Minutes and Action Points of Patients' Group Committee Meeting Thursday 26th September 2013 at 19:00

Attendees: Peter Boultby (Chair), Jerry Bullock (Secretary), Martin Dudley, Dr Gupta, John Onsworth, Karen Pearce (Practice Manager), Sheila Shaw, Ian Simpson and Gary Stantiall.

Action

Welcome

Peter welcomed Sheila and Gary to their first meeting of the Committee and Teresa Kaur who was attending as an observer.

Minutes

AGREED that the minutes of the meeting of the Committee held on 20th June 2013 be approved as a correct record.

Patient Survey 2013 - Action Plan - Monitoring

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.

Of the six action areas one had been completed as 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, in principle, a quotation for automated doors but timing of installation required a half-day closure and was still being settled with the intended contractor.

Although the timescale for reviewing waiting times had been April to September and the survey work had been undertaken, the view was expressed that there might be merit in extending the period of review in view of the changes in personnel at the Practice over the next few months so that the review included the position before and after those changes.

Dr Gupta referred to the fact that another form of survey which would be undertaken at the Practice from time to time would be in relation to GP licence renewal. This would involve a survey of patients on a day selected at random by the licensing authority.

AGREED that the actions being taken against each of the
headings in the Action Plan be noted and the Practice be
requested to extend the period of review of waiting times until
the end of March 2014 in view of the impending staffing
changes.

KP

Patient Participation Network Meeting – 17th September 2013

Ian and Jerry reported on the meeting of the Network held at the NSPCC Centre, Leicester on 17th September. Ian expressed the view that it was a much improved event than the previous one he had attended. He commented on the fact that a number of those attending appeared to be surgery staff rather than patients' group members and he wondered whether it might be opportune for Karen to attend one of the future meetings. She confirmed her willingness to do so but subject to sufficient notice of the meeting and the competing priorities of practice-based work.

Prior to the meeting a demonstration had been given of "Flo", a text based system to help certain patients with managing their health and medication. It was confirmed that the Practice had started to review the system before taking a view on whether to adopt it as an additional facility for some patients.

Jerry referred to the fact that following discussion with Peter he had given the CCG notice of five questions as part of the questions and answers sessions at the meeting; details of the questions and the responses were submitted to the Committee.

One had been answered with the promise of a written response, three had received only partial replies and one had not been addressed at all. He concluded that unless questions were very straightforward, the Network meetings were not a good forum to get answers to the Committee's questions.

AGREED

- 1. that the Clinical Commissioning Group be requested to reply to the questions raised but not answered at the Network meeting;
- 2. that the option of including "Flo" on the agenda of a future meeting of the Committee be kept under review pending the Practice's consideration of its potential benefits.

JB

JB/KP

Improving Patients' Group Communication with Patients

At the Committee's meeting in June, initial consideration had been given to how the Patients' Group's communications with patients might be made more effective, in particular for Loughborough patients who made up a large proportion of the patients but for whom there was not such obvious communication channels as in Hathern and the surrounding villages.

It was decided that an informal meeting of members of the Committee be held to consider the matter in more detail and to identify an approach to communications in the future. That meeting had been held on Wednesday 25th September and the following summary of the issues considered at that meeting was submitted:

- Surgery receptionists are a key point of contact with patients and are well-placed to make patients more aware of the Patients' Group.
 However, Committee members do not know how familiar they are with the role of the Group and whether they regard it as supportive or as a threat. An opportunity for direct contact with the reception staff about the role of the Committee might be fruitful, particularly in view of changes in personnel in recent times.
- A notice board at each surgery dedicated to Patients' Group material would be useful but it would have to be accepted by the Committee that relevant and timely material would be required to make it of interest to patients.
- Some reference to the Patients' Group on the surgery screens, as part of the presentation (as well as on the "rolling news"), would be helpful.
- More support is required from the West Leicestershire Clinical Commissioning Group to promote PPGs generally among patients across its area as well as materials that PPGs can use locally to promote themselves. The Committee should consider making representations to that effect.
- Working with local community groups should be enhanced to reach more people in the Loughborough area. Peter and Jerry had met with Julie, the manager of the Gorse Covert Community Centre to discuss ways in which that could be taken forward, including the use of their noticeboard, making leaflets available and to source contacts for the groups that met at the centre from the material on display.
- Morrisons had a neighbourhood information point at its store exit and use should be made of that. Other information points such as Loughborough and Hathern libraries and John Storer House should also be utilised.
- Although there were established channels for communication in Hathern (surgery and church newsletter) and Long Whatton (Community Centre),

the Patients' Group had no idea of how many patients there were in each of the outlying areas, such as Belton, Normanton, Zouch, Shepshed, etc. or across town in other parts of Loughborough. Information of this type would give the Committee a better feel for the population that the Practice serves and enable it to target its publicity a little better. It did not involve personal data and, therefore, it seemed reasonable to request the Practice to make such information available, assuming it could be obtained fairly readily from the information system.

