

CHURCH STREET PARTNERSHIP
JOINT PATIENT REFERENCE AND PATIENT PARTICIPATION
GROUP MEETING

MINUTES of the Joint Patient Reference and Patient Participation Group Meeting held at 7.30 p.m.
on **Tuesday 9th June 2015**
at The Apton Centre, Apton Road, Bishop's Stortford

PRESENT: Rob Francis (Acting Chair), Anne George (Hon Secretary).
Patient Reference Group members: Kieron Clegg, Joyce Ginn, John Tyson.

Patient Participation Group members: Sonia Macdonald, Tony Skidmore,
Jane Skinner, John Zellner.

SURGERY REPRESENTATIVES: Graham Clarke (Practice Manager), Dr Hunukumbure.

1. In the absence of the Chair and Vice Chair, Rob Francis was nominated as Acting Chair for this meeting and welcomed everyone.

2. **APOLOGIES:** **PRG Members:** Angela Alder (Chair), Eric Marshall (Vice Chair), George Cutting, Brian Edwards, Sara Kent, Valerie Kent.
PPG Members: Brenda O'Carroll
SURGERY REPRESENTATIVES: Sarah Clark (Deputy Practice Manager)

3. MINUTES OF THE PRG MEETING HELD ON 21ST APRIL 2015

The Minutes were agreed and signed by the Acting Chair as a correct record.

4. MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

i) Item 4a.

Text messaging. As discussed at the previous meeting the Practice confirmed they will bring in text message appointment reminders once the new computer system is operational (hopefully Apr-Jun 2016). They are gathering patient consent for this.

Practice Website. The new practice website is now up and running. Group agreed new website looks much better and easier to navigate. A few sections still to be fully populated with information. Appreciation expressed to the Practice for hard work with this project.

ii) Item 5.8 Carr-Hill Formula. Meeting between MP Mark Prisk and the practice postponed by the Practice due to excessive workload caused by GP leaving Practice. **ACTION:** Chair and Vice Chair to continue to liaise with Practice to initiate meeting with MP Mark Prisk, who has agreed to continue to investigate how NHS England are reviewing the Carr-Hill Formula.

Item 7. Federation – Member of the PPG asked about status of Practice becoming part of a Federation and how it would function. The Practice Manager reported that in fact a Federation has now been created, as a limited company, between all the GP practices in this locality (Church Street, South Street, Parsonage Surgery, Central Surgery Sawbridgeworth and Much Hadham Surgery), however, it is still in infancy. They will share clinical services; the CCG will provide funding for commissioning of these services. By being a Federation they are able to request additional funding from the CCG for services. It is hoped they will be able to centralise services like ‘flu vaccination programmes, etc. between all the practices. The Federation are discussing many issues to improve the services they offer; one option is a centralised site with hubs in and around the town but any premises need to be fit for purpose.

Item 8. Issue with on-line appointment booking system. Practice Manager has investigated this, the venue/site are displayed but not obvious on screen. No further action.

Item 8. Patient Group to help distribute health leaflets. It was again discussed how the Patient Group might assist the practice with getting health information to patients. One suggestion was to use newsletter to promote self-help information, another suggestion was to place article/s in local newspaper or the free magazines distributed in town and surrounding area. ACTION: Practice Manager will consider these suggestions.

4a) To receive report from John Tyson on Health Maze event held on 3rd March 2015.

John Tyson attended the Health Maze event which centred around a presentation by Beverley Flowers, Director of Strategic Partnerships, East and North Hertfordshire Clinical Commissioning Group entitled “The Rough Guide to: Understanding how the NHS works today”, which was very interesting. Approximately 20-25 people there, including 6-7 Patient Group representatives. In the presentation (copy to be circulated to the Patient Group members) one slide was a very complicated and involved flow chart detailing how the NHS works. John also found it very interesting to talk with other patient group members as to how their groups were set up and what they have or have not been able to achieve.

There was discussion as to the merits of meeting other patient groups, it could be a valuable tool to share good practices and learn what works or does not work within a patient group. Investigate the process for someone to attend their meetings and/or invite representatives to our meetings. Also discussion on our Patient Group representation at the Locality Meetings, feedback requested from those who attend.

ACTION: Investigate which Patient Groups would be interested in meeting with our group (Chair, Vice Chair, Hon Secretary, Practice Manager)

ACTION: Check if Angela and Eric still attend the Locality Meetings and request regular feedback.

5. TO RECEIVE AMENDED SPRING 2015 NEWSLETTER

The current Newsletter has been printed and is now available at all three sites. Copies were circulated at the meeting and it was well received. Unfortunately, it was pointed out that there was an error in the regular text on back page; this will be corrected in the next newsletter.

Discussion on possible articles or information for future newsletters, any ideas to be passed to Chair and Hon Secretary.

