

MINUTES OF PATIENT REFERENCE GROUP MEETING

HELD ON 8TH MARCH 2017

PRESENT: Di Wogden (Chair) Sylvia Hindley, Bridget Kettle, Roger Watts (PRG) Dee Brown (Practice Manager) Ed Matthews (GP) Rebecca Prosser(Reception Manager)

Apologies: Malcolm Cowburn, Robert Kelso, Linda Sanders, Jeanette Kemlo.

Minutes of the previous meeting read – to be adjusted as follows. Nursing interviews in AOB, should read 'HCA's and Assistant Practitioners. Progression routes should be 1st year level 4 and 2nd year level 5. With adjustments made then the minutes will be agreed and signed.

MATTERS ARISING: Nursing associates – it is hoped that 2 will be in post by May in practices. Three of the surgeries in Barnstaple have agreed to take students. Sylvia found the experience very rewarding and enlightening. She has agreed to take part in the interview process again. She noted that at interview it was clear how much the students loved their work. Thanks to Sylvia for all the hard work involved.

FRIENDS AND FAMILY TEST: It was agreed that overall it was a very good report. There were one or two negative comments, but that would be expected as patients do not always get everything they want.

Dee mentioned a negative comment posted on NHS choices regarding a newly delivered lady not receiving the contact that had been requested from the Health Visitors. Health Visiting services are currently under great strain, and they are currently working a 'vacant caseload'. This basically means that unless there is a safeguarding need surrounding the referral then they are not currently being dealt with.

We have also had a meeting with the Health Visiting team, to discuss referral and communication. The HV team need auditable information, so no longer accept verbal referrals or telephone calls directly from a GP, they need the GP to complete a referral form. This is however now able to include what action the GP specifically requires the HV team to undertake. They are also now under obligation to respond with their actions.

Following a discussion on missed appointments, it was thought a good idea if the number of missed appointments each week/month were published or displayed in some way.

STAKEHOLDER REPORT

Roger kindly gave feedback on the stakeholder meeting that he attended. He had given a presentation of how to improve the service.

- It was felt that there was not always good organisation.

- People who were tasked to feedback on meetings sometimes forgot to go or feedback.

He proposed that the stakeholder meetings:

- Cut down on the time/length of each meeting
- Deal with one subject at a time
- Feedback directly to GP surgeries
- Understand the Value of the Patient Group

Roger had attended another CCG meeting at the Plough Inn chaired by Caroline Dawe. It was further discussed how we could improve the meetings. Roger highlighted areas where he felt money was wasted eg CCG employees attending that do not need to be there and food being supplied for a meeting that finishes well before lunch.

Patient Transport was highlighted as just one area.

Current spending is 20 million per year in funded transportation. No-one is being made aware that the funding for this transport comes out of the budget.

Roger suggested that patients be made aware of this as it might make them think if they need to use transport provide by the NHS. The letter with their hospital appointment could include an addition "Due to the severe financial situation within the NHS it would be appreciated if a relation, neighbour or friend could transport you to your appointment. If that is not possible ring xxx (transport number) and we can then decide on the most suitable transport option.

Patients who have serious health problems may need special transport and transport is free to them under the 1948 Act.

Effective care work-stream update.

The referral process came under scrutiny. Referral are processed from a central location, GP can also go via this system for advice and guidance. It was highlighted that running this system often costs as much as the operation itself.

The assessment process can sometimes be very strict, and needed operations are sometimes refused as strict criteria are not met. Yet when the patient actually gets to see a consultant the procedure is often agreed to be undertaken by the consultant.

Future Care consultation

The reduction in beds in the Eastern locality was discussed and the movement of the Stroke services from Bideford Hospital back to NDDH.

OOH and 111 services – nothing negative from patients, but GPs who work the service are finding that it is much busier and harder work. The area covered is much greater and there has been a reduction in the number of cars out each night. The worry is that if the GPs who volunteer to work this service find that the workload is too intense they may withdraw from the service.

Healthy People Document

Lynn will attend a meeting scheduled for Friday 17th March. Whilst there is publically no specific proposition for change, it has been rumoured that there is a proposed change to Maternity, A+E, Stroke services.

PRACTICE REFURBISHMENT

- We have secured a minor improvement grant for a new Front door and threshold which hopefully will be done at the beginning of May.
- We are currently looking at replacement of the boiler for a greener system.
- Repointing of the Kiln will take place in April.
- New cleaning contractors.

AOB

- Jeanette has been in contact giving her apologies for missing so many meetings, but also suggesting that it may be appropriate to rotate the Chair. Therefore anyone interested should let Dee know.
- Discussed the length of time between meetings. Agreed to keep at bi-monthly, but with the provision to move date forward if there is nothing pressing or specific to discuss.
- Discussed the setting of the Agenda for the meeting. Agreed that Dee will continue to do this, although any comments or suggestions gratefully received.
- Practice Growth – the increased growth was reviewed with a marked increase being seen within the past 18 months.
- Forward movement and growth of the practice was discussed with the option for taking on another GP, and expanding the building again.
- Specialist paramedics are likely to have GP rotation built into their schedule. This is to encourage them to stay within the SWAST service whilst gaining valuable experience in surgeries.
- The expansion of the Administrative team was also discussed, in relationship to the increase of our list size.
- Personal Development of team members discussed. This included Billie-jo and her move towards more HCA work and Becky Walker and Rachel Nestel undertaking home visits to housebound patients. All part of our ever expanding service.

**THE NEXT MEETING IS SCHEDULED FOR WEDNESDAY 10TH MAY 2017
AT 6PM**