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| **Revel Surgery Patient Participation Group Meeting****Wednesday 12th July 2017** |
| **Agenda****Item** | **Notes** | **Actions** |
| Attendance | ***Present***James Pawsey, Fred Harper, Elaine Friswell, Barbara Dent, Jeanette Darch, Martha McCabe, Jayne Brigg, Paul Mills, Patricia Lewer, Keith Edgar (note taker) Apologies: Peter Clow, Elizabeth Biggs-Poyner, Jean Wooliscroft |  |
| **1** | **Minutes of Previous Meeting Issues arising**The minutes of the previous meeting were accepted by the group present. |  |
| **2** | **Healthwatch Warwickshire**Chris Bain, the lead for Healthwatch Coventry and Warwickshire attended to present the outline of their role. Chris covered some key points, * They are a statutory body under the Health and Social Care Act 2012, Their remit is to be a consumer champion
* Their offices are in Leamington and they have a small staff.

Chris explained that they have various powers; they can visit premises – this is normally arranged, however it can be unannounced. They put reports on their website and give recommendations to the Care Quality Commission. They encourage PPG groups and all members of the public to raise concerns with them about any health or social service that applies to them. One key message that Chris tried to put across is that if there are concerns, they should be raised and provided an example to illustrate his message. The example was of a nursing home that was inspected and major medial work took place as a result of their intervention. Chris Bain also provided a second example of working at St Michael’s hospital, which is part of south Warwickshire foundation trust. Their visit led to 46 recommendations, all of which were implemented; in turn this led to a good CQC report. Chris outlined their key areas of research which are domiciliary care, mental health facilities and GP surgeries. One area that was not joined up across health and social care was childrens services, Healthwatch do not have a remit to look at childrens social care. Fred Harper raised the issue of access to University Hospital Coventry and Warwickshire compared to Rugby. The group then discussed the potential to change the car park arrangements and Chris explained that Healthwatch have already raised the issue with the hospital over a considerable period of time.Chris Bain went on to explain that they will be having a conference for the area involving PPG on the 25th November 2017 where they will be looking at the STP program proposed for the area, which has not been consulted on and has caused considerable local concern. Mr. Bain confirmed that they had discussed the matter with the local MPs. He explained that the 5 year forward view that had been published by NHS England with its long term strategy of improving local access and primary care seemed not to be a factor in forming the service transformation plans STPs. We are invited to look at the service and transformation documents at our next meeting and look at those compared to the 5 year forward view and form a collective view which we can feed into the meeting on the 25th November.  |  |
| **3** | **Practice Catchment Area**Jayne Brigg showed the group the map of the practice area and explained the rationale behind defining it more clearly. Jayne explained the practices policy that we would register anyone within the practices catchment area and that we continue to allow people who have moved outside of the area to be registered with us, as long as they understood that we have no responsibility for home visits should they need one. (added note – they also need to sign a disclosure form to say they understand they are no longer entitled to home visits).  |  |
| **4** | **Delivery Service**It is a matter of regret that we had to announce that the delivery service in this present configuration had failed to launch. There were a number of factors discussed, including the 50p charge, and that the patients have tended to get their medicine collected for them with help from friends and family. Therefore, the need for the delivery service is not as clear as we perhaps thought. The other advantage of having regular visits to elderly, frail people had not been fully appreciated.Dr. Edgar discussed the provision of delivery service at Stretton, which doubled up as a delivery service and also a way of providing care opportunities to a vulnerable, elderly population. In particular, identifying and highlighting concerns at an earlier stage. This will be discussed internally in the practice.  |  |

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| **5** | **Patient Voice**Martha McCabe gave an outline of her involvement with Patient Voice group, she voiced her concern about changing personnel, the fact that the minutes hadn’t been provided and at this point there is no coherent voice from the organization. She pointed out that the educational sessions provided were actually more useful to the group and one of the main reasons she continued to be involved with it.  |  |
| **6** | **AOB**Paul Mills introduced new member of staff Jenny Plester, and outlined the successful general pharmaceutical council inspection of the pharmacy. Martha McCabe outlined the availability of the NHS pension fellowship; she has the details of that. Fred Harper discussed access to the surgery again, noted that the potholes on Barr Lane have been patched up to a poor standard. Patricia Lewer voiced her concern about childrens toys being placed close to dangling electrical wires in the waiting room – clear safety concern. Jayne Brigg outlined the rectification that would take place.Elaine Friswell noted that the repeat hayfever automatic ordering online seemed to not be working, JB agreed to look into this issue and fix it. Dr. Edgar outlined the difficulties with the computer system, expiring medication so staff couldn’t access it to generate a repeat.Jeanette Darch asked if it would be possible to consider air conditioning in the waiting room.Barbara Dent explained the aortic aneurism screening scheme for men and was encouraging the group to consider enhancing the uptake, the practice are aware of that and were pleased to know the system once initiated by the patients was working well.Jayne Brigg outlined the replacement doctors, explained that Ann Brown has left and Charlotte Ramshaw is in the process of leaving. Kate Beck has been promoted to Patient Services Manager and we have recruited a new apprentice - Amelia who will be taking over the administrative roles in the practice, and will be preparing for her NVQ qualifications  |  |
|  | **Next meeting – Wednesday 4th October at 7:30pm** |  |

Agenda for next meeting – service transformation plan and forward view in order to consider our response and contribution to the proposed Healthwatch PPG meeting that Chris Bain outlined to be carried out on the 25th November this year.