

1. **Overview**

The PRG continues to grow and has worked very hard this year in its role representing and supporting people in the area and improving communication between surgery and patients.

There have been seven formal meetings of the group over the year (minutes attached) plus members of the group have also been involved with other informal events and meetings.

As well as looking at what happens at the surgery the Group has also looked at problems and issues in secondary care and has begun to forge relationships with other agencies, individuals and other PRG Groups.

1. **Group Members**

There have been a number of changes to the group over that year with people leaving and joining. One of the key priorities of the Group since its inception has been to ensure that the group is as representative as possible and Group members have been very active trying to achieve this. It is recognised that the Group is under represented with younger members but that this is perhaps understandable. However, many group members do have close ties either personally or through the community with younger people.

The current make-up of the group is;

Under 40 - 0

40 to 59 - 8

60+ - 10

Many members of the group have had past involvement with the health service. A list of current group members is attached.

Anyone interested in joining the group or seeing what it entails is welcome. Please contact Lorraine Crossley or any other group member or Jonathan Scott or Jill Noble at the practice.

1. **Meetings**

There have been 7 meetings over the year as follows;

26th May 2013 AGM

25th July 2013

19th September 2013

14th November 2013

12th December 2013

16th January 2014

27th February 2014

Copies of the meeting minutes are attached

1. **Main Areas of Business Throughout the Year**
2. AGM - Guest Speaker Mr John Hunter, Community Governor of Morecambe Bay Hospital Trust.

Mr Hunter gave a very interesting talk on his role as a community governor. Members of the Group raised issues including the time it could take sometimes for discharge letters with new medications on to arrive back at the surgery and the rumoured closure of A&E and cardio vascular services at RLI. Mr Hunter promised to look into these.

1. Group Officers

Lorraine Crossley was unanimously re elected as Chairman and following the decision by Joan Giddings to step down Sharon Rucastle was elected as secretary

1. Patient Questionnaire

The Group has spent a lot of time over the year discussing and reviewing the response to the latest patient questionnaire. It was good to see that the response has been very positive and that perceptions and satisfaction levels have actually increased over the year.

However it was noted that it was obvious that some patients were still not aware of the level of service the practice offers. A number of patients still think it is difficult to get an urgent appointment within 48 hours whereas the triage system allowed for same day appointments where required.

The committee felt that there was an obvious communication problem and more should be done to inform patients of the level of services available. The following action points agreed;

* Group members to do more to interact with patients and inform them of services
* Practice to continue information bulletins in newsletter
* Group to arrange regular features in local newsletters
* Group to redesign questionnaire to reduce its size and make it more relevant
* Group to hand out next questionnaire personally to patients in waiting rooms rather sending in post to a random list. This way we hope to canvas the opinion of those actually using the services, get a better response and also have the ability to speak to patients face to face at the time.
* Group member to forge links with other PRG Groups and look at other practice websites etc.
* Practice to push ahead with waiting room information service system

Other areas of concern are the time it takes to answer the phone in reception on occasions and the length of time it takes to get an appointment with a patients usual doctor. These points will remain on the Group’s agenda and will feature in the next questionnaire. The practice has already made a number of improvements in this respect and is working closely with the CCG on further improvements over the next year.

1. Guest Speakers

At the September meeting Sophie Stewart, the Head of Engagement for the Better Care Together Programme addressed the meeting on the future of services in the Lancaster Area. Points raised were; Funding and economic challenges, The way forward for complex/specialist care and recruitment issues facing secondary care (see attached minutes for more details)

1. CQC

The Group were involved at the practices’ CQC inspection and the Group Chairman was interviewed by the inspectors. All went well and practice passed on all points.

1. Patient Transport

The volunteer patient transport service to the surgeries has been in problems since the closure of the Little Red Bus service. The Group has been looking into this and will continue to look for a long term solution

1. Community Health

The Group was represented at the IQ Health Information Day in Ingleton in February 2014 and will attend at the next one. The day was a great success and well attended and it was a good opportunity for Group members to spread the word about the PRG. Another day is planned for the summer and the Group will arrange to have a stand.

