**Minutes from Caversham PPG meeting Tuesday 5th July 2016**

**In attendance:**

PPG Patient chair: Rod Allison. PPG Members: John Lipetz, Kathy Elliott, Rosemary Lewin, Annette T, Mick Farrant. Caversham Practice Staff: Dr Judy Bennett, Dr Stephen Amiel, Maia Cardoso, Fay Saunders.

**Meeting dates for future PPG meetings agreed:**

Having the dates in advance will allow the practice to plan GP schedule around attending the meetings in future. The dates of the future PPG meeting have been agreed as follows:

* September 6th2016
* 10th January 2017
* 4th April 2017
* 4th July 2017
* 10th October 2017

**CQC Report on Caversham: (Report available on practice website or CQC website.)**

Dr Amiel and Dr Bennet were in attendance to allow PPG members the opportunity to ask any questions they had.

The Caversham received a rating of Good in all areas.

John Lipetz voiced that the interviewer who had met with the PPG group was not positive and unnecessarily tough in his opinion.

Dr Steve Amiel said the inspection process had been tough and that results in general don’t widely reflect the quality of general practice across the board.

Dr Judy Bennett explained that while the outcome of the report is good it perhaps doesn’t allow the opportunity to show the things that the practice feel we are really good at such as learning and training and that the practice are always trying to improve in areas such as providing access she hoped the patients agreed with this

Mick Farrant asked what areas the practice feel need improving and what the practice will do to improve in the area of appointments

Dr Amiel said the practice know they needed to improve appointment access and the BME profile in the PPG group. The practice and PPG are actively working on both of these areas.

Dr Amiel explained we have introduced appointment slips since the inspection that the Clinicians hand out to patients at the end of consultations to the patient that state when the patient should be booked for a follow up. This seems to have worked well so far.

Dr Amiel also explained that from the end of the summer the practice will have more doctors in training assigned to the practice and that this means more appointments overall in the system once they have completed their practice inductions.

There was discussion about the increased demand for appointments everywhere in the NHS over the last few years but the capacity hasn’t been able to increase in line with demand as well as the increase of complexity of cases now seen and managed in primary care settings.

The practice continue to try to manage demand by reducing the DNA rate and sign posting patients to people who can provide care who may not be the GP such as seeing a nurse specialist or health care assistant where suitable who are employed as part of the practice clinical team.

The practice has started to limit the number of future booking people can have as we found some people were making “just in case” bookings.

Rosemary Lewin asked about online appointments. she shared her recent experience of booking an appointment online. She said it was good but asked about 10 minute appointment durations. How do GPs find keeping to this time limit.

Dr Amiel said 10 minutes often isn’t enough and that this is why clinicians sometimes run late as clinicians try to address the patients’ needs when they are seen.

Double length appointments are used by the practice for routine reviews that we know will require additional time, We book double length slots when we are seeing people who require interpreters and things such as this and also patients can request double slots if they feel they have many different topics to discuss.

Mick Farrant raised that the lack of clarity of hospital correspondence may lead to additional GP consultations as patients may not understand or are unduly worried by medical jargon. And suggested letters in lay terms may be helpful.

Kathy Elliott asked Mick to ensure he fed his experience back to the hospital. He had done so.

**Outreach:**

Rod Allison and Mick Farrant attended a local mosque day and shared this with the group. They were unable to get any new PPG members at the event but made community links. An event to engage the Bengali community was suggested on the topic of Diabetes awareness and testing. Rod had made contact with a service called DESMOND who provide a speaker. Rod will feed back on further developments.

**Patient demographics/ BME profile.**

Fay Saunders presentation from PPG meeting in Jan 2015 was recirculated to the group showing the groups that were most prevalent in the practice and a comparison to the representation in the PPG.

Kathy Elliott and Fay Saunders had met in June and produced fresh patient demographic data. The figures were shared with the group.

