

<p style="text-align: center;"><b>Minutes and Action Points of Patients' Group Committee Meeting Thursday 27<sup>th</sup> September 2012 at 19:00</b></p> <p><b>Attendees: Peter Boulton (Chair), Martin Dudley, John Onsworth, Jerry Bullock (Secretary), Karen Pearce (Practice Manager)</b></p> <p><b>Ian Simpson – Item 5 onwards Dr Saund – Item 10 onwards</b></p> <p><b>Apologies: Mike Clancy, Michael Forster, Kathy Read, Greta Sankey (Vice-chair), Dr Williams</b></p>	
<p><b>Minutes of the last meeting</b></p> <p>AGREED that the minutes of the meeting of the Committee held on 24<sup>th</sup> May 2012 be approved as a correct record.</p>	<b>Action</b>
<p><b>Filling of Vacancy on the Committee</b></p> <p>Notice of the vacancy had been given on 28th August and the closing date for expressions of interest had been 25th September. One nomination, from Ian Simpson, had been received.</p> <p>AGREED that Ian Simpson be appointed as a member of the Committee until the Patients' Group's next AGM.</p>	
<p><b>West Leicestershire Clinical Commissioning Group</b></p> <p>Peter reported that along with the Vice-chair he had attended a meeting of the West Leicestershire Clinical Commissioning Group on 12<sup>th</sup> June 2012. Although of general interest, the nature of the topics under consideration had been of little direct relevance to the work of the Patients' Group.</p> <p>However it was appropriate for members of the Committee to be aware of the activities of the WLCCG as already it was taking on many of the functions of the Primary Care Trust and was expected to take on the PCT role fully from April 2013. In the first instance it was suggested that Committee members look at the CCG's website <a href="http://www.westleicestershireccg.nhs.uk">www.westleicestershireccg.nhs.uk</a> to obtain an insight into the Board's roles and activities.</p>	
<p><b>Patients' Groups Network</b></p> <p>The Network was starting to become more established and was</p>	

<p>likely to play an increasing role in linking Patients' Groups with each other and with the West Leicestershire Clinical Commissioning Group. Peter referred to the fact that he and Jerry had attended a meeting of the Network over the summer period and a further meeting was to be held on 3<sup>rd</sup> October which they would attend. Patients' Groups had been established in over 80% of Practices in West Leicestershire and the Network was enabling the exchange of ideas and looking at ways in which Groups could move forward.</p> <p>In the ensuing discussion, Karen outlined some of the roles of the CCG in relation to the Practice both in terms of addressing health issues such as respiratory care and in practical ways such as data analysis and community nurses.</p> <p>At present, places at Network meetings were limited but there was considered to be a case for rotating the Group's representation at these events so that more members of the Committee could be aware of the workings of the Network.</p> <p>There had previously been agreement for the Patients' Group to take membership of the National Association for Patient Participation (NAPP) but that had yet to be taken to the point of subscription.</p> <p><b>AGREED</b></p> <ol style="list-style-type: none"> <li>1. That representation at future Network meetings be agreed once the dates for those meetings are known but that attempts be made to balance continuity with increasing the number of Committee members attending those meetings.</li> <li>2. That Peter and Karen review the question of membership of NAPP and be authorised to proceed with the Group's registration as members if they consider that to be appropriate.</li> </ol>	<p></p> <p>JB</p> <p>PB/KP</p>
<p><b>Review of Prescriptions and Dispensing – Document for Discussion</b></p> <p>A report of the Working Party (comprising John, Greta and Jerry – with John as the Lead Member) was submitted (copy filed with these minutes).</p> <p>Members of the Committee expressed agreement with the general conclusions of the report. Reference was made to arrangements that existed for certain patients in Long Whatton to obtain deliveries and Karen outlined the approaches taken to</p>	<p></p>

<p>ensure that patients were not in a position of being without essential medication.</p> <p>As this was an initial report, no survey of patients to establish the extent of any shortfall in provision had been undertaken. The view was expressed that some form of survey of patients of the Hathern surgery would be appropriate to ensure, so far as possible, that there was equitable treatment for patients served by that surgery and its dispensary.</p> <p>AGREED that Karen be requested to arrange for a survey of patients of the Hathern surgery along the lines outlined above, in consultation with John as the Lead Member on the issue.</p>	<p>KP/JO</p>
<p><b>Patient Survey – Action Plan</b></p>	
<p>The recently adopted Action Plan was submitted and Karen advised the Committee on the current situation with the various action points.</p> <p>In relation to the issue of confidentiality at the Hathern surgery reception, members of the Committee expressed the view that the problem was not significant and that the provision of screens would be likely to lead to problems of communication between patients and staff. Therefore, it might be appropriate to await responses to question(s) on this topic which could be included in the next Patient Survey. In the light of responses to that, other measures could be considered, for example, sound absorbing surfaces on the wall at the rear of the reception area to reduce sound “bouncing back” into the public area and the provision of notices making it clear to patients that confidential matters could be discussed in private areas away from the reception point.</p> <p>AGREED</p>	
<p>1. that it be suggested to the Practice that no action be taken on possible screening of the reception area at Hathern surgery until after the next Patient Survey, that the matter be proceeded with along the lines indicated above and be the subject of further discussion at a future meeting of the Committee before any significant action is taken.</p>	<p>KP</p>
<p>2. that the position on other matters in the Action Plan be noted and be accepted as appropriate measures to address the issues raised in the Patient Survey 2011/12.</p>	<p>KP</p>
<p>3. That the remaining actions within the Action Plan be reviewed</p>	<p>KP/JB</p>