**BENTHAM MEDICAL PRACTICE**

**PATIENT REPRESENTATIVE GROUP**

**ANNUAL GENERAL MEETINGA**

**THURSDAY, 23 MAY2013**

**PRESENT:**

Lorraine Crossley (Chairperson), Joan Giddings, John Sant, Julia Sant, Anne Purvis, Gerda Southwell, Janet Leibowits, Rosemary Hartley, Jill Peel, Andrea Tuohy, Lynn Barrington, Jonathan Scott, Sharon Rucastle

**APOLOGIES:**

Claire Hucknall, Jill Noble, Tony Hudson, Sue Butler, Helen Nott, Pam Parkins, Dr Emma Harding

**MINUTES OF LAST MEETING:**

Minutes of last meeting were accepted as a true record.

**MATTERS ARISING**

At the last meeting the problems caused by the breakdown of several of the BT telephone lines in relation to patients contacting the surgery was discussed. Lorraine, on behalf of the committee, had offered to write to BT about this and the problems it was causing. The committee had received no reply in response to this offer. Jonathan said that it had been a software fault and BT was now sorting this out. BT would offer compensation if any lines were not working in future. He also said that two more lines had been ordered and this should help patients contacting the surgery.

Lorraine informed the committee that the only response from the letter asking for donations for the notice board at Ingleton had been from Sharon Rucastle’s husband.

Lorraine also mentioned the extraction meeting that had been arranged and then had to be cancelled. To date this has not been re-arranged. Jonathan to report back on this.

Lorraine informed the meeting that the situation at Reid House remained the same. Residents would have a chance of where to relocate and that she had been told that there was no hurry and no plans at present for the land.

At the last meeting Lorraine had asked Jonathan for peoples’ comments to be made available from the questionnaire. These had not been received. Jonathan said that he would get them to the next meeting.

**GUEST SPEAKER, MR JOHN HUNTER COMMUNITY GOVERNOR OF MORECAMBLE BAY UNIVERSITY TRUST**

Lorraine introduced Mr Hunter who gave an interesting talk about his role as Community Governor. Mr Hunter then took questions from the meeting.

Bronwen raised an issue about patients being discharged from hospital without their new medication being prescribed. The GPs had to wait until they received the discharge letter with list of medication before they could issue prescriptions. This could take several days. Bronwen asked if this should not be the responsibility of the hospital clinicians to prescribe their medication before the patient being discharged. Mr Hunter promised to raise this issue with the relevant people.

Lorraine raised the issue of a letter that she had sent to Ms Jackie Daniels on 21 April 2013 and had not received a response to date. Mr Hunter would look into this.

A discussion took place concerning the possible closure of A&E and cardio vascular services at Lancaster Royal Infirmary.

Mr Hunter accepted that there had been discussion about the way forward for the hospitals in the CCG area. A new big centre at Kendal to incorporate services at Barrow and the RLI and also the transfer of the cardio vascular services to Blackpool had been considered. However, he said that at the moment no proposals had been put forward and all these possibilities were up for discussion.

**ELECTION OF OFFICERS**

Joan Giddings had decided not to continue as Secretary to and was resigning from the committee for personal reasons. Joan said that she would do the minutes for this meeting. Lorraine said that she would welcome offers for members to stand for the post of Chair as she had now been doing the job for two years. There were no offers forthcoming and as there were several members not present it was decided to defer this matter until the next meeting.

Lorraine added that the group now needed to focus on what it could do as a group to help the surgery in relevant areas. She said that the committee was not a complaints forum and it needed to be taken to a better level after the initial period of setting up and becoming a viable group.

**ANY OTHER BUSINESS**

Mr Hunt encouraged people to become voluntary members of the Hospital Trust and said that it was a useful experience.

Lynne Barrington, our District Councillor told the meeting that the Little Red Bus needed voluntary drivers and asked the committee whether they had suggestions to encourage people to volunteer. It was suggested that she publicize it through local groups..

