

Minutes of Patient Participation Group Meeting, 16.09.15
Present: (patient) John Rose; James Malloch; John
England; Elizabeth Cole; Brian Burgess; Jean Burgess;
Nicola Richardson (practice) Boyd Gilmore; Adrian Down;
Tony Watts (CCG) Diane Hansen

MEETING CHAIRED BY BG

1. **Apologies:** Nicola Tallent (Healthwatch) Kate Holley; Dave Ellis; Doug Vince; Neil Fritsche
2. **Speaker:** Diane Hansen from South West Lincs Clinical Commissioning Group came to speak with the group on the following topics;
 - i) **Patient council:** To ensure that the patient voice is at the heart of all commissioning decisions taken by the local CCG it has formed a patient council with representatives from all PPG's in South West Lincs invited to attend. JB will be attending on behalf of our PPG and is happy to take questions or issues to the meetings and report back on issues discussed.
 - ii) **Lincolnshire Health and Care (LHAC):** All bodies involved in health and social care from CCG's to the hospital trust, mental health trust and social services across Lincolnshire have come together under the banner of LHAC to look at how they can work together effectively with the resources available to them. They are looking at four distinct work streams, women and children, proactive care, elective care and urgent care to ensure they are effective and affordable. LHAC will be producing a report in the Spring which will lead to a public consultation on services. PPG's will be pivotal at that point in ensuring as many patients as possible share their views on the shaping of these services in Lincolnshire. NR raised that rural transport was an issue for many people when accessing services and BG raised the difficulty in referring patients to appropriate local services with patients either having to face excessive waits or appointments in hospital trusts many miles away and also the recruitment crisis facing Lincolnshire for healthcare professionals.
3. **Conflicts of interest:** AD, BG and AW noted roles within Practice.
4. **Minutes:** Approved and to be published on practice website.
5. **Matter arising: Meet the team** – Felt that this was a very useful experience last time, and that if a representative of the reception team was available for the next meeting that would be very helpful. **Healthwatch update** - JR updated group in NT absence, Healthwatch aware of issues in district nursing services in the area, have been informed that new team members have been appointed and will be starting shortly. **Website** – checked by EC, happy that it is up to date and relevant. May be worth investigating if there is a way of highlighting what has changed recently on the site. **Dispensing to patients in Londonthorpe** – the practice has contacted NHS England to inform them that they do not feel a proper process has been followed to change the dispensing status of patients living in the Londonthorpe area. The practice has informed NHSE that it will continue dispensing to patients in this area until due process has been followed. **Questionnaires** - GPAQ survey circulated to members, largely felt to be relevant although asked if there were other accredited surveys that could be shared. AD to forward a survey used by CHEC to members for final decision on the patient survey to be used. **Names on minutes** – all happy for full names to be used in minutes to PPG meetings. Email addresses of members of the group to be shared with other members of the group to ensure ease of contact.
6. **District Nursing service:** Meeting took place between the Practice, Lincolnshire Community Health Service (LCHS) (provider of district nursing services) and EC as a patient representative. EC summarized meeting, discussed that the situation was very serious and that she had sought to find out why there had not been an earlier interception. The service was not currently working properly and was down to one member of the team which would traditionally have been at least 4 or 5. LCHS

agreed that there was currently a problem that needed resolving. BG explained that patients had previously enjoyed an outstanding service which was integrated into the Practice giving fast and responsive support to patients. This had now been replaced with doctors having to ring a call centre to pass on details of patients needing care at home and there was no way of them checking if this had actually taken place. Specific cases were raised where patients had received sub standard care because of this. EC explained that following the meeting a DN service had been reinstated at Ancaster and that there were plans to follow up with LCHS with another meeting to ensure that they remained in place. The group formally requested that EC be recognized and thanked for her help and support in this matter and practice representatives agreed that patient engagement had been key to ensuring this matter was dealt with swiftly.

7. **Friends & Family** – process working very well and July and August data was circulated to the group. Feedback was overwhelmingly positive however there had been recurrent feedback that the front door at Caythorpe was difficult to open. AD had obtained a quotation for an automated opener for the door which would cost in the region of £2,400. It was felt appropriate by all present to put a request to the Caythorpe & Ancaster Medical Equipment Trust to fund this item. Discussion moved on to the C&A trust and that a new trustee was being sought. JE volunteered to become a trustee. It was suggested that the F&F data should be included in the newsletter, website and on the waiting room screens.
8. **Sub Groups – Newsletter** – discussed content of newsletter. NR requested more support and involvement in the newsletter if it is to continue specifically with areas such as distribution and ensuring it is available to the widest audience possible. JE happy to speak with local organisations about distribution and all PPG members asked if they can help. AD to put on waiting room screens to see if patients not involved in the PPG could help with this. NR asked for suggestions for articles in future issues, an article explaining why patients sometimes have to wait to see a doctor was suggested along with an update on Dr Robinson’s recent mountain trek and the book scheme operating in the surgery. **Website** – it was asked if the sub group could be informed when something had changed on the site so they could check the information. **F&F** – nothing to report.
9. **AOB** – size of group was discussed to see if it was appropriate. Felt that it currently was although noted that fewer members attended this meeting than usual. If attendance falls then may be appropriate to look to recruit new members. BG shared a document from Sheffield University about the Caythorpe walking group which had originally been formed at the surgery.
10. **Items for next meeting** – Structure of the group, formalising officers of the PPG.
11. **Date and time of next meeting** – 10th Nov 6:30pm at Ancaster.