

MINUTES OF PATIENT REFERENCE GROUP MEETING
HELD ON 9TH MAY 2016

PRESENT: Robert Kelso (chair), Di Wogden (PRG), Roger Watts (PRG), Linda Sanders (PRG), Dee Brown (Practice Manager), Sylvia Hindley (PRG), Ed Matthews (GP), Becky Goulding (Admin apprentice)

APOLOGIES: Jeanette Kemlo, Bridget Kettle, Malcolm Cowburn (PRG), Rebecca Prosser (Reception Manager), Pat Leach (Practice Secretary) Amanda Macfarlane

Minutes of Previous Meeting: - Accepted as read and signed off by Robert Kelso.

MATTERS ARISING:

CQC REPORT – the NDJ had not printed Jeanette’s letter but this has probably been superseded by other health related topics.

EXTENSION TO BUILDING – completed, awaiting final “snagging”.

BARNSTAPLE PPG MEETING -Jeanette reported that she had still not had a response from Caroline Dawe.

CONFIDENTIALITY AGREEMENT

The confidentiality agreement was signed by those present.

TEXT MESSAGING SERVICE

Becky Goulding (Advanced Apprentice) gave an introduction to MJOG the new text messaging service we are using to send out appointment reminders. The patients will receive a confirmation text of their appointment shortly after booking then a reminder message 1 day before their appointment. They also have the option to cancel their appointment by texting 'cancel' to the number provided. This will automatically cancel the clinical system appointment. There is an inbox on MJOG where any other text responses i.e please cancel my appointment, will be stored and we have to cancel manually and check on a daily basis.

We are able to use MJOG for recalling patients to clinics and collecting Friends and Family Test responses. The recall process is exactly the same as what it used to be but instead of patients receiving a letter they will receive a text message. Those who don't have a mobile number recorded will get a letter. A summary of the text will save into the patients care history saying what has been sent and when, in the same way as a recall letter.

Friends and Family Test texts will go out shortly after the patient has attended for the appointment. Again, the text is the same as on the card i.e how likely are you to recommend us to friends and family 1 - extremely likely 2 - likely etc. The patient just responds with 1-5 to the number provided on the message and it is all collected on MJOG. They will receive a follow up text asking them why they gave that response but it is not essential to respond. If the patient attends frequently, they will only get 1 friends and family question in a 30 day period.

When patients are attending for appointments doctors and nurses should check with the patients that they have the correct details for them and when booking appointments, if receptionists should check the details too. A slip is being made up to go in to reception

ACTION

for patients to update all their contact details but a suggestion from the PRG was to also have slips in the doctors rooms to be given out to patients which they can hand into reception once completed.

PATIENT SURVEY

The group discussed the Improving Practice Questionnaire Report received in April 2016. 421 patients had taken part, providing feedback on individual GPs and the nursing team. The questionnaire included sections on the practice, the practitioner, staff plus some generic questions. The results had been discussed with our chair Jeannette Kemlo, GPs and senior managers at a practice meeting on 25th April.

All agreed that the results were very positive. The practice was in the upper quartile for most areas when compared with national figures and had improved in all areas since the last IPQ survey in 2011. Responses about the doctors and nurses were most positive. Least positive responses were related to car parking and comfort of the waiting room. There was a discussion around car parking, patient's expectations and possible options. Should we prioritise parking for the disabled? Dr Matthews will include options for additional parking when looking to redevelop the garden following completion of the extension. Other suggestions to help less mobile patients were to replace the handrail outside the main entrance and consider a bench in the square for patients to rest on.

EM

The practice plans to refurbish the waiting room this year. This will include more chairs with arms to help people get up out of the chairs, replacing the carpet with washable flooring and general decorating. A play area could be incorporated into the flooring. Look into the possibility of Wi-Fi for patients, rotate pictures and magazines. The caretaker will be asked to open the windows in the morning as it can be very hot.

DB/GPs

Patient information screen – agreed that a summary should be available for patients with a full copy held at reception.

BG

Friends and Family Test – March and April's comments had all been positive. These will continue to be available in card format.

PUBLIC STAKEHOLDER NETWORK

Roger reported on the April CCG Public Stakeholder Network meeting. Moses Warburton CCG explained that the purpose of the PSN commissioning work plan document was to align the PSN agenda around the upcoming work in the locality and keep public involvement embedded into the CCGs work. Members had volunteered to be leads in different areas. Charlotte Ives (service delivery co-ordinator CCG) spoke about health and well-being hub development as a follow on to care closer to home. Map areas to commission services to suit local needs. Services can be moved away from hospital into local communities.

Jennie Willmot was introduced as the new CCG governing body lay member.

Martin Sheldon (turnaround director CCG) talked about the Success Regime; it is an initiative brought in to help deliver services that are clinically and financially sustainable. It should help providers work together to solve problems and enable the CCG to ensure that it is not spending more than it is allocated.

ENT services at NDDH have been reduced as they cannot recruit a consultant.

Roger's report was followed by a general discussion on how services at NDDH might be downgraded and how this has been reported in the media. Robert noted how in other parts of the country hospitals have specialised in certain areas. The rurality of North Devon makes

this more difficult. Patients who have had a significant Myocardial Infarction are currently transferred to Exeter; this may be the same for stroke patients in the future. It is difficult for the public to make reasoned arguments about the changes as it can require clinical knowledge.

Public health services have been pulled from practices as they have no funds to pay for them. Ed reported that the drivers are from the government not the NHS. Services have to be put out to tender. Referral services are bouncing referrals back to practices. This gives the impression that they are stalling referrals. Health and Social care are linking better with speed of care provision increasing.

NEWSLETTER

The spring newsletter was provided to the group to take away and feedback any comments, particularly re “plain English”

AOB

Barnstaple Alliance joint meeting – Fremington and Boutport PPG had asked if they could be invited to the next Barnstaple wide PPG meeting. Jeannette is happy to organise the Old Railway Station as a venue. Litchdon had also invited other practice PPG members to their next meeting when they will be discussing “local hospital cuts and the impact on patients”. Dee will circulate details when available.

Clinical Pharmacist – we have appointed a part time pharmacist, who previously worked at NDDH; she will start mid-July.

Next meeting – Sylvia gave her apologies.

**NEXT MEETING WEDNESDAY 13th JULY 2016
18:00 HOURS BRANNAM MEDICAL CENTRE**

ACTION

DB