- Working with one of the other local PPGs to see how they deal with issues of communication might be useful and Peter agreed to make contact with the Storer Road Practice's Patients Group for that purpose.
- The forthcoming Flu Days (item 6. on the agenda) provided a good opportunity for the Committee members to make contact with patients. The success of that and the other measures identified above should be reviewed at a further informal meeting of the Committee in about six months time.

Karen referred to the fact that there was already content about the Group on the surgery screens which members of the Committee might wish to review. The suggestion for a Committee member to attend one of the regular reception team meetings to talk about the role of the Group was supported.

PB/KP

It was suggested that the addition of the Chair's photo to the picture board at the surgeries might help draw attention to the Group.

It was confirmed that it should be possible to extract information about approximate numbers of patients in different geographical areas.

AGREED that the measures proposed to improve communications with patients be supported and that the various items identified be pursued once work on the "Flu Days" (see item below) has been completed.

JB/PB

"Flu Days" 2013

Notification had been received from the Practice that "Flu Days" would be held on 5th October and 2nd November this year (both Saturdays). The days had previously been identified as an opportunity for Committee members to make themselves known to patients attending for flu jabs and to hand out information regarding the Group. This had also been discussed at the informal meeting on 25th September. The following summary of the issues considered at that meeting was submitted:

- It was anticipated that the Information packs being supplied by the CCG would be received only a day or two before the first of the Flu Days and that it would be necessary to plan accordingly.
- The note circulated by Jerry as the basis for information to be included in the pack was relevant and accurate but was likely to prove to be too long to sustain the reader's interest. Therefore, a revised shorter version of the text should be prepared for consideration and the Practice then be asked to make that into something more eye-catching with the use of artwork, colour and the like.
- Committee members attending the "Flu Day" sessions to hand out the information packs and talk to patients about the Group would be:

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5th October - Maxwell Drive - John and Gary
5th October - Hathern - Ian and Martin
2nd November - Maxwell Drive - Jerry and Sheila
2nd November - Hathern - Peter plus one from the 5th October team.
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ΑII

 Ensuring that we did nothing to impede the flow of patients to their appointments was paramount and details of how things would operate would be settled by Karen and outlined at the Committee meeting on 26th September.

Karen outlined the process that would be followed on these days.

Review of Doctors' Rotas, Hathern

The matter had been discussed previously and was being kept under review by the Practice. It was in the Work Programme for further consideration at this meeting but it was appreciated that forthcoming changes in personnel at the Practice were likely to have implications. The matter was on the agenda to enable Practice representatives to provide an update to the Committee on the present position.

Karen advised the Committee that Dr Linda Adlam had been appointed as a Partner and Dr Aarohee Ruparelia as an employed doctor. Both would work part-time. Dr Adlam would take up her duties in mid- October and Dr Ruparelia in mid-November.

It was suggested that, although the original question concerning rotas had related to Hathern, it might be more appropriate to consider the matter across the Practice and that view was supported.

The changes were likely to have implications for both surgeries, but as the bulk of patients attended the Maxwell Drive surgery, a

proportionate mount of the doctors' time needed to be spent there. However, the intention was that there would always be a partner on duty at Hathern and in the short-term Dr Williams would spend more time at the Hathern surgery to ensure the regular availability of a female doctor. In her first month at the Practice, Dr Adlam would need to be based at Maxwell Drive to enable her to become more familiar with the operations of the Practice, following which she would be based at Hathern one day per week.

The position was likely to start to become more settled from mid-November onwards and could be reviewed further at the Committee's meeting on 20th November.

AGREED that the present position be noted, the matter be considered further at the meeting to be held on 20th November and that the Work Programme be amended to reflect the intention that future consideration of the matter be across the Practice as a whole.