**DATE AND TIME OF NEXT MEETING**

Thursday, 25 July 2013 at 7.00 pm.

Bentham Medical Practice

Minutes of Patient Representative Group Meeting - 25th July 2013

Present:

1. Matters arising

Results of PRG Questionnaire were circulated and discussed.

Sharon Rucastle agreed to take on the position of secretary from September

J Scott proposed that Lorraine Crossley continue as Chair of the committee. All in favour. Lorraine accepted saying that she wanted the PRG to be mpor eactive this year and would like to forge links with other PRGs in the area.

Following his talk at the AGM John Hunter had agreed to talk to Jaqui Daniels re A&E at RLI. Lorraine had received a letter back saying that a review was currently under way to ensure provision of safe, high quality services for the future in all areas.

Lorraine to ask Sophie Stewart, the Head of Engagement for the Better Care Together Programme, to attend next meeting.

1. Lorraine explained that she had attended a presentation by Emis on developments to the on line patient access system which is currently under development. Further details to follow as scheme progresses.
2. Lin Barrington explained that the Harrogate Little Red Bus Organisation was pulling out of Bentham. NYCC would be taking over the taxi bus service so this would effectively remain the same as now. NYCC were also talking to Age UK in Settle about taking over the volunteer car scheme.
3. Lorraine asked that members should consider what the PRG should be focusing on in coming months.

**Date of Next meeting 19th September 2013**

**Patient Representative Group Meeting**

Held at: BENTHAM MEDICAL PRACTICE

Held on: THURSDAY 19TH SEPTEMBER, 2013

Time: 19:00 hours

Present: Sophie Stewart, Lorraine Crossley, Tony Hudson, John Sant, Julia Sant, Pam Parkins, Gerda Southwell, Joanne Sinclair, Andrea Tuohy, Lidsae Lister

(Janet Dobson: Minute Taker)

**Apolgies were received from:**

Sharon Rucastle, Bronwen Osbourne, Jonathan Scott and Dr Emma Harding.

1. The minutes from the last meeting were read and approved.
2. Sophie Stewart, Head of Engagement for the Better Care Together Programme spoke to the meeting about the future of services in the Lancaster area. She gave a power point presentation looking at the long term aspect and the challenges being faced. Some points raised were:
   1. Funding/economic challenges
   2. The way forward for complex/specialist care
   3. Recruitment issues (having problems recruiting in neonatal, A&E, competing against specialist teaching hospitals etc.)

She asked that we recognise that the budget is not endless and difficult and complex decisions had to be made sooner rather than later.

They were looking at 4 key areas: Unplanned care, planned care, maternity services and children & young people.

They had already engaged with as many service users as possible using a wide a variety of techniques such as road shows, field events, tour bus, county show events and meeting with youth groups, M.P.’s etc. They had also used local press space to inform.

She explained that the feedback was closely scrutinised and used; it had both positive and negative aspects. Some examples were:

1. Used to travelling to specialist care
2. Concerns raised over transfer whilst ill
3. Proximity to facilities (a local services culture)
4. Access to care/p#roblems with week-end access, after work etc.
5. Concern over staffing levels
6. Relationships – we want to see the GP, same medical team etc.
7. 61% to 65% of the general public would recommend services to a friend.
8. Nurses get a hard time from ‘the media’ but on the whole provide excellent care
9. 75% feel well treat.
10. The consistent negatives were ‘I get moved from pillar to post’ & ‘don’t be ill at week-ends’

She explained that the ‘loud and clear’ message was a need to look in detail at all the community services and focus much more on the wider services outside of hospital including general practice. She expressed the requirement for the ‘right care, in the right place at the right time.’

She declared that they will act on the public engagement and they will be looking at the out of hospital care such as GP services, pharmacies as well as other community services.

