

**Minutes and Action Points of  
Patients' Group Committee Meeting  
Thursday 24<sup>th</sup> January 2013 at 19:00**

**Attendees: Peter Boulton (Chair), Jerry Bullock (Secretary), Michael Forster, Kathy Read, Greta Sankey (Vice-Chair), Ian Simpson, Dr Williams, Karen Pearce (Practice Manager)**

**Apology: Martin Dudley**

**Action**

**Minutes of the last meeting**

AGREED that the minutes of the meeting of the Committee held on 29<sup>th</sup> November 2012 be approved as a correct record.

**Patients' Groups Network**

Peter reported that he, Greta and Jerry had attended the latest meeting of the Network at Hinckley on 16<sup>th</sup> January. It had been an interesting session and he briefly outlined the main topics covered.

Arising from that a number of issues had arisen which it was appropriate to bring to the Committee's attention and in certain cases to obtain information from the Practice. Those issues were referred to in a briefing note which was submitted to the meeting, of which the following was an extract:

"Proactive Care Scheme/Virtual Wards – all practices were said to be linked into this now – Is this so at Dishley Grange?"

Clinical Commissioning Group (CCG) Strategy for next 3 years is to be developed and PPGs are to be consulted.

Where PPGs have been established, some practices receive payment (up to £1.10 per patient per annum) if they meet the requirements for a Patient Reference Group under the Patient Participation Directly Enhanced Service. It is not clear whether this applies at Dishley Grange?

CCG staff believed that Data Protection requirements would rule out delivery of Practice post to patients by Patient Group members – but not a legal opinion. Further enquiries to be made.

Walking for Health – an initiative taken up by some Patients' Groups – put in Work Programme to look at in more detail.

To date, eighteen Practice Appraisal inspections have been undertaken by the CCG in the current round. In seven cases a Patient Group representative was involved. When is Dishley Grange's inspection programmed and will the PG be invited to be represented?

Not able to glean any information about other Practices having problems with toys but not many were asked!

We should keep an eye on the NHS Commissioning Board website to see some of the things the Government has in mind for GPs and the NHS generally.

We should proceed with membership of the National Association for Patient Participation as we'll get value on information alone.

Public Participation Awareness Week is to be held on 1<sup>st</sup> – 8<sup>th</sup> June. Put in Work Programme for March meeting to consider whether we should have a local publicity push that week.”

In respect of Proactive Care, it was confirmed that the new arrangements were now in place and operating within the Practice, although the number of patients involved was relatively small at the current stage. An additional specialist nurse had been appointed by the CCG to co-ordinate Proactive Care cases within the Practice and three other local Practices. The scheme was in the Work Programme for review in June. It was suggested that while that timing appeared to be appropriate, some adjustment might be advisable once it was known when any review of the scheme was to be undertaken by the CCG.

In relation to the question raised in the briefing note regarding the Patient Participation Directly Enhanced Service (DES), it was confirmed that the Practice had qualified for and was receiving payments under the DES. In response to a question regarding the potential ending of Patient Participation DES funding from the end of March 2013, it was confirmed by Karen and Dr Williams that the Practice would continue to work with and support the Patients' Group as at present.

With regard to the Practice Appraisal by the CCG, the Committee was advised by Dr Williams and Karen that this had been held on 9<sup>th</sup> January and a report on the outcomes was awaited. Notice of the date of the appraisal had been received in mid-December and consideration had been given by the Practice to the question of whether a representative of the Committee should be invited to participate. A decision not to involve the Committee for the 2013 inspection had been taken, because:

(i) there would be confidential and organisational issues to be discussed with the CCG representatives;

(ii) the Committee's involvement with and understanding of the Practice and its full range of activities was not considered to have developed sufficiently to justify involvement in the 2013

appraisal;

(iii) there was a limit to the number of people who could be involved in the appraisal and in view of the significant changes in personnel in the last 12 months or so, particularly among the doctors, it was considered more appropriate to involve one of the new partners who was keen to participate and whose involvement would be beneficial to him and the Practice.