JB

Review of Practice Website

This item was in the Work Programme for review over the next few months and the intention had been that at this meeting a decision would be taken on how the review would be conducted and who would be involved. Recent discussions with the Practice Manager had confirmed, however, that although a review would be welcomed there may be more fundamental questions, about the current site and the extent to which patients use the site, to be considered.

Karen confirmed that the site in its current form was not as easy to use as had been anticipated. However, any change would not be a priority in the short-term in view of other priorities and it was likely to be two or three years before a replacement site could be given serious consideration. There remained uncertainty about the extent to which the site was known about or used by patients and it was suggested that obtaining information on that would be a good starting point. Once information on that was available, the timing and nature of any review could be settled. In the meantime if individual committee members had comments on the existing site that they wished to raise, these could be referred to Karen for consideration.

AGREED

1. that the inclusion of questions in the next Annual Patient

Survey regarding knowledge and use of the existing site be supported, for consideration alongside other potential questions at the November meeting;

ΚP

2. that any further work on reviewing the website be included in the Work Programme, to be considered after the results of the Patient Survey are available;

JB

3. that, in the meantime, any comments regarding the existing site be submitted to Karen for consideration.

ΑII

Walking for Health

At the last meeting it had been decided that a representative of Charnwood Borough Council be invited to attend this meeting to discuss the matter in an attempt to find a way forward. Contact has been made with Jo Grant, the Council's Community Sports and Physical Activity Development Officer. As she was unavailable to attend this meeting, she had been invited to attend the informal meeting of Committee members held on 25th September.

That had proved to be a positive meeting, following which Jo had confirmed the position in the following terms:

There is the option for us (the Council) to work with you (Patients' Group) to set and work together to find a suitable day and time. We could also provide posters to help with the promotion. All our routes will be walked by the leaders in advance to check their suitability.

Initially we could look to set up a 12 week course of walking providing a leader and back marker for walks. We will look for walks of around two miles but would build in the option for people to walk a shorter distance if necessary. Leaders/back markers will be first aid trained.

Following on from the walks we could look at producing some maps of local walks like the leaflets I showed you yesterday and this could be done for both surgeries if required.

We would also be able to train up anyone that is interested so that they could become a walk leader.

Walking is ideal way for most individuals to increase their levels of physical activity and improve their health. Benefits to health through walking include: Reduce risk of coronary heart disease and stroke

Reduce risk of Type 2 diabetes

Reduce risk of colon and breast cancer

Reduce risk of depression/Improve mental health

Maintain a healthy weight

Improve strength of muscle and bones Lower high blood pressure Improve cholesterol

Walking is an ideal activity as it: is free is within the capabilities of almost every

is within the capabilities of almost everyone is easy to start slow and build up doesn't require special equipment is low impact with low risk of injury is social and can be used as a form of transport

The view was expressed that this appeared to be a very promising initiative which would be welcomed by the Practice.

Members of the Committee expressed a willingness to participate in the early walks if required to assist in getting the programme off the ground.

AGREED that Jo Grant be advised that her suggestions have the Committee's support and she be requested to develop the ideas into firm proposals.

JB

NHS 111 Service

The Chair had agreed to the inclusion of this item on the agenda as urgent business in view of the fact that the proposed changes had been brought into immediate effect and it was considered important for the Committee to understand any impact on the Practice and its patients.

Notification had been received on 23rd September from West Leicestershire Clinical Commissioning Group that out of hours call handling would transfer to Derbyshire Health United with effect from the evening of 24th September 2013.

On behalf of the Practice it was confirmed that the period of notice received had been short, although the extent of changes in the short-term were limited. The existing out of hours service would continue to operate for the time-being. CNCS would continue to provide out of hours cover and it was only the call-handling element which was being transferred to Derbyshire Healthcare United under the NHS 111 banner.

The change did, however, have implications for the cover provided between 8.00am and when the surgeries opened at 8.45am. That was currently being addressed.

AGREED that the matter be kept under review and feedback be provided to the Practice on any individual experiences using the 111 service.	JB/AII
News from the Practice	
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.	
Karen advised that in addition to the staffing changes involving doctors, for the first time in many years, if ever, a Business and Administration apprentice within the Reception team had been taken on, as part of a one-year placement from Loughborough College.	
Work Programme	
The updated work programme was submitted and reviewed.	
AGREED that the work programme be noted and updated to accord with other decisions taken at this meeting.	JB