**Next steps:**

1. Health professionals will continue to work on difficult next step scenarios
2. They will further develop the staff engagement programme
3. They will continue to work with stakeholders
4. They will work with colleagues and continue to ‘go out and about’ gathering information for analysis and evaluation

**Discussion/questions after presentation:**

* **Staffing levels in hospitals:** It had been in the news today about staffing levels in hospitals, how would these would be made meaningful to the ordinary person? Some suggestions for her to feedback were that they should publish written documents explaining the nurse patient ratio for different wards/conditions etc.
* **Centres of Excellence:** There was some concern that Blackpool hadn’t been mentioned in recent press releases relating to Cardio Vascular Centres of Excellence whilst Carlisle, Blackburn & Preston had. Sophie agreed to check this and report back to the Chair in due course.
* **Lancaster A& E:** The group expressed their concerns about assessment services remaining at the RLI. It was agreed that because of our rural location and distance from services that this remained essential. They understood the requirement for specialist centres. The group pressed for answers relating to the future of Accident & Emergency Care at the Royal Lancaster Infirmary. Sharon agreed to look into this.
* **Who gets the feedback?** Sharon explained that information was fed back very regularly to a full team of people across whole areas of the NHS as well as Local Authority Representatives.
* **Final Decisions:** Sharon informed us that a final decision would be made by the organisations involved ‘sooner rather than later’. She also explained the differences in the organisation since April 2013.
* **Royal College of Nursing:** It was suggested that she feedback about the Degree Course in Nursing if recruitment was a problem as community care was a big element of the current course. She thought that it was more ‘specialised’ nurses in hospitals where recruitment was a problem.

Sharon stated that she would get more details and send information to the Chair and was happy to come along to another meeting if we wished her to. She was thanked for her attendance, especially as she wasn’t feeling too well and the information had been very useful to the group.

**MATTERS ARISING:**

1. It was felt more appropriate to leave the questionnaire comment until Jonathan Scott was able to be present at the meeting.
2. Tony Hudson had been along to the Kirkby Lonsdale Surgery to find out about their Patient Representative Group. The conclusion was that they had an ‘on-line’ representative group where the medical team could ask the local patient community for answers, but no questions could be asked by the patient themselves. The group felt that they were therefore quite lucky at Bentham Medical Practice to have ‘face to face’ meetings. He was now going to look at a surgery in Kendal for comparisons. Joanne Sinclair said that she would ask at Sedbergh Surgery to see what they did and feedback to the group.

A general discussion followed on the ‘usefulness’ of the group. It was felt that this group was perhaps in a better position than some others, they understand that they are not a complaints forum, some members find it hard to answer peoples complaints and they don’t always know the conclusion, which can be frustrating. The chair went through the process to follow and how best to help.

Some common ‘threads’ continue to be: week-end appointments, accessibility to own GP and not enough appointments. A reflection was made that a link could be made with what had been discussed at the presentation. It was felt that things were changing and wouldn’t remain the same.

**Recent inspection:**

The Chair explained that she had been rung that week to come in to speak with 2 members from the Inspection Team. She stated that they were very thorough. She had discussed the frustration felt about appointments and the matters raised above. She was shocked to hear from them that in some surgeries they inspected, you could wait for up to 9 weeks to see your preferred doctor, so that the 3 weeks at Bentham perhaps wasn’t that bad.

Joanne Sinclair explained the inspection process and that they would be forwarded the final report in due course. The inspection team had verbally indicated that the surgery had very robust systems in place and were very happy with the service provided which was very positive.

**ANY OTHER BUSINESS:**

1. The Chair had taken down old information from the Notice Board and would send up to date notices.
2. The Chair had today attended a Morecambe Bay Health Trust Meeting. She had copies of the annual report of accounts; worryingly they are 23.4 million pounds in deficit. They have written a three year recovery plan with a 4.5% saving p.a. over the next three years. Their focus in the future is on ‘patient experience’ and the chair had directly asked about meeting targets on C. Difficile, which they hadn’t been able to answer.
3. The Little Red Bus Service was discussed as it was reported that some people had been charged £4.00 for travelling from Low to High Bentham. It was decided that L Barrington should be rung as this was causing problems.
4. A request was made for the agenda to be emailed if possible next time.