Views were expressed:

(a) while it was accepted that it was a decision for the Practice to make it was nonetheless a disappointing one, particularly as many Practices had involved Patient Group representatives in their appraisals and as there had been no communication with the Chair about the matter before the decision was taken;

(b) now that the decision had been made there was a case for considering how the Committee might be involved in the remainder of the process for the current year and working towards the next annual appraisal;

(c) it was hoped that there would be an opportunity for the Committee to see the appraisal report so that it was aware of any issues arising from the review;

(d) that the recent involvement of two members of the Committee with processing data arising from the annual patient survey had enabled them to gain an insight into some aspects of the work of the Practice and had been a useful learning experience.

In relation to the issue of play equipment for children in the waiting room at the Maxwell Drive surgery, one of the nurses was looking at the issue in terms of infection control. A decision on the existing equipment would be reached in the wake of her findings. In the meantime, the equipment had been withdrawn from use as an interim measure.

AGREED

1. that the position with the Proactive Care Scheme be noted and the timing of its review by the Committee remain as in the Work Programme subject to any information from the CCG about its proposals for undertaking a review of the scheme;

2. that the Proactive Care Scheme be included on the agenda for

JB

<p>the March meeting of the Committee to enable any developments with the scheme to be reported;</p> <p>3. that in respect of the recently undertaken Practice Appraisal, the Committee's disappointment that there had been no consultation prior to the decision on representation be recorded and the Practice be requested to share the findings of the appraisal with the Committee and engage with it over the question of representation at the 2014 appraisal at the appropriate time;</p> <p>4. that the proposal to add "Walking for Health" and "Public Participation Awareness Week" in the Work Programme be endorsed;</p> <p>5. that the approach being taken by the Practice in relation to play equipment at Maxwell Drive surgery be supported;</p> <p>6. that the Group apply for membership of the National Association for Patient Participation and that Jerry obtain the relevant application forms and liaise with Karen.</p>	<p>JB</p> <p>KP</p> <p>JB</p> <p>KP</p> <p>JB/KP</p>
<p><b>Prescriptions Review</b></p> <p>Following consideration of the report of the Prescriptions Review Working Party in September 2012, a survey of patients using the dispensary at Hathern surgery had been undertaken and the results were submitted (copy filed with the minutes).</p> <p>The results were extremely positive and confirmed the value placed by patients on the service provided.</p> <p>AGREED</p> <p>1. that the results of the survey be welcomed;</p> <p>2. that, in the light of the results of the survey, the Prescriptions Review be treated as concluded.</p>	
<p><b>Potential Pharmacy, Hathern</b></p> <p>The item had been included on the agenda to enable the Committee to consider any developments since the November 2012 meeting.</p> <p>No planning application had been submitted nor had there been evidence of any other moves to take forward the proposal, although there was still time for that to happen.</p>	

<p>Karen referred to changes being considered by the Primary Care Trust which could alter the way in which the regulations relating to Doctors' dispensaries were interpreted. Work was being undertaken by the Practice to protect the existing provision.</p> <p>AGREED that the matter continue to be kept under review and be considered further at the next meeting of the Committee.</p>	<p>JB</p>
<p><b>Practice/Patients' Group Newsletter</b></p> <p>The matter had been included on the agenda to enable the Committee to consider ideas for developing the Newsletter following discussion at the November 2012 meeting.</p> <p>Although firm ideas and articles had not yet been prepared, Peter and Jerry intended to work on producing some material for the March edition of the Newsletter which it, was confirmed, was published approximately quarterly.</p>	<p>PB/JB</p>
<p><b>Handling of Telephone Calls during the morning peak</b></p> <p>The matter had been included on the agenda to consider the observations of members of the Committee who had attended the surgeries to witness the demand for appointments during the early morning peak.</p> <p>Ian and Jerry outlined their experiences and confirmed that on the days in question the phones had been well staffed and calls had been answered promptly and efficiently.</p> <p>It remained to be seen whether telephone answering was an issue of concern among patients as evidenced by the Patient survey but there would be an opportunity for the Committee to consider that at the March meeting.</p>	
<p><b>Enhancing Practice and Patient Communication</b></p> <p>The item had been included on the agenda to enable the potential to enhance communication between the Practice and patients and to consider whether there was a role for the Committee in helping the Practice to ensure clear and consistent communication and actions.</p> <p>Areas of concern were identified regarding making appointments with the same doctor who had previously been dealing with a patient and in terms of receiving test results, particularly with those cases where a patient had been referred to a hospital specialist.</p>	

