

AGENDA

PPG MEETING

Monday 27th March 2017

MEETING ROOM

18:00 PM – 19:00PM

	Item for discussion	Speaker
1	Our “Good” result on the CQC Inspection	RL
2	Review of Community Hospitals/MIUs	RL
3	Views on the National Patient Survey 2016	RL
4	Proposal for Premises Development	RL
5	Community Services Bulletin	RL
6	CCG News	RL (MA)
7	Future Communication	RL
8	Ideas Exchange Meeting	MA
9	Any Other Business	RL

Attendees:

Richard Langthorp
 Dr Gareth Williams
 Diane Smeeton
 Karen Dunn
 Tracey Hardcastle

Caroline Wilson
 Richard Sampson
 Malcolm Anderson
 Michael Jenner
 Susan Holland
 Carol Letchford
 Doreen Shaw
 Monica Pinder
 Peter Dack
 Judith Woodrup

Apologies:

Richard Grayson
 Ann Willis
 James Borthwick
 Marion Shaw

Meeting note summary
Patient Group Meeting
Monday 27th March
MEETING ROOM
18:00 PM – 19:15 PM

Attendees:

Richard Langthorp (Practice Manager)	Caroline Wilson	Richard Sampson	Greg Medici
Dr Gareth Williams (GP Partner)	Ray Butchart	Malcolm Anderson	Peter Dack
Diane Smeeton (Senior Nurse)	Keith Bremner	Michael Jenner	Doreen Shaw
Karen Dunn (Reception Supervisor)	Howard Petch	Susan Holland	Monica Pinder
Tracey Hardcastle (Medical Receptionist)	Judith Woodrup	Carol Letchford	

RL apologised for the time taken to arrange a further meeting since the early 2016 meeting, thanked everyone for attending, introductions were made.

Item for discussion

1 Our “Good” result on the CQC Inspection

RL Outlined the CQC inspection which took place last April.

The report was ‘Good’ in all aspects; the key measures, being Safe, Effective, Caring, Responsive and well-led.

GW explained to the group about what was involved on the day, findings etc.

Questions were asked about background of CQC inspectors, visit etc, – teams including a full time inspector, GP, and Practice Manager with two weeks notice provided. The GP inspectors routinely inspected GPs only with other teams looking after hospitals, dentists and care homes.

We are not expecting a further visit for another 1- 2years, though this could come sooner.

Enquiry made of what constitutes ‘Outstanding’ – RL advised this generally related to areas of widespread Outstanding Practice at the surgery which was well above the normal good expectations.

2 Views on the National Patient Survey 2016

Many pages of statistics are deposited on us in relation to a national patient survey.

A brief summary handout had been prepared which compares in some of the key areas, a snapshot of patient views compared with the National picture, the East Riding and some other practices in Beverley.

Our results have generally improved from last year which takes us above the national and local averages in most areas although the main area the practice struggles with was the telephone answering/system.

RL outlined recent problems with BT telephone systems, lines failing to disconnect which led to blocked lines. The discovery led to all but one or two lines of our lines giving the engaged tone to callers even though no phones were ringing or in use in the Practice.

Since BT who are the system providers have been unable to provide a permanent solution these are being checked manually every 3-4 weeks.

The whole phone system will be reviewed when time permits.

Enquiry made over whether these figures were used against national targets. RL advised there were no specific Targets imposed but were used as a general means of comparing Practices locally and nationally.

Dr Williams outlined the increasing pressure on appointments with general demand and patient reviews.

Discussed the very small sample sizes of the national survey of 123 involved and agreed that targeted surveys could be developed periodically to provide a more realistic view. Agreed to review: **Action Practice** to forward suggested questions to the group prior to issue/use.

Summary results from Friends and Family responses requested form circulation to the Patient Group, by email where possible. **Action Practice.**

3 Proposal for Premises Development

The proposal was originally submitted in early 2015 and was resubmitted in April 2016 for a full refurbishment.

The Practice proposal was finally submitted in final form in January 2017 and was advised as being high on the East Riding CCG priority list.

Whilst there has been no formal response over the last 10 weeks, we have been promised an update shortly from NHS England who the submission was sent. It is expected the proposal 'should' be approved, although any final proposal will be subject to planning.

Main areas contained within the proposal:

- Complete refurbishment.
- New toilets
- New Treatment rooms
- New Consulting rooms
- Lobby and covered walkway to annexe
- Lighting, heating, décor etc

Members asked whether a move would be considered in view of potential disruption. Dr Williams advised that the current premises was far more cost effective than a new building if a Public Finance building.

Members of the group asked whether any representation could be made to either local MPs or NHS bodies. Dr Williams suggested that efforts may be best directed towards local planning applications which are likely to be needed at a later stage.

Agreed that news would be communicated to the Group for their input once further information was available.

Enquiry made over whether a second story could be constructed over the Annexe – RL confirmed this was not part of the plan.

3 Review of Community Hospitals/MIUs

RL outlined briefly the very recent announcement concerning the community hospitals in the East Riding.

A press release was issued last week, which outlines some changes in the 'urgent care plans'.

- 365 day service, 16 hours a day for urgent (not emergency) care at Beverley, Goole and Bridlington.
- Urgent care appointments for low level minor injuries at Driffield & Withernsea booked through 111.

Request made for information regarding public consultations to be more widely publicised.

Dr Williams advised he believed the initiative was in part being driven by the need to cut cost from the local Commissioning Group; there have been other restrictions on referrals including restricting surgery for patients with higher Body Mass indices.

5 Community Services Bulletin

Suggestion made for CCG Bulletins; Deon Falcon understood circulating the Community Services

bulletins and the PPG News bulletin – National Association of Patients Participation Group.

Agreed this would be worthwhile to circulate. **Action Practice** to contact Deon with a view to establishing a mailing list.

6 Community services

Some big changes are expected with Community services following the contract being awarded to a local provider CHP. Further news awaited.

7 Future Communication

Mindful we are over a year since our last meeting;

Discussed future developments of the Patient Group.

Agreed that 4, 5 or 6 months would be reasonable intervals subject to any matters of importance the Premises development being a key one.

Email communication welcomed by most members; email addresses from group members were left at end of meeting

Premises the big ticket item to discuss.

8 Any Other Business

There appeared some IT issues from the Patient side with our clinical system? RL acknowledged this and confirmed IT engineers and senior managers had visited the site to review and resolve issues; issues still remain but have reduced over the last week.

RL advised proposals were recent advised across the East Riding for upgraded Broadband though installation costs were substantially higher in KC areas installation has yet to be agreed.

Commendation given to Tracey over handling a needy patient earlier this week.

Questions asked about “Calling System” and would this be replaced? RL explained this was quite costly (around £4,000) and would be incorporated in to the premises development.

Some lamented the demise of the Prescription answer phone message system; RL advised that further unresolved phone issues meaning that the first few second of the recorded message were cut-off in many cases meaning the caller could not be identified so this part of the service was stopped though still had the phone answered for 4 hours a day, could request on line, by email, in person, through a pharmacy or batch prescribing for stable medication to enable 6 months prescriptions to be issued.

Enquiry over self-check-in reliability – since becoming live again, reliability has been good over the last few months other than a recent issue over check in speed when service was temporarily suspended.

Letterheads - Fax/email/Website addresses on letterheads – faxes were still occasionally used but website was to be inserted in revised letterhead next week. Whilst the Practice does have the Prescription email addresses it does not have a general address as this would likely lead to clinical requests and be very time consuming to administer/respond to.

Updated email addresses taken for future communication and circulation of the minutes.

Members thanked for attending.

Next meeting proposed for May/June.