The date for the next meeting was arranged for 14th November 2013 at 7pm at the Health Centre.

The meeting was closed at 8.25 pm

**Patient Representative Group Meeting**

Held at: BENTHAM MEDICAL PRACTICE

Held on: THURSDAY 14th NOVEMBER, 2013

Time: 19:00 hours

Present: Lorraine Crossley, Tony Hudson, Julia Sant, Gerda Southwell, Andrea Tuohy, Anne Purvis

Bronwen Osbourne, Dr Louise Morgan, Jonathan Scott, Jill Noble

**Apolgies were received from:**

John Sant,

The minutes from the last meeting were read and approved.

1. Lorraine said she would ask Sharon Rucastle if she was still interested in the post of secretary on the committee.
2. Lorraine read out a letter from P Parkin who has decided to step down from the committee. Lorraine to write her a letter thanking for her past efforts. Lorraine and all to look for a replacement. There was some discussion that the committee should always try, when adding members to its ranks, that the committee be as representative of the whole community of Bentham and Ingleton as possible. It was felt that although we had some representatives from youth related groups we could try to strengthen representation of the younger people in the community even if this was just by inviting young parents to join. All committee members to consider this.
3. There was some discussion about the role of the committee and it was agreed that it was not that of a complaints forum. The practice had a clear and robust complaints procedure.
4. Jonathan said that Clare Hucknall had also decided to step down as a member of the committee. Again Lorraine would write to her.
5. Lorraine reported back on a MBHT meeting she had been to in Kendal the previous week. Anne had also attended. Unfortunately the meeting consisted largely of one member’s vexatious complaint. Lorraine has copy of MBHT constitution if anyone is interested and she reminded everyone that they were all free to join should they wish.
6. Lorraine asked that any agenda items be sent to her a week before any meeting in future.
7. Jonathan handed around the CQC report which was very favourable. This to be noted in next practice newsletter and on website.
8. Bronwyn reported a problem where a Kirkby district nurse was sent to a Tatum patient. It was felt that this was a fault of the hospital. Lorraine suggested that family contact the hospital or PALS.
9. Jonathan said that he felt the committee should be considering its plans for the future. An annual report needed to be posted on the website stating what the committee had done and achieved. After discussion it was felt that the feedback from the previous two year’s surveys tended to be very positive. There were some grumbles but this was to be expected but by and large patients were happy with the service they got. It was felt however that there was a problem with communications in that many patients were unaware of the triage system or how it worked and did not appreciate how soon they could arrange an appointment. It was decided that improving communication systems between practice and patients should be a top priority in the coming months. Jonathan would circulate some thoughts on how this could be done as an initial step and then a meeting would be held in December specifically to look at this. It was suggested that minutes of the meetings be posted to the website.
10. Little Red Bus was still in trouble but Jonathan said that steps were being made to try and sort this and hopefully there would be more to report next time. He said that a big debt of thanks was owed to Lin Barrington for all the work she had been putting in to make sure the system continued.#
11. The new Care.Data system for extracting details of a patient’s record to the HSCIC was discussed. Patients are able to opt out should they wish. It was suggested that Dr Sullivan be asked to make a presentation to the committee in the near future.

Date of next meeting Thurs 12th December

Date of January meeting Thurs 16th January

**PATIENT REPRESENTATIVE GROUP MEETING**

**Bentham Medical Practice Thursday 12th December 2013**

**Present:** John Sant, Julia Sant, Lydsay Lister, Lin Barrington, Anne Pruvis, Lorraine Crossley, Jonathan Scott & Sharon Rucastle.

**Apologies from:** Andrea Tuohy, Gerda Soutwell, Bronwen Osborne & Tony Hudson.

**Correspondence:**

A letter has been received from Sophy Stewart of Bettercare Together following our meeting in September, which she attended. Questions were raised at the meeting concerning Cardiac Services in the area moving forward. The letter was read by Lorraine and then summarised. There will be centres at Blackburn, Carlisle & Preston but we expect local patients to still be serviced from Blackpool. The paramedics will continue to stabilise and take the patients to the most appropriate place, dependent on their ECG results and the symptoms and cause of pain.

