



1/7/15

**Rother House Medical Centre  
Patient Participation Group Meeting  
Wednesday 18<sup>th</sup> March 2015  
18:00 Rother House waiting area**

**Present:** Elizabeth Dixon ED  
Anthony Jefferson AJ  
Peter Toozer PT  
Susan Marr SM  
Russell Young RY  
Gaye Arnold GA  
John Arnold JA  
Tom Ganner: Practice Manager TG  
Jane Vance Dispensary Manager JV  
Dr Cristina Ramos CR  
Dr Peter Hutchinson PH  
Dr Sam Khan SK  
Dr Terry Gasper TG

**Apologies:** Mark Fenton (MF); Sally Bee (SB); Annette Smith (AS) & Shelagh Williams (SW) Linda Pollock (LP)

**Introduction and Welcome: Tom Ganner**

TG welcomed everyone and introduced the members of Rother House to those present. Welcomed Terry Gasper to the meeting as one of elected board members of South Warwickshire Foundation Trust.

**Minutes of Previous meeting:**

The Minutes of the previous Patient Participation Group Meeting held on 22<sup>nd</sup> October 2014 were circulated by TG. It was agreed by those present that they were an accurate record of that meeting.

**Matters arising from minutes & not covered by agenda:**

December newsletter was well received and next issue will be due out in April- to include updates re CQC visit & QOF- 1000 issues to be printed off again- comment from JV several patients thought it was too "wordy" bullet point format would be better- any other items for newsletter to be sent to ED

**Update on SWCCG & delegated commissioning (TG)**

The bid that SWCCG submitted re: delegated powers for commissioning in primary care has been successful- TOG outlined that in terms of budgets this may mean better balance between primary & secondary funding for patient care.

#### **Update from SWCCG PPG (ED)**

ED reported that Sue Phillips was new lead of this group & it has good representation from different surgeries in SW- they are meeting every 6 weeks with talks on different topics. They have had talk on diabetes, & most recently there was a talk on dementia care- discussion surrounded demand for dementia care in South Warwickshire apparently only provision is one drop in centre in Stratford-upon-Avon town (more in district) - practice is doing some work at moment on dementia patients and query raised whether we under report the actual number of patients with dementia-also had information from Age UK for over 75s and information will soon be available in practice

ED also said she would like to step down from being practice representative on SWCCG PPG by the end of 2015 and asked if anyone else would be willing to take on this role.

#### **Update to SWGP Federation (TG)**

TOG reported that 35 or 36 of practices in CCG have joined together to form a federation. This will enable all practices to bid for contracts and will have more buying power. One of areas they will be looking at is "the accountable GP for patients aged over 75". Other areas will be identified- discussion around how this will work in practice. TOG emphasized it was early days & would hopefully mean practices can work together more in future to everyone's benefit.

#### **Pre CQC Visit & Patient survey (TG)**

Practice has now had a date for its CQC visit (31<sup>st</sup> March 2015) we had a pre-visit last week and some areas do need looking at (training in particular), also safeguarding as not all staff have had formal safeguarding training (although they have received in house training). Training has been difficult to procure due to the change in NHS structure. This is a recognised problem across the patch.

The 5 keys points that the CQC inspection will be looking at are as follows:

- That the practice is safe
- That the practice is effective
- That the practice is caring
- That the practice is responsive
- That the practice is well led

TOG clarified that there will be 3 CQC inspectors visiting the Practice. Rother House will start by giving a short presentation. After this the inspecting team will talk to member of our patient group. ED,GA, JA & AJ volunteered to come in to see inspectors on behalf of PPG. The inspectors will spend the whole day at the practice speaking to staff and patients. A request was made for clarification of the patient group terms of reference. TOG will circulate these with the minutes.

### **AGM and Meeting timetable (ED)**

No changes re: membership for this year were raised / challenged at the meeting.  
Therefore continue with (unless notified by next meeting):

Chair: Tom Ganner

PRG representative for CCG meetings: Elizabeth Dixon (Linda Pollock in Elisabeth's absence)

Secretary: Jan Spencer

ED stated it would be helpful to hold PPG meetings before CCG meeting so that practice information can be feed into this meeting.

Next CCG meetings are 18/07/2015 & 31/10/2015, so it would be best to have the Rother House meetings a week before the dates above. Following these meetings a newsletter would be produced.

### **Standing Items for agenda (TF)**

Request for regular standing items to be put on meeting agenda such as phones, carpark and online appointments

### **Customer care Award (JV)**

Following on from doing a training session on customer service and because we have many of our apprentices doing NVQ courses in Customer Services, JV has suggested that the practice look into being assessed for a Customer service Excellence award with the G4S Assessment Services. She has made some initial enquiries into this & has received information with regards to what this involves, & has a meeting on May 7<sup>th</sup> with one of the assessors to find out more about the award. JV will also contact a couple of surgeries who have already gone down this route to find out their experiences of this.

Some apprehension was voiced with regards to costs of doing this – JV will feedback to next meeting

### **AOB-**

#### **Update from SWFT (TG)**

TG is one of elected board members for SWFT and wants feedback from patients regarding patient experiences of services at local hospitals including specifically Warwick hospital or any other hospital or community team within the trust. He explained that the hospital is led by executive directors, non- executive directors & governors. It operates a no blame culture and he also explained that the trust is highly monitored both from a clinical and financial point of view.

He wished to know if there were any concerns or worries with regard to the services the hospital trust provides – he is aware at present of the particular strain on the community nurse team.

Another issue raised by AJ was that of communication within the trust & the time it takes to getting reports and results of scans- AJ to send more specific information to TOG or TG.

TG also gave out information to everyone with regard to being members of SWFT- and explained what it involved:

- There is no time commitment to being a member
- All members will regular updates about the trust (via email)
- Members are invited to attend events about local health services
- Members are able to attend the quarterly governors meetings

Several members of staff are already members and extra copies of membership application forms were left with TOG

#### **NHS Choices (ED)**

ED reminded everyone to go to the NHS choices website & leave any comments with regard to practice- TOG highlighted the fact that the branch surgery at Rosebird centre is listed as a separate site.

#### **Easter weekend (CR)**

There will be no primary care services over weekend due to the BH on Friday & Monday- this will put extra pressure on OOH services and also the ambulance services. Practices have been offered incentive to work Easter Saturday- issues have been raised with regard to this within the practice - & it has been decided to open from 8.30am- 11.30am with 2 GPs and one receptionist. This will be a combination of book in advance and on the day appointments BUT will just be for our patients.

Post meeting note- the dispensary will be open as well for emergencies only

#### **Cancer services (RY)**

RY queried how patients were being called for regular cancer screening- CR explained this was a central service in much the same way as females patients are invited for mammograms or smears- patients will be written to inviting them for appointment – these may take place at surgery or elsewhere.

#### ***Summary of action points & Friends & family test results to go on website***

**The meeting closed at approx. 7.20pm**

**Date of next meeting to be confirmed (will be in July before next CCG as discussed previously)**