<p>Karen outlined the procedure in each case. In terms of appointments with a named doctor she and Dr Williams believed that there was flexibility within the procedure to enable that although where treatment was urgent that might not be possible but it was believed that most patients accepted the reasons for that.</p> <p>Regarding hospital referrals, once a patient had been referred for a particular reason the hospital became responsible for the patient's care until the point was reached where the patient was discharged back to the GP. During that time the hospital was responsible for dealing with things such as tests and communicating the results of those tests. Although information about the case would be sent to the GP in the wake of discharge to the GP, the updating of records was not usually immediate.</p> <p>The handling of test results within the Practice followed clearly defined procedures with which staff were well-acquainted and those procedures operated consistently well.</p> <p>The view was expressed that the extended opening times that had been introduced over the last couple of years were not known to all patients and there was a case for giving publicity to them in the Newsletter and on repeat prescriptions.</p> <p>Reference was made to the handbook that was made available to new patients and ways in which the updated information within those could be made available to long-established patients who might not be familiar with what the surgeries had to offer.</p>	<p>KP</p>
<p><b>News from the Practice</b></p> <p>The item had been included on the agenda to enable a report from representatives of the Practice on matters which they considered may be of interest to the Committee which were not covered elsewhere on the agenda.</p> <p>Karen referred to the inputting of data by Ian and Kathy in relation to the Patient Survey and thanked them for their efforts. Approximately 230 survey forms had been submitted and once all had been input would go for analysis before being shared with the Committee in preparing an action plan. She referred to the fact that there had been issues arising from the inputting exercise and that ways of rectifying those were being explored.</p> <p>She referred to the fact that there had been some minor changes to surgery hours over the Christmas and New Year holiday period but that she had spoken to Peter about that before finalising the</p>	

changes.

In terms of staff changes, John Thompson the Accounts Administrator would be leaving shortly. Phlebotomy services were currently being extended with the training and recruitment of Alisha, who initially had been taken on as a temporary staff member and who would fulfil a combined role in the future. In conjunction with those changes the Health Care Assistant would take on additional nursing duties.

Progress had been made with the move towards the practice becoming a Teaching Practice with Dr Gupta as lead doctor for that purpose. The intention was to start in March with 3<sup>rd</sup> and 4<sup>th</sup> year medical students attending consultations alongside doctors, providing individual patients were in agreement. The way in which that would operate in practice was outlined. No adverse effects on appointments capacity as a result of the programme were anticipated.

### **Annual General Meeting**

The Annual General Meeting (AGM) was to be held on 18<sup>th</sup> April 2013 and the Committee was asked to consider arrangements for the meeting.

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

So far as the Constitution was concerned, there might be a case for deleting the final objective (below) as discussion in the Committee's meetings over the last 12 months had suggested that fund-raising was not considered to be a role for the Group:

"to raise funds and receive donations for the provision and maintenance of medical or ancillary equipment not normally available from statutory or Practice funds or to fund the activities of the Patients' Group".

Related to that, there might be a case for recommending that the role of Treasurer (and the associated section of the Constitution relating to Finance, auditing of accounts and that part of the dissolution arrangements relating to the disposal of assets) be deleted and instead the number of committee members could be increased to seven.

<p>A draft timetable for the AGM, a draft agenda, a copy of the Constitution and a copy of the Constitution with the suggested amendments were submitted.</p> <p>AGREED</p> <p>1. that the agenda for the AGM be agreed as submitted subject to such amendments as may be required in advance of the meeting and to Peter and Jerry settling the question of whether an external speaker is to be invited to address the meeting;</p> <p>2. that the suggested amendments to the Constitution be submitted to the AGM for consideration and decision.</p>	<p>JB/PB</p> <p>JB</p>
<p><b>Work Programme</b></p> <p>The updated Work Programme was submitted and reviewed.</p> <p>AGREED that the Work Programme be noted, revised as recommended and updated to accord with other decisions taken at this meeting.</p>	<p>JB</p>