At present there is no change to the current services and new arrangements will be clearly communicated when confirmed. Local emergency departments will continue to have a role in the assessment and transfer of patients with vascular emergencies.

**Minutes of the last meeting and matters arising:-**

One amendment to the minutes in section 5, the meeting was at Lancaster.

Lorraine has written to Pam and thanked for her input during her time as a member of the PRG. She has also spoken to Clare, who has agreed to remain as a member of PRG on an ad hoc basis.

**BMA Guidelines re PRG role and structure**

Jonathan issued copies to the members present with sections concerning the group being as representative as possible and the priorities following the survey.

Lorraine discussed the up to date list of members and the groups they represent and it was agreed that there is a wide range of the population represented. Although there are no young Mum’s currently on the membership.

**Questionnaire**

Jonathan stated that the questionnaire highlighted communication as an issue again. There followed a discussion about appointment making, triage, texting reminder service, waiting times, length of appointments, Did not arrives (DNA’s) and the facilities available in the surgeries for arrival of patients and information about waiting times.

Following a free exchange of ideas and suggested solutions a list of actions was drawn up:-

1. The PRG to place an article in the local news letters updating the catchment area with details and arrangements.
2. DNA numbers to be collated and posted in the waiting rooms. They are currently running at around 1,400 for this year and seriously affecting the availability of appointments for patients.
3. A TV Screen to be in the waiting areas with up to date information displayed. (There will also be WiFi coming)
4. Reception to be more aware, where possible, of long term waiters and approach to try and establish if there is a problem, such as failure to register arrival.
5. Jonathan to continue to request the PAERS (automatic arrival system) is fixed and gives up to date expected waiting times to patients on arrival.
6. Jonathan to enquire how other surgeries with open desk arrangements manage their work loads and confidentiality issues.
7. The questionnaire to be issued in the surgeries rather than by post to ensure that they are being completed by the current users of the services to give a more up to date snap shot of views.

**Items for the next agenda:**

Ambulance Service changes

The possibility of PRG representatives being available in surgeries for patients, providing information and discussing current issues.

**PATIENT REPRESENTATIVE GROUP MEETING**

**Bentham Medical Practice Thursday 16 January 2014**

**Present:** Tony Hudson, Gerda Southwell, Bronwen Osborne, Lin Barrington, Andrea Tuohy, Jill Noble, Anne Purvis, Lorraine Crossley, Jonathan Scott & Sharon Rucastle.

**Apologies from:** Sue Butler, Julia & John Sant.

**Minutes of the last meeting and matters arising:-**

The DNA’s (did not arrive for an appointment) have been calculated for the year and are 1,469, which equates to 30 per week and 2 full am surgeries. It was agreed that if this number could be significantly reduced it would free up a lot of appointments for patients and reduce frustration. Posters are to be put in the surgeries to point out the problems to patients and to request assistance in reducing the numbers.

The TV has arrived and is due to be installed on 12th February.

The in house survey was discussed and it was agreed that it should be no longer than one A4 sheet to begin with and we can produce another with other questions as appropriate. Volunteers were requested to set up a group to sort out the survey contents and they are to be; Jill, Jonathan, Anne, Tony, Gerda & Lorraine. Date to be arranged with Jonathan via email.

The newsletters of the various villages relating to the surgery have been sent the press release attached to the minutes of the December meeting via email

There are posters in the waiting areas requesting patients who have been waiting for an appointment longer than 20 minutes to please make enquiries at reception.

The Arrival Screen is still not up to date with precise information. Jonathan is requesting that it be fixed but the issue is more complex than that. It may be a degree of human error but as an average is used it will never be exact. The value of the TV screen with up to date information was reiterated.

Jonathan is still ongoing with his exploration of how other surgeries cope with an open desk policy in the waiting areas.

