

**Minutes and Action Points of  
Patients' Group Committee Meeting  
Thursday 20<sup>th</sup> June 2013 at 19:00**

**Attendees: Peter Boulton (Chair), Jerry Bullock (Secretary),  
Martin Dudley, John Onsworth, Karen Pearce (Practice  
Manager), Ian Simpson and Dr Williams.**

**Apologies: John Onsworth and Greta Sankey**

**Action**

**Minutes**

AGREED

(i) that the minutes of the meeting of the Committee held on 20 March 2013 be approved as a correct record;

(ii) that the minutes of the Group's Annual General Meeting held on 18 April 2013 be noted.

**Code of Conduct**

A Draft Code of Conduct, loosely based upon one adopted by a Patients' Group in Hertfordshire, was submitted for the Committee to consider, as follows:

*"1. The values that underpin the work of the Patients' Group and its Committee include:*

*(i) Accountability - everything done by the Patients' Group must be able to stand the test of scrutiny by the public.*

*(ii) Integrity - must be the hallmark of all personal conduct between members of the Group, the Practice and the public.*

*(iii) Openness - to be effective, there must always be sufficient openness in Patients' Group activities to promote the confidence of the Practice, its patients and the public.*

*2. Members of the Patients' Group Committee shall conduct themselves with courtesy and with consideration for others, in accordance with the principles set out in 1. above.*

*3. Although Patients' Group members do not have access to patient medical records, there is the potential for other generally confidential or sensitive information to come before the Committee. Where that occurs, it is incumbent upon all Committee members to respect that confidentiality.*

4. *The Patients' Group Committee is not to be used in pursuit of personal health campaigns or for its members to discuss their own personal health issues, medical conditions or treatments.*

5. *Patients' Group Committee members are, of course, free to comment on any health related or other matter as they wish as individuals. However, where they do so, they must make it clear that they are expressing a personal view and not that of the Patients' Group and in doing so shall not use information of a confidential or sensitive nature obtained in their role as a member of the Committee.*

6. *Any contact with the media on behalf of the Patients' Group will be handled by the Chair and/or Secretary or other nominated member of the Committee.*

7. *Acceptance of this Code of Conduct will be a condition of membership of the Patients' Group Committee".*

It was intended that a Code of this type would help to ensure that there was clarity for the Group's officers and Committee members (new and existing) about the Group's values and the manner in which their roles should be discharged. At the same time it should provide a suitable level of assurance to the Practice that officers and members of the Committee were clear about matters of conduct in undertaking those roles.

Karen indicated that the suggested Code was welcomed by the Practice.

AGREED

1. That the Code of Conduct be adopted as submitted.

2. That a copy of the Code, the Constitution and the Group's objectives be sent to new members of the Committee in advance of them accepting appointment as a member of the Committee.

3. That, pursuant to article 7 of the Code, arrangements be made for existing Committee members to signify their acceptance of the Code.

JB

JB

JB

### **Filling of Vacancies on the Committee**

Notice has been given of the four vacant places on the Committee and the closing date for "applications" is Monday, 10th June.

There had been two expressions of interest - from Gary Stantiall and Sheila Shaw – both of whom were present at the Patients' Group AGM in April. No formal applications had been requested but the Chair and Secretary had met with Mr Stantiall. Ms Shaw has supplied some background information about herself, a summary of which was submitted.

The Committee was asked to consider appointing Gary and Sheila as members of the Committee until the next AGM. If those appointments were made, further publicity would be given to the remaining two vacancies in the hope that further appointments could be made at the September meeting.

AGREED that Gary Stantiall and Sheila Shaw be appointed members of the Committee until the Group's next AGM, subject to their acceptance of the Code of Conduct.

JB

### **Improving Communications with Patients**

The Committee had previously considered the ways in which it communicates with patients and over the course of the last year or so various methods had been tried. Comment had been made at the last meeting that perhaps it was time for the overall approach to communications to be considered and the purpose of the item was to enable that process to be started.