**Accessible information standard and health watch report**

Kathy Elliott asked if we are ready and compliant with the accessible information standard that comes into effect as of 31st July. We discussed the recent Healthwatch report “Access to GP service for people with communication support needs: Experiences of local people”

Fay Saunders explained the practice team had met to discuss these two topics. The practice felt they were already compliant but thought there were additional things we could introduce to improve the experience of patients as per the accessible information guidelines and suggestions made in the report.

What we have already done:

* BSL sign language interpreters are already available for the practice to book and we utilise this for rebooked appointments when needed.
* Double length appointments automatically given for patients who require longer length slots. Records are flagged with a booking alert for reception staff.
* Established practice process for annual reviews with dedicated practice nurse, Katie.
* Easy read poster put up in waiting room asking patients with disabilities or impairments to tell reception if they would like this to be flagged in records.
* Practice has purchased a new portable induction loop.
* Patient self-check-in screen has been relocated to a height that is wheelchair accessible.

Action plan:

* Update practice new registration forms to add the following questions:

Have you required assistance filling in this form? If so what kind of difficulty i.e. Reading/writing/ language barrier and a section on preferred formatting such as large font and easy read.

* Flag records for visual impaired patients to request all written communication is in large font. Sectaries to be told to act on this flag and to include this instruction to third parties when sending referral letters.
* Learning difficulties annual health check review Invite letters to be created in easy read format.
* Rob (Social worker) to contact sensory disabilities social worker regarding setting up Review/revisit the LD annual meeting we previously had this but it ceased as the team was dissolved is there an alternative.
* Practice to review coding of sensory impairment coding set used by practice staff and find out from CCG GPIT – standard coding set that we should use.
* Practice to put together a list of Services / Sign posting/ useful contacts for staff and service users
* Review information on Web site looking at font size and if there is a place we can put relevant info to this topic.
* Practice to have a “named person” who will monitor these issues and act as a name to pass to patients as a point of contact.

**NHS privatisation:**

John Lipetz gave feedback to the group on the procurement of the 111 service. He felt it was good that this was now being provided by local GPs.

He shared that the MSK contract was open to bidding and was concerned that the process seemed to be competitive rather than collaborative. He felt that if a hospital got the contract this would be preferable to a private contractor.

Dr Amiel explained Connect who currently run the service are a private contractor and that GPs must follow their pathway set by connect when making request for referral for areas such as MRI scans and Rheumatology and this had been the case for the last 3 years. That the Royal Frees Physio department had closed and that ment that GPs have lost any direct link to Physio services.

John Lipetz asked if seeing the MSK service at the Peckwater centre does that not mean it is a NHS service.

Dr Amiel explained it is private contractor renting space from the Peckwater centre who also offers other NHS services from same premises.

Joh Lipetz asked if the COPD respiratory service also based at Peckwater centre was there for NHS or Private. And that he had a positive experience via that service

Dr Amiel explained this was provided by CNWL and as such is public.

Annette T shared she is part of a group that are actively declining being sent to Private providers for treatment and insisting they are only seen by NHS providers. She explained they often get appointment letters that seem to have NHS logos on them but when they question the service they sometime find they are private companies contracted to do bits of NHS work.

**Any other business:**

Rod Allison raised the next meeting will be with Councillor Georgia Gould on 6th September. The PPG will ask her 3 questions.

Questions that will be asked are as follows:

* Camden's future plans for social work & how this will impact on health care, particularly for vulnerable groups.
* The transfer of part of the Health budget to local authorities (health visitors, school nursing, health education, sexual health) and how this is working out.
* Ideas on how to reach out and include under-represented groups.

Rod raised t two other suggested agenda items that didn’t make it to this agenda as it was already very full. These will both be added to future agendas.

* Suggestion from Kate Harwood that the group discuss their personal experiences/ shared expertise.
* John Lipetz would like to discuss the sustainability and transformation bill.

Rod closed the meeting with hopes that everyone will be able to attend the 6th September meeting.

Minutes taken by Fay Saunders