PRG MINUTES

Chelford Surgery Patient Representative Group

17 October 2018 at 10:00 am at the Surgery.

# 1. In Attendance

Gerry Biggs (Chair), Gill Griffies (Vice Chair), Janet Legg, Dorothy Bradshaw, Sylvia Renn, Keith Farrell, Archie Watt, David Wilson, Bernard Kellett, Dr. Helen Thomas, Janice Tildsley,

The Chairman welcomed Sylvia who was attending a meeting of the group for the first time. Sylvia has experience as a carer which it is felt will inform discussions of the group.

The Chairmen invited each member of the group to introduce themselves and asked that they let Bernard have their details so that a record could be kept of the collective experience of the group.

# 2. Apologies for absence.

Apologies for absence – None as there was a full attendance.

# 3. Approval of the Minutes of the previous meeting.

The minutes of the meetings held on 11 July 2018 were approved and signed by the Chair.

# 4. Matters arising from the previous meeting.

Creating a Virtual PRG.

Keith gave a very interesting and full explanation of the progress towards establishing a virtual PRG for the surgery. NHS England are pushing surgeries to establish a virtual PRG using email or social media. Keith’s view is that Facebook is probably the most likely way forward but would take some time to set up. He explained that there arethree types of accounts: public, closed and secret groups. He recommended a closed group which would require a number of roles including an owner and an administrator; although these can be undertaken by one person he recommended at least two members of the group be involved. The next issue is how to attract people into the group which might involved (for a very small fee) targeted advertising. He was also looking to establish a Facebook account and a gmail account. Dr. Thomas pointed out that the Group already had an email address which was shown on the surgery website. Keith said he would look at this.

Keith said that Brighton and Hove had produced a good document about establishing a virtual PRG which he was using to assist him. The document highlighted the need for a moderator, administrator and for terms of reference etc. He would (in the short term) be looking to establish some kind of email group moving towards a social media group (Facebook). He would also be looking to identify roles, involving more than one member of the group, and to gather email addresses. He would also be looking to establish the aims of a virtual PRG, circulate information and seek opinion, which would lead to more online access to surgery facilities.

The Chairman thanked Keith for his very helpful summary and the work he had undertaken so far.

**Action**

1 Keith to progress the issue.

2 Group members to consider the extent to which they would like to undertake one of the roles.

Public Involvement with the CCG.

At the meeting of the PRG on 11 July it was agreed that Bernard produce a discussion document concerning public involvement with the CCG (circulated with the agenda). Bernard pointed out the problem of approaching this issue at a time when the structure of the CCG is changing. He also said that it is difficult to influence the CCG as to how they would wish to involve the public in consultation. As with many public bodies their published policies and procedures look very through and inclusive.

The discussion paper is based on NHS England’s ten principles of participation and the People and Communities Board’s Six principles of engaging people and communities.

Bernard explained that although he thought that the process of consultation and involvement with the CCG was not working successfully it was necessary to accept that it is not an easy problem to solve both from the CCG’s point of view and that of individuals or groups.

He gave his own view (as a contribution to the discussion) that current PPG’s should form partnerships. He felt Chelford PRG is probably more successful than most due to the efforts of Gerry and Gill at Healthvoice but he felt more could be achieved if (say) the PRG/PPG’s for CHAW formed an overarching PPG. He accepted that this would involve creating a structure and could lead to an element of bureaucracy. It would also rely on the commitment of the members of the PRG/PPG’s. His view was that the bodies trying to fulfill the role of involvement/consultation with CCG are too small.

**Action -**

1 Gerry to raise the issue at the Healthvoice special meeting

2 The matter to be considered again at the PRG meeting in January.

# 5. Health Voice

Gerry and Gill reported on the progress being made in relation to the proposals for the future of Health Voice and the discussions at the meeting on 12 September 2018:

* Cheshire East CCG Financial Recovery Plan
* Refreshing of the CCG Strategy
* Merger of CCG’s
* Patient Choice Extended Access to General Practice
* Young Peoples Survey
* Systems Resilience Report
* Work Streams

# 6. Carers Update

Janet and Gill updated the group on the carers groups which had been established to circulate information including sharing (two way) information with David Kent. It was recognized that Carers have difficulty attending meetings and that the whole issue suffers from financial constraints. It was thought that attendance at flu vaccinations could be used as an opportunity to identify carers. It was also thought that a carers group could be a subset on the future Facebook account.

# 7. PRG Meetings 2019

Bernard previously circulated a schedule of meeting dates for 2019 namely; 23 January, 15 May, 24 July and 16 October 2019. Sylvia presented her apologies in advance for the January meeting.

# 8. Report from Dr. Thomas

On line services

Dr. Thomas reported that the level of uptake for on line services was poor at around 10%. A number of solutions were considered including: advertising in the waiting room, leaflets on chairs and information on the screen, David suggested using the Village website. It was accepted that a number of people preferred to telephone as they had little opportunity to talk to someone. There was also a discussion about some of the difficulties of using the online facility namely the system not accepting information (nature of illness) and level of proof of ID.

Friends and Family

Dr. Thomas reported that during the last three months 30 patients were extremely likely to recommend the surgery and 4 were likely. All the comments were positive.

Housing Developments/Staff update

Dr. Thomas reported that there were now approximately an additional 200 (6-7%) patients as a result of the housing development in the area. The surgery has made staffing adjustments to meet the increased demand on the surgeries services. David outlined the additional proposals for possible future housing development in the area including “safeguarded land.

Complaints

Dr. Thomas reported that there had been one complaint which had been investigated and resolved appropriately.

Chemist Application

The application for a chemist in the village had now expired.

Extended Access

Dr. Thomas reported that there were insufficient numbers of Doctors to support NHS England’s 8-8 surgery opening initiative. At a local level it was possible for Chelford patients to get an out of hours appointment at Handforth but Dr. Thomas highlighted the problems of availability for limited services from patients perspective and from the Doctor’s perspective, the issue of treating others surgeries patients. It should be noted that patients cannot access services individually but must go through the surgery.

CHAW

An event launch has taken place to promote working together. As indicated above there are a number of issues concerning access to patient records. Consideration is being given to joint working initiatives together with an appropriate legal framework.

# 9. Any Other Business

Parking for Disabled Patients (Sylvia)

It was agreed to look at adjusting the signage to ensure side on parking

Use of Antibiotics (Sylvia)

It was agreed to look a mechanism for informing patients about the use (and misuse) of antibiotics. (Sylvia)

None attendance at Appointments (Sylvia)

It was agreed to look at mechanisms for reminding patients of their responsibility in relation to attendance at appointments.

**Action –** Sylvia to draft appropriate wording for use by the surgery to advise patients accordingly.

Appointment of Chair and Vice Chair (Gerry)

It was agreed that Gerry and Gill should be appointed Chair and Vice Chair respectively to Decemeber 2019

# 10. Date of the Next Meeting

The next meeting of the Group will take place on 23 January 2019at 10:00 at the Surgery. Apologies from Sylvia Renn.