**Minutes of Patient Group Meeting Wednesday 11th September, 2019, 7.00-8.30pm Taken by: Gail Helfet**

**Present:** Jane Cunningham (JC- Chair), Val Mobberley, James Worrall , Val Fowmes , Arminder Atwal(Dr. AA), Gail Helfet (GH), Alix Dearing (part),

**Apologies**: Sandra Bull, Barbara Sheppard, Thuy Gibb, Patrick Gates (PG), Kay Winterburn, John Shiell, Ian Smith, Pat Hough,

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| **Agenda Item** | **Discussion Points** | **Action/Assigned** |
| 1. Introductions and welcome.   Matters arising /approval of last minutes/Actions | JC welcomed attendees. She said that in view of the small number of members at this meeting Item 2 on the agenda will need to be postponed until the next meeting.  The minutes from 3.7.19 were approved.  Actions from 3.7.19:  **Website progress:** The notes from Patrick G were circulated and he has followed up with the Practice (Vicky Bond is leading on this). When a mock -up of the new website is created they would like a group of PG members to view it and comment. Patrick G has asked if anyone is interested in participating with this. Two Patient Group members have been approached in relation to this but others may also be interested. Vicky will let us know when they are ready for this input.  **PPPG:** JC attended the August PPPG meeting. Main topic was the new Networks. The clinical lead for our Network is Dr Nick Yeats from Priory MC in Warwick. The PPPG are offering to be involved in a number of campaigns – see minutes of their meeting (circulated with the agenda for this meeting). |  |
| 1. Annual Elections | JC said that as there were so few members able to attend this meeting, we were not quorate and therefore the election of office holders could not be confirmed. She had not received any nominations for the posts and had therefore discussed with the current post holders their willingness to serve for a further year. They have agreed to do this but the matter will need to be discussed at the next meeting to confirm this. |  |
| 1. Website progress Report | See under Actions in Item 1. |  |
| 1. Introduction of Networks | |  | | --- | | This initiative is part of the NHS ten year plan. The Networks have been running for about ten weeks now. Dr Yeats (clinical lead) explained the relationship between Warwick and Kenilworth Primary Care Network and its constituent medical practices and its role in co-ordinating primary care services to patients of those practices. Future plans include social prescribing and other services. The role of the Patient Groups was mentioned as a ‘critical friend’ to the practices.  The Kings Fund document providing information on the Network model has been circulated. The impact for patients that these changes will have will be incremental. There will be national targets and some responsibilities will pass from each practice to the Networks. The aim is that good practice can be shared and learned from each other and more services be offered within primary care.  There is an open access meeting on the JSNA (Joint Strategic Needs Assessment) on November 18th in Kenilworth – venue and times to follow. This is a major piece of work which has been carried out to assess the needs of different areas  There is currently one social prescriber per 60,000 patients in South Warwickshire but the target eventually is 1 per 3,333. The role is poorly defined at the moment but will involve signposting to local support resources. It is recognised that these are often run by volunteers and it was suggested the number of these may decline in future, partly due to raising of the pension age. | |  |
| 1. Flu Clinics and Recruitment to PG. | This year the flu clinics are being done differently with inoculation injections being interspersed with other appointments. October will be the month for the under 65s and JC felt that we should focus on trying to recruit new PG members from this cohort. We discussed the difficulties of recruiting younger patients to the PG. We must have leaflets available to hand out. Healthwatch has produced a short questionnaire which we could use.  There is a CMC practice newsletter going out in the next few days. We looked at what appeared in the last newsletter about the PG and some of it is inaccurate. Therefore a new entry is required. JC read out two pieces that she had drafted that may be suitable. Comments and suggestions were made. JC will incorporate these and produce a piece for the newsletter. | JC to provide a written piece for the newsletter. |
| 1. Online access, digital first primary care and other developments | There are now private companies that offer consultations online. They ask questions and advise on urgency etc. The NHS is also planning to offer this.  A system that will allow telephone booking of extended hours appointments when the surgery is closed is being trialled by the GP Federation from next week.  The issue of making telephone bookings at the surgery was discussed. Carers at the Carers’ Information meeting held recently, commented that there seemed almost a two tier system for appointment making with some patients using the online booking system and others spending considerable time trying to get through on the phone in the mornings. Dr AA confirmed that the percentage of appointments available online has been reduced to achieve better balance. Some members felt it had become more difficult to get an appointment with a doctor of choice even at 8pm when the next day’s appointments become available. |  |
| 1. Carers’ Information meeting held on 3.9.19. | The Practice held an information and support meeting on 3.9.19 and invited a number of carers to attend. 27 carers attended this first meeting and it was felt to have been very successful. The feedback overwhelmingly reflected that the content was useful or very useful.  A few members of the PG had agreed to provide support for this by providing and serving refreshments and also by providing support and company for those that the carers look after in order to enable those carers to attend the meeting. Unfortunately this was not mentioned in the invitation so we do not know whether any carers were prevented from attending because of their caring commitments.  There were presentations by the Carers’ Support Service, Age UK, Myton Hospice, and Deb Sanders (our social prescriber). The meeting was concluded with a Mindfulness session.  It was agreed that we need to ensure that more carers are registered as such, as there may be many who are carers but do not see themselves as such. JC asked Dr AA to draw the other doctors’ attention to look out for these situations. It was felt that at future events for carers, we would like those that they care for to be able to come along if they wished. |  |
| 1. Air quality report | The number of people attending Warwick A&E with respiratory problems rose significantly this summer. This is partly seasonal but pollution is an issue and JC has circulated a report produced by Warwick District Council -Overview of initiatives in Leamington contributing to improving air Quality. VF contributed experience of health impacts on people living beside busy roads. |  |
| 1. Reception seating | The notice informing patients that they can request a chair if needed while queuing for the receptionist is no longer on permanent display. This had been noted by members and was also mentioned in Family and Friends July report. Dr AA said that he was not aware this notice had gone so will follow up with reception staff to make sure that seating is offered and available. | Dr AA to follow up with Reception |
| 1. Meetings attended and forthcoming events | JC attended the PPPG meeting. (The SW CCG Financial Performance presentation by Paul Sheldon was circulated) She also attended Extended Access Patient Group where discussion included:  Use of extended access – CMC is using our quota, there is reducing under use at the few surgeries slower to take up the scheme and measures have been introduced to help regulate over-use by some others. Continued awareness-raising of the service would be welcomed at flu clinics.  The number of women using cervical screening service in extended access has doubled.  WM ambulance service ( 999) is going to merge with NHS111. Both telephone numbers will still operate, but when needed calls can be reallocated appropriately more seamlessly.  Healthwatch AGM is on 21st October. JC will attend. |  |
| 1. Family and Friends Reviews | The Group reviewed responses from July and August.  In July there were 10 responses. 8 were extremely likely, 0 were likely, 1 was unlikely and 1 was dk.  In August there were 16 responses. 14 were extremely likely, 0 were likely, 1 was unlikely and 1 was d/k.  Mentioned good reception and clinical services. |  |
| 1. AOB | Mental Health Services Campaign (Public Health England, October)– information from the campaign reveals concerning statistics – 1 in 6 patients needed mental health care in the last week, 25% of patients have a mental health issue and suicide rate in men aged 18 – 40 is a major concern.  JC asked whether the Practice wants the PG to be involved in the campaign and whether members wanted to support this.  **Next full meeting 6.11.19 at 7pm at Castle Medical Centre** |  |