Among things to be considered as part of such an approach might be the need for a communications or promotion strategy, how the Committee might work with local community groups, engaging with patients more effectively and the means/resources to do so.

Peter referred to approaches that had been taken by some other patients' groups, such as Markfield, where contact appeared to centre around coffee mornings, open evenings and the like. Dr Williams referred to the fact that many patients remained uncertain about how to access care and assistance out of hours and that might be a suitable topic on which to base initial communication efforts.

Karen outlined an opportunity in the coming weeks and then from time to time, to include a letter from the Group (perhaps based on a revision of the letter included in the "Welcome Pack" for new patients) with correspondence being despatched by the Practice to patients, as a means of raising awareness of the Group and its work.

It was recognised that publicising the Group tended to be easier in Hathern as it was a distinct community and had a number of established channels of communication but it was more difficult reaching patients of the Maxwell Drive surgery. Working with staff and groups at the Gorse Covert Community Centre, such as Breathe Easy, was one approach that could be tried.

AGREED that members of the Committee meet informally to discuss the issue in more detail and report to the September meeting with proposals on how the Group's future communication activity might be taken forward.

PB/JB

### **Practice Appraisal Report 2012-13**

As had been agreed with Practice representatives at a previous meeting of the Committee, an anonymised copy of the report by West Leicestershire Clinical Commissioning Group following the 2012-13 appraisal meeting on 9th January was submitted for consideration.

The Committee sought and received clarification over elements of the report. As the first such report to be received by the Committee it gave a useful baseline for future reports and members of the Committee welcomed the clear indication in the report that a patients' representative would be invited to attend the next appraisal meeting.

### **Proactive Care Scheme**

It had been agreed in November 2012 to consider the topic further at this meeting once the scheme had been developed further. At the March 2013 meeting it was agreed that consideration should also be given at this meeting to the extent to which patients are aware of this and other similar schemes operating from the Practice.

The emerging position appeared to be that although there were

positive experiences for individual patients, it remained uncertain whether the scheme was achieving its overall objectives. There would be an audit of the scheme by the Clinical Commissioning Group later in the year and Catrina Tierney-Read at the CCG was probably the best contact for information on that.

AGREED that the position be noted at this stage.

### **Annual Review of Complaints**

It had previously been agreed that the Annual Complaints Report (to 31st March each year) under the Complaints Policy and Procedure should be reviewed at the June meeting each year. That followed on from a review of the Complaints Policy and Procedures undertaken by the Committee and the Practice in recent months.

The revised Complaints Policy and leaflet were submitted for the Committee's information and the Annual Report for 2012/13 was submitted for the Committee's consideration. Also submitted was the Practice's Annual Review of Complaints summary document (for the calendar year 2012) which provided more detail on the cases within that period. With recent changes to reporting requirements, from next year the Review report would also run to 31st March and would improve the structure and linking of the two reports.

In addition to the Complaints Procedure, the Practice also operated an Incident Process which captured other matters that fell short of formal complaints.

In response to a question, Karen indicated that there might be value in members of the Committee reviewing a selection of the "standard" letters issued by the Practice to check that they were clear and appropriate from the patient's perspective.

AGREED

1. that the report be noted and that the matter be reviewed again at the June 2014 meeting.

2. that arrangements be made for members of the Committee to review a selection of the standard letters as outlined above

JB

KP/JB

**Patient Participation Network – Report on the June meeting**

Peter advised the Committee that he and Ian had attended the latest Network meeting on 13 June. It was again useful as a means of meeting other Patient Group members although the meeting itself had not been as productive as previous ones.

A note about the meeting which had been prepared by Ian was submitted. The event had been labelled as a “celebration” but Ian commented that it was not clear what was being celebrated. As a first-time attender at a Network meeting, he questioned the quality of the input from the Clinical Commissioning Group (CCG) representatives and what PPGs in West Leicestershire would be able to achieve if that level of input was not improved upon.

**Patient Participation Awareness Week – Review**

The item was included on the agenda to enable the Committee to review the activities in Awareness Week (1st – 8th June) and for any lessons learnt, ideas for next year, etc. to be recorded.