<p>at the January 2013 meeting.</p>	
<p><b>Hathern Surgery – Changes to Doctors’ Rota</b></p> <p>Following an initial report at the May 2012 meeting regarding possible changes to the rota at the Hathern surgery, it had been agreed that the matter be included on the agenda for this meeting so that it could be kept under review.</p> <p>Karen advised that the new arrangements were operating well. Some adjustments had been made to deal with one or two issues that had arisen, mostly to spread the demand more evenly across the team of doctors. The situation would continue to be monitored and members of the Committee were invited to contact Karen if there appeared to be any issues with the change which required review.</p> <p>AGREED that the position be noted.</p>	
<p><b>News from the Practice</b></p> <p>Karen reported that the main issue facing the Practice since the Committee’s last meeting had been the introduction of a new Clinical IT system on which all of the staff involved had worked extremely well. The new system was Windows-based and was part of the Department for Health’s Connecting for Health IT initiatives.</p> <p>Introduction of the new system involved considerable change and although there had been some risks to day to day routines, contingency arrangements had been in place to manage any problems at the time of the change-over.</p> <p>Some concern was expressed by members of the Committee that neither it nor the Chair had been made aware of the change in advance and it was hoped that, in future, when there were significant developments within the Practice that the patients’ representatives would be kept informed.</p> <p>Karen referred to the fact that “Flu Day” for those aged over-65 would be held on 6<sup>th</sup> October 2012. Also that a programme of NHS Health-checks, for patients between the ages of 40-74, were to start shortly.</p>	
<p><b>Involvement of Speakers at Future Meetings</b></p> <p>Peter advised that he had asked for the item to be included on</p>	

<p>the agenda as he considered that there was a need to provide greater focus to the Committee's work and that he also had in mind the need to both engage more effectively with the wider patient population and to be able to demonstrate progress by the Committee at the next AGM of the Patients' Group.</p> <p>In particular, he considered that proposals under development for a Proactive Care Scheme which was being introduced in parts of West Leicestershire and would be extended to include the Practice in the coming months, was not only something of great interest but also something which the Committee should be aware of. He circulated a paper copy of a schematic representation of what was involved and agreed to circulate an electronic version of the document to members of the Committee.</p> <p>He suggested that consideration of the matter at the next meeting, possibly with a representative of the West Leics. CCG in attendance, might be useful and that the issue had the potential as a topic for the AGM next Spring.</p> <p>As part of a general discussion about potential ways in which the Committee might seek opportunities to interact with patients, reference was made to the fact that activities such as the "Flu Day" - when as many as 600 patients might attend the surgeries - were the type of event that the Committee needed to be aware of.</p> <p>AGREED</p> <p>1. that the Proactive Care Scheme be included on the agenda for the November meeting and that a representative of the West. Leicestershire CCG be invited to attend the meeting to explain the proposals.</p> <p>2. that the Practice be requested to keep the Committee informed of major events such as "Flu Day" so that consideration can be given to the potential for associated Patients' Group activities.</p>	<p>PB</p> <p>JB/PB</p> <p>KP</p>
<p><b>Review of Complaints Policies and Procedures</b></p> <p>The issue had been identified in the work programme as the next to be considered after initial consideration of the Prescriptions review. The Committee was asked to consider the basis on which the review might be conducted and the members of the Committee who would be involved.</p>	

<p>Karen confirmed that the Practice's Complaints Policy followed NHS guidance and identified a Complaints Manager (herself as Practice Manager) and a GP Lead (Dr Saund).</p> <p>In reply to questions, it was confirmed the Practice's approach was to seek to deal with potential complaints in a timely fashion by recognising when patients were unhappy with some aspect of the service, trying to understand the issues involved and taking action where that was considered to be appropriate. An annual report of complaints was prepared and it was confirmed that, as it was on an anonymous basis, the Committee could have sight of the report each year.</p> <p>AGREED</p> <p>1. that a copy of the Complaints Policy and the latest annual report on complaints be supplied to members of the Committee;</p> <p>2. that the matter be included on the agenda for the November meeting for the Committee to consider whether or not this is an issue to be retained in the work programme.</p>	<p>KP</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 and be amended to accord with other decisions taken at this meeting.</p>	<p>JB</p>