of Patients' Group Committee Meeting Thursday 20th March 2013 at 19:00</p> <p>Attendees: Dr Akhtar, Peter Boulby (Chair), Jerry Bullock (Secretary), Mike Clancy, Martin Dudley, John Onsworth, Karen Pearce (Practice Manager), Greta Sankey (Vice-Chair), Dr Saund, Ian Simpson.</p> <p>Apologies: Michael Forster, Kathy Read</p>	Action
<p>Minutes of the last meeting</p> <p>AGREED that the minutes of the meeting of the Committee held on 24th January 2013 be approved as a correct record.</p>	
<p>Patients Survey 2013</p> <p>The results of the recently undertaken patients survey were submitted including the full results for each of the Hathern and Maxwell Drive surgeries, detailed comments from patients at each of those surgeries together with an outline action plan. In total, 256 questionnaires had been completed, representing a 25% increase on the number submitted in 2012.</p> <p>The view was expressed that overall the results were very positive and the response had been good. Ian referred to the fact that he had undertaken some comparison with the surveys undertaken by other surgeries and found that the one used at Dishley Grange had been clearer and easier to understand than most, although the questions had been similar.</p> <p>Peter expressed disappointment that only 25% of patients who had completed the survey were aware of the Patients' Group but the view was expressed that at least that gave the group a benchmark for future surveys.</p> <p>Greta expressed the view that patients generally did not like to receive the results of tests in the reception areas for reasons of confidentiality and suggested that that was an area for attention. Karen and Dr Saund explained that where test results were abnormal it was usual for a letter to be sent to the patient inviting them to come to the</p>	

surgery to see one of the doctors. With the increasing number of tests being undertaken as part of preventative health care, it would be impossible for doctors to become involved with every set of test results.

In terms of the action plan, the view was expressed that it covered the areas for attention identified in the survey and that it would be appropriate for the Committee to monitor progress in implementing the plan as set out in its work programme.

In terms of extended hours (item 5 in the Draft Action Plan) it was explained that a decision was awaited for 2013-14 but it was confirmed that the Committee would be consulted before any changes were made.

AGREED that the survey results be welcomed, the draft action plan be accepted and be submitted to the AGM.

KP/JB

Review of Complaints Procedure

At the November 2012 meeting, the Committee had asked Kathy and Jerry to review the Complaints Procedure and associated documents and to report back at this meeting after discussions with Karen on behalf of the Practice.

The review has been concluded. The existing Complaints Policy and Procedure had been found to be clear and accessible but a number of suggestions for improvements had been made and accepted on behalf of the Practice. As a result and in the light of certain other changes to the complaints procedure documents which would be required arising from the demise of the Primary Care Trust on 31 March 2013, a revised Complaints Policy and Procedure would be published over the next month or two to take account of the suggestions which had been agreed.

In the course of those discussions, an explanation had given about the ways in which issues which fell short of formal complaints were handled and recorded, under an "incident management procedure". It had also been confirmed that a "whistle-blowing" procedure was in place.

A report would be submitted to the Committee in June on formal complaints made in the 12 months to 31st March 2013 and at that stage further information on the incident management procedure would be given.

In response to a question from Dr Akhtar, Jerry confirmed that the review had been restricted to the Practice's complaints policy and procedure and had not looked outside to other parts of the NHS. Dr Saund referred to the fact that the "patient journey" was sometimes haunted by bureaucracy and GPs helped to deal with that as part of a "poor quality care" procedure which enabled the GP to obtain direct feedback from the hospital. He considered that this could be an increasing area of interest for patients' groups and that he anticipated that Healthwatch would wish patients' groups to become involved in this.

AGREED

1. that the report on the review of the complaints policy and procedure be accepted and the matter be regarded as concluded;

KP/JB

2. that other forms of reference procedures of the type referred to be considered further by the Committee at a future meeting, including through the PPG Network and/or through Healthwatch.

JB/PB

Annual General Meeting

The purpose of the item was to consider the draft annual report to be submitted to the AGM on 18th April 2013 and to address any other issues that might require consideration in relation to that meeting. The draft annual report had been circulated to members of the Committee and to the Practice and comments which had been received and had been incorporated.

There had been some concern on the part of the Practice that the language and tone of the report might be seen as inappropriate in certain places and had asked that further consideration be given to that. The intention was that Jerry and Karen would settle the final version of the report in advance of its publication.

