

Present: Paul Stephens, Susan Stephens, Shiraz Hussain, Paul McCarthy, Alan Smith, Ron Whitehead, Nicola (CCG member)

Absent: Anwar, Simone

Introduction:

PPG is a patient group who meet formally 4 times a year, and are trying to set up informal meetings. A survey is conducted once every 2 years.

- The complaints procedure has not been put online yet.
- Discussion of educating patients to signpost them elsewhere to save appointments.
 - o Raised that information needs to be given to those who do not speak English as a first language; in Eastern European countries GP's do not exist, so there is a culture of all patients going to A&E's.
- TV's in waiting room
 - o Need a TV licence and issues of conflict of interest.
 - o Idea of putting own presentation on loop, which removes the need for a licence, and can target what you want patients to see.
- CCG are contracting with companies to provide a better platform for patient views and feedback.
 - o E.g. grant schemes, the Luton Arches project
 - o Red Zebra will co-ordinate all of this.
 - o Making Medway Better – a scheme to build a house of care approach; keeping people well for longer in their own homes. It aims to facilitate collaborative working relationships.
 - Ultimately aligning with the Healthy Living centres; there are to be 6. It suggests that there are functions that GP's can share together – can they get contracts to do stuff in the community where patients want it?
 - CCG have identified where there is the greatest need, where patients are registered, no of A&E attendances etc.
 - o PACE – Proactive Assessment Clinic for the Elderly- 45 minute appointments to deal with the patient as a whole, in the Healthy Living Centre as a community hub.
 - o The objective is to improve quality of life in Medway, and to keep people in the community as opposed to A&E. Also, outpatient appointments may take place in the community.
- Ideas for the Medway Practice Alliance – suggestion for moving to a single clinical system, and perhaps a single access phone number to direct patients each day to where there is space.
- There are lots of places to get involved in patient participation, particularly in the preparation of posters, leaflets etc., for projects such as the End of Life work stream.
- Can download Scribers for free to help with producing the PPG newsletter.
- Caz has an experience in procurement and contracting.

Referrals:

- CAB – feeling that choice seems to have disappeared, perhaps the information about it has diminished.
- Lak: referrals are usually done the same day, 2 week wait referrals are done as soon as doctor comes to deal with it. Others can take up to 5 days. The presence of choice can depend on whether Dr deals with it or if it is delegated to a medical secretary.

Healthwatch are planning to enter & view in doctors surgeries. They are a part of CQC but are independent. They will target practices with low scores, formulate a report which will become public and be reviewed by the CQC. There is a hope that HW will make this more public to practices. They have new leadership and staff, but unsure of their resources to know how much difference they can make.

Practice report:**Appointments:**

- 408 missed appointments between July and September.
- Suggestion of text reminders, but the system cannot differentiate between different types of appointments. Utilising a different system would come at a cost.
- CCG is running a pilot to support text reminders.
- In the case of vulnerable patients, the patient/ a family member/ carer should take responsibility
 - o Issue of confidentiality about disclosing information relating to a DNA with 3rd parties such as family members.
- Suggestion of ringing people up to remind them of appointment
- Suggestion of looking at DNA's to see the demographics of people who miss appointments – should treat them differently. LA: cannot discriminate, but perhaps there is a need to communicate differently with different groups of people. The PPG newsletter can help with this, thus need to spread it further.
- Screens have gone up in reception to protect staff.
- Dr Najjar has left, and his post has not been filled.
- Pauline has commenced work as a practice nurse.
- 2 members of reception staff have left.
- Appointments will fluctuate as locum doctors are a rare commodity, and some charge up to £900 a day. Suggestion that there needs to be more consistency with locums as otherwise it leads to a lack of confidence in care received.

Newsletter:

- Passed to Lak, has been emailed.
- Page 2 reference to ghost doctors need to be pulled.
- Suggestion of GP practice viewpoint on BBC report on receptionists.
- Need to print enough copies to distribute, and also to put it on website.
- Forum

Representative update:

- Make sure all posters can be read – some are blocked by a metal pole.
- Some clinical rooms have been too hot.
- Posters should have translations into other languages (but this is expensive to do and cannot rely on websites to translate it yourself.) The CCG cannot offer help with this.
 - o Could get a patient rep for each language to check translations.
 - o Could put it into pictures.

- Patients may not be aware that they can opt out of CC'd letters.

- Some receptionists do not smile enough.

- *Louise Mayberry, John Smith, Renee Coussens have resigned.*

- PPG is not a personal complaints forum due to confidentiality.

- Baby health checks and immunisations – some people have struggled to be fit in – new nurse Pauline was previously a health visitor so can deal with lots of issues.

- PS will continue in his role as chair until April 2017.

- Next meeting will be 18th January 2017.