

Patient Participation Group Minutes

Monday 15th September 2014

In attendance: Dr P Chopra (GP Partner), Kellie Preece (Practice Manager), Avril Hurt (Practice Manager), Mary Martin (Senior Nurse), Garth Murphy (Patient Group), Margaret Jones (Patient Group), Freya Marshall (Patient Group) Carla Elkins (Patient Experience/Public Involvement Manager)

Carla Elkins

Carla Elkins introduced herself to the group explaining that she is employed by the Clinical Commissioning Group and her job is to work with the Patient groups to help improve the patient journey in the NHS. She has to find out what is important to them, listen to their concerns and comments and act on them. She can not directly deal with official complaints but is able to direct patients to the right place. Currently she is hoping to recruit patients to attend workshops looking at what makes a good Patient Group.

CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. CCGs are overseen by NHS England (including its Regional Offices and Area Teams). These structures manage primary care commissioning, including holding the NHS Contracts for GP practices NHS.

Each CCG has a constitution and is run by its governing body.

Operation

CCGs operate by commissioning (or buying) healthcare services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

Clinical commissioning groups work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, Groups will have, in addition to GPs, at least one registered nurse and a doctor who is a secondary care specialist. Each CCG has boundaries that are coterminous with those of local authorities, though one authority may have several CCGs. Clinical commissioning groups are responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices must belong to a clinical commissioning group.

Carla Explained that one of the things she is working on currently is looking at patient stories within the last 6 – 12 months and wants patients to get in touch with her if they have a story to tell regarding their journey from primary to secondary Care. The NHS Governing body will then analyse what went wrong or worked well and use the information to improve Patient' NHS journey.

Central surgery had sent in an account of why they believe their Patient Group works well. The main points highlighted were

- A GP, a Nurse , the Practice Manager, and the Head Receptionist always attended the meetings
- The had guest speakers
- Identify incentives to attract the right patients to the group
- Participation electronically
- Rules and responsibilities

Carla informed the Group of the Public Patient Forum to take place Wednesday 17th September at the Benn Hall starting 10.30am.

Electronic prescribing has now been postponed until January 2015 as there has been some problems in the prescriptions reaching the pharmacies.

Update of Practice Issues:

Avril Hurt updated the group on the problems facing the surgery at the present time. We have Dr Lindsey off for the next five weeks minimum, Dr Gallagher retires on the last day of October and her replacement can not start until 8th December. Kellie Preece has had to rearrange all of Dr Lindsey's appointments and surgeries. This has been very difficult as we are not always able to contact patients directly. This has meant at least 150+ letters being sent out to patients. The Practice are mindful that we still need to offer appointments to patients and have managed to secure the services of a locum doctor who will do the majority of Dr Lindsey's appointments and cover throughout November when Dr Gallagher has retired before the new GP arrives. We hope that patients will be understanding of our position at this time. The Practice has also a registrar who is a fully qualified doctor who is in training to become a GP. Last year we had three registrars.

Dr Chopra explained that a Locum is a fully qualified GP who chooses either not to work in any one Practice but join an agency or a newly qualified GP who is looking for a permanent position. A registrar is a fully qualified doctor who is doing extra training to become a GP. The GPs in the Practice mentor registrars in their second or third year of GP training. The registrars have access at all times for advice from the GPs.

Margaret Jones asked if the situation had any financial impact on the Surgery. Avril Hurt explained that this has a very big impact on the surgery and although our insurance covers some of the Locum expenses there will still be a financial implication for the GPs.

The Practice has been allowed to close their list to new patients for three months but in light of the new developments will be applying to close for a further three months. Bennfield Surgery and Central surgery have been closed at the same time for six months. This had a major impact on our list as it trebled the amount of patients registering with us. Bennfield and Central have been reopened in the last few months.

Dr Chopra explained that Rugby is growing and NHS England are looking at opening a new surgery on the Ariel site. However the Ministers have to look at the nationwide picture as there are inconsistencies around the country and some GP surgeries are being closed.

Practice Website

Avril Hurt told the group that she had received an email from Freya regarding the unprofessional look of our current website. Still has the name of Dr Gallagher and Partners, when we are now classed as Westside Medical Centre. Things are repeated on the homepage. We are aware that the website is antiquated and are in the process of trying to get a better one set up via our IT department at NHS England. Avril asked if any of the patient group would like to help us design a better format. Garth Murphy and Freya Marshall have offered their services. Avril to arrange a mutually convenient time we can get together to look at the website. She will contact the IT department for help with this.

Newsletter

Avril Hurt asked the Group for volunteers to help with the newsletter. Carla is currently working on a standard template but this will not be ready in the next week so we will use our own at the moment. Garth Murphy and Margaret Jones have offered to help with this. Avril will arrange a time to get together this week.

Translation Services

Margaret Jones asked what the Practice did when a patient could not speak or understand English. Dr Chopra told her that often the patients came in with their own interpreter but we are able to book the services of an interpreter but this has to be done in advance. We have often found that patients soon learn to understand and speak a little of the language and for odd words and sentences there is always google translate.

Friends and Family

Dr Chopra spoke to the group regarding the new Friends and Family Test. The Practice have to do an audit in December to ask patients if they would recommend the practice to friends and family. She said this could be something that the group could help with. Kellie and Avril are going to a meeting on Tuesday 16th when they would learn more about the audit. They will report back at the next meeting.

Election of Chairperson/ Vice chairperson

As only three patients attended this time a decision was made to delay the election until our next meeting on 13th October.