6. TO EXAMINE TIMELINE DOCUMENT AND UPDATES FOR OUTSTANDING ISSUES

There was discussion about whether the “Issues Raised by the Patient Group with the Practice” document could be added to the end of the Minutes instead of being a separate document. However, this would make the Minutes a much longer document, intention is to keep Minutes to 3 or 4 pages. This will be discussed again.

The Issues document was reviewed and updated. Main points/updates were:

(3) Telephone waiting time for appointment booking. No further problems with unanswered phone lines reported. Continue to monitor situation but **CLOSE** for the time being.

(5) Number of available appointments per day/week. In Progress/Ongoing. Until full headcount of GPs, cannot increase number of appointments available. Keep open in anticipation GP vacancy filled soon.

(6) Booking ahead. As previous comment, waiting for new computer system to be operational, **CLOSE** for time being.

(8) Carr-Hill Formula. Ongoing. Meeting between MP Mark Prisk and Practice postponed. Chair and Vice Chair to continue to liaise with Practice to initiate meeting.

(11) Training for reception and front line staff. Internal and external training continuing for all staff but particularly front desk/admin staff, e.g. customer care, resuscitation training. Continue to monitor situation but **CLOSE** issue at present.

7. TO RECEIVE INFORMATION ON PRACTICE PLANS FOR THE FUTURE

Staffing and Vacancies

- No replacement yet for Dr. Kumar, who left end of October. Currently using regular team of locums GPs to fill clinic sessions; one locum is now employed by the practice, she regularly covers 6 sessions per week, is willing to continue and the practice still in discussions with her about becoming permanent member of staff.
- Still waiting for the new nurse to start (end June) as working out her three months’ notice period; she is fully trained.
- The Practice Manager (Graham Clark) announced that he will be retiring at the end of July. Sarah Clark, Deputy Practice Manager will cover until a replacement is found. A consultancy group are assisting with recruitment. The Patient Group wished Graham all the best for the future and thanked him for all his work with the group.

Other information

CQC Visit. Practice Manager reported that the CQC had visited during May (practice given 2 week notice of visit). Report will be given to Practice at end June for review, and to create action plan if any improvements required. Once finalised, the report will be available to public. One comment made by CQC was that during their visit patients had given positive feedback about staff, particularly front desk.

Security Issue. Practice Manager reported that in view of a recent incident at Thorley surgery, when a patient’s behaviour had made a lone working receptionist feel very vulnerable,

additional security measures have been initiated there for lone workers. In the evenings this site often opens later than the main site.

Haymeads. An additional receptionist now based at Open Access on Monday and Friday (busiest days) and front desk there now open at 8.15 instead of 8.30.

8. QUESTIONS TO THE PRACTICE AND INFORMATION SHARING

- Practice Manager said that it is now a CQC (Care Quality Commission) requirement for GP practices to have active patient groups.
- Practice Manager reported that over the winter, the CCG (Clinical Commissioning Group) realised there were issues with GP services experiencing increased demand (even though it was a mild winter), therefore additional funding was allocated. This allowed the Practice to see more patients, especially those who had visited out of hours GP service and also make more home visits to housebound and/or frail patients.
- A member of the PPG talked about a relative being cared for in their own home by a community matron, the GP surgery patient record had this information detailed, which meant that the patient's GP was aware of the situation. There was discussion about whether this was a new scheme, possibly called Enhanced Patient Discharge Plan or Integrated Care Scheme, which seemed to be organised following an inpatient stay, to care mainly for frail, seriously ill patients in their own homes. It was agreed that this seemed a very positive scheme for patients and relatives. **ACTION:** Dr Hunukumbure said she would investigate and clarify exactly which scheme was being discussed, whether it would continue or whether it had been part of the additional "winter funding care" which was a one-off.
- Question asked about whether patients still need to opt out of the care. data information sharing programme. Practice manager said patients still need to opt out if they wished.
- There was again discussion about how test results are dealt with by the practice. Practice Manager and GP stated that any serious (i.e. grossly out of range/life threatening) results will be flagged and patient will be contacted as matter of urgency.
- There was discussion about the government proposals for 7 days a week GP service. It was agreed this would require additional GPs, reorganisation of the workforce, and the group recognised this may be extremely difficult in current climate of nationwide problems in recruiting and retaining GPs.

9. DATE OF NEXT MEETINGS CONFIRMED AS:

PRG – Tuesday 21st July 2015, 7.30 p.m. at the Apton Centre. **

Joint PRG/PPG – Tuesday 15th September 2015, 7.30 p.m. at the Apton Centre. ****

Meeting closed at 9.00 pm.

.....Signed.....Date

Footnote:

**** PRG meeting Tuesday 21st July** was not quorate and did not take place

****** Joint PRG/PPG meeting Tuesday 15th September** subsequently cancelled