One development since the Committee's meeting in January had been that Melanie Arnold, the Clinical Commissioning Group's Planning and Engagement Manager for North Charnwood had agreed to be a guest speaker at the AGM.

The Committee was asked to indicate whether it had a preference over how that might be progressed. No more than 30 minutes was envisaged for the item at the start of the meeting, including 10 minutes for questions and answers at the end of the presentation/talk.

Melanie was very happy to cover the role of the Clinical Commissioning Group including its engagement activities but that could be extended to include something specific such as the out of hours arrangements, Loughborough urgent care centre, the "choose better" campaign, etc.

The view was expressed that it would be preferable for the presentation to cover issues that were of direct relevance to the Patients' Group and the Practice rather than more general issues such as the out of hours arrangements. With major changes in the NHS being imminent, there was a case for seeing how those changes might affect things locally for patients and for GPs and that could be the focus of the presentation. The view was expressed that most patients were unaware of the Clinical Commissioning Group and its purpose and that might be of interest also.

AGREED

1. that the annual report be accepted as submitted subject to changes to be agreed between Jerry and Karen;

JB/KP

2. that the presentation to be given at the AGM concentrate on issues relevant to the Patients' Group, potential effects of changes being introduced from 1st April 2013 and/or about the Clinical Commissioning Group;

JB

3. that that it be noted that Mike and John have volunteered to assist with publicity for the AGM by displaying posters, etc.

JB/KP/MC/JO

<p>Patient Participation Network</p> <p>The next meeting of the Network would be held on Wednesday 17th April at Markfield Community Centre, starting at 9.00am.</p> <p>Peter and Jerry would attend but two additional places had been secured for other members of the Committee to attend as additional representatives.</p> <p>AGREED that John and Martin be appointed to attend as the additional representatives, with Greta as substitute.</p>	<p>JB/JO/MD</p>
<p>Potential Pharmacy, Hathern</p> <p>There had been no evidence of any developments since the last meeting of the Committee and there was now insufficient time for the proposal to be brought into being in the remaining time available.</p> <p>AGREED that the position be noted and the item be omitted from the agenda for the next meeting.</p>	<p>JB</p>
<p>Proactive Care Scheme</p> <p>The item had been included on the agenda at the last meeting of the Committee although the main review of the topic was programmed for the June meeting.</p> <p>In response to questions it was confirmed on behalf of the Practice that the scheme was working well at present. However, it was one of a number of similar reference schemes operating from the Practice which sought to provide holistic assessment and support for patients and carers.</p> <p>AGREED that the matter be considered further at the June meeting as programmed and at that stage consideration be given to the extent to which patients are aware of this and other similar schemes operating from the Practice.</p>	<p>JB</p>

News from the Practice

Drs Akhtar, Hall and Gupta had started to undertake training of the first medical student three days per week. So far, no problems had been experienced although certain adjustments had had to be made. In the coming weeks some patients would need to become involved in the assessment process and members of the Committee might be contenders for that role.

Patient Participation Awareness Week

Patient Participation Awareness Week was an initiative by the National Association for Patient Participation (NAPP) to raise awareness among the public about Patients' Groups. The week would be held from 1st - 8th June 2013.

The Committee was asked to consider if it wished to participate in the event and, if so, in what ways. It was suggested that depending on the level of any involvement it might be an issue on which two or three members of the Committee could work to draw together any proposals.

It was suggested that as it was a national event there would be the opportunity of working jointly with other Patients' Groups in the area. If it was intended to use the precinct in the shopping centre at Gorse Covert, permission might be required from the freeholders and an early application might be necessary. There was also the opportunity of raising the issue at the next meeting of the Patient Group Network. Other forms of publicity that were suggested included in conjunction with the "school run" and working with local churches.

The involvement of the local press would also be useful and there might be a case for the Committee considering a promotion strategy for the future covering Awareness Week, Flu Day, health screening and the Gorse Covert pharmacy in addition to the information screens at the surgery.

AGREED

1. that the matter be pursued by all members of the Committee and a meeting be held on 26th March 2013 at Greta's house to consider proposals.

GS/PB/MC/
MD/JO/IS

<p>2. that the question of a promotion strategy be included in the work programme for further consideration.</p>	JB
<p>Work Programme</p> <p>The updated work programme was submitted and reviewed.</p> <p>AGREED that the work programme be noted and updated to accord with other decisions taken at this meeting.</p>	JB