To help to ensure that all members are up to date with the triage system, Jonathan will send the updated facts sheet to all members of the PRG.

**Correspondence:-**

1. Lorraine has received a letter from bettercare together containing the latest stakeholder briefing on the better care together programme.

They include information about how they are consulting with the public, clinicians, patients and partners to find the way forward with health & safety; whilst ensuring that patient safety is their highest priority.

Finances and helping to ensure that the public have access to the latest technology to help them to be able to manage long term health conditions in their own home or a community setting.

Engagement; they are currently updating their engagement action plan to give some additional focus on out of hospital services so the contributors can help shape the outcomes.Another briefing note is due in the Spring of 2014.

2) There is to be a Health Information Day at the I centre in Ingleton on 12th February where there will be an opportunity to receive information from a variety of organisations to help people get healthy and stay healthy in mind and body. We are invited to have a presence there and volunteers were requested to attend, Jill and Jonathan are to print out some items to distribute on the day. The details of the items will be discussed further at the survey meeting.

**Ambulance Service Update**

Jonathan advised that Yorkshire Ambulance Services are now dealing with patients who live in Yorkshire and NW Ambulances are dealing with Lancashire patients. There is concern that there is a rumour that Ingleton Ambulance service will be reduced. Jonathan is waiting to hear further from the CCG and will update us when this information is available.

The Patient Transport Services and depends on the patient’s health and ability to walk. A short questionnaire has to be answered prior to transportation being agreed. Given the difficulties with public transport in the area it may be advisable to answer the questions appropriately.

Sharon reported concerns about the attitude of a staff member when making a request. She is to investigate the complaints procedure to give feedback, as the group felt some training for the call handlers may be appropriate.

**AOB**

1. Bronwen brought to the group’s attention the Yellow Card Scheme which can be used by patients to advise of adverse drugs reactions. Jill/Jonathan will look into a supply for the surgery.
2. The Meals on Wheels service in Bentham is used by 4 clients on a Tuesday and Thursday. The cost is £2-10 for a main meal and 70 pence for a desert. Anyone needing adding to the service can do so by the GP sending a letter to Anthea Gillibrand.
3. Tony reported on his investigations into other PRGs and their surgeries. Unfortunately he only found one active group connected to Sedbergh Surgery. He emailed the practice manager and was advised that the group only meets 1 to 2 times per year and they will contact him when they are next meeting.
4. Tony has also been looking at other surgeries Web Sites and reported his findings to the group.

Many surgeries have set formats. Bentham has 9 pages which is very informative and well set out in his opinion. The best was Settle and they also have a PRG but we would prefer to explore a surgery in the same CCG.

Jonathan keeps the web site up to date but states that it can easily be missed although it is easy to do. He will put the I Centre information day details on the site and has requested that the PRG members view the site and report any views. Also please feedback any errors noticed.

NHS choices have given Bentham poor reviews with 3 stars feedback. This can be outdated information and Jonathan has recommended we view CQC feedback which is more up to date.

Tony brought the excellent advert for a replacement GP to the meeting to show the members. Jonathan has reported that interviews are to be held shortly.

1. Lorraine provided feedback on the length of time she had to wait on the telephone for an answer recently. She further stated that we need to ensure that the busy Bentham practice is not assessed as a town practice due to the wide area covered and the distances the GPs have to travel to see patients. It needs to be recognised that rural practices need extra staff and suggested we write to Julian Smith to express our concerns.

Jonathan stated that Julian Smith is very keen to help with this issue. The national average of seeing a patient around 20 years ago was 3 times per annum, now that number is 8.5. This means that instead of 22,000 appointments we now require 62,300 per year. Funding has not kept pace with this demand.

We then discussed the funding of hospitals, primary care and income restrictions.

1. Every household should receive a Care Data leaflet over the next few weeks as per the briefing given in the November meeting. Further details are on the web site of the surgery.