Peter referred to the fact that national and local publicity for the event had been very disappointing and that the Clinical Commissioning Group representatives had acknowledged that at the recent Network meeting. They were planning to do more in 2014.

So far as the Committee’s own efforts were concerned, speaking to patients at the Gorse Covert shopping centre on the morning of 1st June had been reasonably successful but it had quickly become apparent that a large proportion of the shoppers were from outside the area and not patients of the Maxwell Drive surgery. At Hathern, the Committee’s concern that a good proportion of the village’s population might go out of the village on a Saturday morning proved to be well-founded. For the future it seemed more appropriate to schedule such an initiative at a time when the surgery was open.

AGREED that future input into Patient Participation Awareness Week be reviewed in conjunction with the review of communications generally.

PB/JB

**Walking for Health**

In the work programme, initial consideration was due to be

<p>given to the matter at this meeting, in view of the potential health benefits for patients and the opportunity such a scheme might offer the Patients' Group Committee to become more involved with patients. The original thought had been that it might be possible for the Patients' Group to run a scheme based on one that had been established at Desford and on which a presentation had made to the PPG Network some months ago. Although information about that scheme has been requested, none had materialised.</p> <p>For the Committee to operate a scheme of its own under the Walking for Health banner seemed, from looking at the website, to require a high level of commitment, plus volunteer leaders, etc. and probably was not viable. Charnwood Borough Council was involved in the Walking for Health programme locally and also operated an Active Lifestyle Exercise Referral Scheme in partnership with GPs and others.</p> <p>AGREED that a representative from the Borough Council be invited to attend the Committee's next meeting to explore with the Committee and Practice representatives the opportunities for promoting their schemes among Dishley Grange patients.</p>	<p>JB</p>
<p><b>Healthwatch Leicestershire</b></p> <p>Healthwatch Leicestershire had been established with effect from 1st April 2013. It replaced the Local Involvement Network (LINK) and was the consumer champion for health and social care services within the county. Its aim was to give the people and communities of Leicestershire a stronger voice to influence and challenge how health and social care were provided locally. The organisation described itself as follows:</p> <p>"We're independent, open and answerable and we're powerful - we have the strength of the law and Healthwatch England behind us.</p> <p>We are one of 152 community-focused local Healthwatch. Together they form the Healthwatch England network, working closely to ensure consumers' views are represented both locally and nationally.</p> <p>This is the first time a national champion has been set up with independent statutory powers to act on behalf of both adults and children".</p> <p>It was anticipated that there would be some liaison with</p>	

<p>Healthwatch representatives from time to time at PPG Network meetings. Although it was doubtful that there was a case for any direct engagement by the Committee with this new organisation, it was considered important that members of the Committee were aware of its existence.</p>	
<p><b>Patient Survey 2013 – Action Plan – Monitoring</b></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.</p> <p>Five of the six action areas had timescales of six to nine months and Karen outlined progress to date. The one that had a more immediate timescale, relating to privacy at reception areas, had been implemented in April.</p> <p>AGREED that the report be noted and the matter be reviewed further at the next meeting.</p>	
<p><b>News from the Practice</b></p> <p>The item had been included on the agenda to receive a report from representatives of the Practice on matters which they considered might be of interest to the Committee and which were not covered elsewhere on the agenda.</p> <p>A date for “Flu Saturday” had been fixed – 5 October at both surgeries. The Committee had previously identified this as an opportunity to raise its profile among patients.</p> <p>Forthcoming staff changes and recruitment proposals were outlined for the Committee’s information on a confidential basis pending announcements from the Practice.</p>	PB/JB
<p><b>Work Programme</b></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
<p><b>Dates of Meetings – 2013/14</b></p> <p>A report outlining potential meeting dates for the year ahead was submitted.</p> <p>AGREED that the timetable of meetings in 2013/14 be broadly</p>	



along the lines outlined at the meeting, subject to some of the Committee's meetings being held on Wednesdays and firm dates being settled by the Chair and Secretary and communicated to other members of the Committee and the Practice.	JB/PB
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