**Items for the next agenda:**

NHS Choices & CQC Feedback (Jonathan)

Feedback from the I Centre meeting

**Next meeting date 27th February 7.00 at Bentham Health Centre**

**PATIENT REPRESENTATIVE GROUP MEETING**

**Bentham Medical Practice Thursday 27th February 2014**

**Present:** Tony Hudson, Mairi McKurdy, Andrea Tuohy, Anne Purvis, Lorraine Crossley, Jonathan Scott, Julia & John Sant, Sharon Rucastle & Lindsay Lister.

**Apologies from:** Sue Butler, Lin Barrington, Gerda Southwell, Bronwen Osborne & Janice Howson.

**Minutes of the last meeting and matters arising:-**

The minutes were approved.

The questionnaire was briefly discussed and some minor alterations were agreed. Including the patient’s awareness of the Little Red Bus and voluntary car scheme.

It was agreed that the PRG members would attend as many surgeries and clinics from the 12th March for two weeks to hopefully get sufficient questionnaires completed. If not then they will continue on an ad hoc basis until sufficient responses are received. Sharon is to email the members with the times of the surgeries and clinics and co-ordinate volunteers. Hopefully sufficient will be received to keep the task from being too onerous on a few members of the committee.

Jonathan asked us to note that there will be nobody in Bentham on the 20th March as it is a training day.

The TV screen is now in situ in the Bentham waiting area. It was suggested that the function, which states the waiting time, be disabled on the entry screen.

Jonathan is still ongoing with his exploration of how other surgeries cope with an open desk policy in the waiting areas.

**Correspondence:-**

Sue Butler has emailed her apologies for being unable to attend this meeting and has requested that as she is unable to attend the meetings due to family commitments, that she be removed from the committee. She feels the place could be better used by someone else. Lorraine has asked if someone else from Sunbeams may be interested to keep the interests of the children represented. Sharon is to email Sue to say we are sorry to receive her resignation.

**NHS Choices & CQC Updates**

Jonathan advised that NHS choices is somewhat out of date and that he has now received a password to update the information held about Bentham, which apparently the surgery does. The CQC feedback is more up to date and the better forum to check.

Lorraine gave us information about Healthwatch who were at the health day at the I centre. They are part of the commissioning group and are a point to refer anyone to, who is unhappy with the service they have received. They can help patients with any letters and paperwork as well as advise them on the way forward.

It was agreed that the complaints procedures would be placed on the web site and the notice board in case of need by the patients.

Feedback from the I centre day followed.

It was noted that South Lakes were not represented and that most of the services were from Craven, Airedale and North Yorks. Lorraine stated that there would possibly be another health day “in the summer” and that as the services were not available to Bentham and Ingleton patients, South Lakes would be invited to attend another event.

Lorraine received several queries and comments during the course of the day from various patients. Details were noted and taken for further discussion with the practice. Some were clearly misinterpretation of information given and received, some may need some consideration and tweaking of processes or specific appointment times/days.

The opportunity to make comments and receive information was welcomed by the attendees of the day.

**AOB**

1. Anne provided us with details of public events planned to show case services from across the area’s hospitals. There is to be one on 11th March at Lancaster Town Hall and another one on Tuesday 18th March at Kendal Town Hall. Both 10am to 2pm.
2. Jonathan advised that the Core Data Extraction has been put back for 6 months. 75% of GPs feel it should be a positive opt in rather than an opt out system.
3. The path outside the surgery will be briefly disturbed as there is a Fibre Optic Service being put into the Health Centre with a view to WiFi installation shortly.
4. Jonathan is to take a photograph of the group members for the surgery Web Page. Please can you all arrange to pop in and see Jonathan by appointment, when convenient.
5. There has been a rethink about the proposed removal of the Ambulance from Ingleton and it is to be kept with the emergency paramedic service.
6. A new Doctor has been appointed; Dr Carolyn Rigg with a start date proposed around June. No male applications were received.

**Items for the next agenda:** Please send to Sharon by the 3rd April.

**Next meeting date 10th April 7.00 at Bentham Health Centre**