

P3 Meeting 25 November 2014 4-5pm

Present: - Dr Helena Murch, Melanie Cullen, Tina Wood, Paul Ellis, John and Gay Middleton, Ron Jones, Ann Wilson

Apologies: - Ann Rendle

Aims and Ground Rules	<p>The group talked through the draft amended Aims and Ground Rules for the P3. The following was agreed:-</p> <p>Aims</p> <ul style="list-style-type: none">• For the practice to consult patients on potential developments and changes to services• For patients to raise concerns about our services so we can find solutions together, either as individuals or on other patients' behalves• To discuss issues relating to the wider health world.• To act as a 2 way conduit of information about the health centre <p>Objective</p> <ul style="list-style-type: none">• To ensure the health centre is providing quality services to all our patients <p>Ground Rules</p> <ul style="list-style-type: none">• Our P3 Group is open to all our patients.• Patients who are unable to attend meetings in person can be part of our email group.• Times: Vary start times, keep to time, start prompt, no longer than one hour• Meet every 2 months• Practice will be open and transparent in discussions without breaching patient confidentiality. If there is a reason that something can't be shared then the practice will explain why, i.e. commercial sensitivity.• Group to work in partnership to resolve concerns and develop and improve the practice• Doctor's attendance will rotate, so all involved at some point• The group is not for discussing single patient issues....No discussion of any named patients
------------------------------	---

	<ul style="list-style-type: none"> • Solution focussed, if problems are raised then let's not focus on the problem, let's look at ideas to resolve it • Notes and action points will be produced, rather than minutes as such. • Roles of chair and secretary to be reviewed annually <p>The group agreed that the practice would continue to chair and co-ordinate meetings for the coming year.</p> <p>The practice is required in its contract to have a patient group but that is not why our group was formed. The practice has had a group for many years, the focus has changed with the years but the principal of engaging with patients remains.</p> <p>There was a discussion about the amount of paperwork and emails that is sent out from the practice to the group. Melanie explained that she passes on anything that might be of interest or anything that she is required to disseminate but there is no obligation for patients to read.</p>
CQC visit 4 November	<p>Melanie and Helena thanked all the patients who had shared their experiences for giving their time and energy to do so.</p> <p>Ann felt the discussions with the inspector were similar to last time and her notes taking skills rather chaotic. She would like to see draft report to ensure that her comments are recorded correctly. Paul has had three responses to his email.</p> <p>The feedback on the day from the inspection team was very positive but the report is not expected for eight weeks.</p>
PPG event 7 Oct 14	<p>No-one attended. Melanie explained the focus of the day was about how to develop your group and said that the Patients Association will visit practice groups if they want that.</p> <p>Action:- Melanie will invite.</p>
Aging Well Event 23 Oct 14	<p>Ann enjoyed the event very much and felt health centre staff had done a great job. There is a problem doing finger pricking for diabetes in that environment. Group discussed feasibility of running our own health promotion coffee morning at the health centre.</p> <p>Action:- Melanie to discuss with East St surgery and team and feedback to P3.</p>
PSN network (CCG)	<p>Elizabeth Mount had been attending but is currently busy, Ann disillusioned with the network. Next meeting has been rescheduled again.</p> <p>Action Melanie will send out info in case anyone else is interested. ?Ron</p>

<p>CCG 'Care closer to home'</p>	<p>The principles behind the Care Closer to home' consultation were discussed. The aim is to provide more healthcare in people's homes and less in hospitals. One suggestion in the proposals is to close South Molton hospital beds. No-one managed to find the South Molton meeting as the entrance to the Assembly rooms is not easy to find. The group is concerned about the impact on the practice of the closure of beds and the need for more care in people's homes. Patients are concerned about the isolated and lonely elderly becoming more isolated.</p>
<p>CCG immediately necessary measures</p>	<p>Following on from discussions last time about the current financial crisis in the local health economy, the group talked through the emergency measures planned by the CCG. Patients were unhappy with the measures and did not want measures imposed. They feel government should come up with more money for the NHS.</p>
<p>Children and Young People</p>	<p>There are a couple of mothers of young children on the P3 email group who will raise any concerns/ offer suggestions regarding children but teenagers are a harder group to reach. The survey carried out previously did not provide us with any learning that we could action. P3 liked the idea of a public health session, like 'aging well' but 'developing well' working together with other agencies.</p> <p>Action:- Melanie will contact the community college, East St surgery and school nurse in the new year to discuss the proposal.</p>
<p>Friends and Family Test</p>	<p>There have been two slips posted in the suggestion box in the waiting room and 11 online responses.</p> <p>Q. How likely are you to recommend our GP surgery to friends and family if they needed similar care or treatment?</p> <p>A. extremely likely 9, likely 3, neither likely nor unlikely 1. No negative responses to this question.</p> <p>Q How might we improve our service to ensure that everyone would recommend us to their friends and family?</p> <p>A. carry on doing a good job 10/10</p> <p>A. cannot think of anything that could be improved</p> <p>A. I cannot think of anything, you are already an excellent service.</p> <p>A. Have been happy with the service so far! Pity Boots are so rubbish at sorting out prescriptions though, even given plenty of time.</p> <p>A. I receive a very good and considerate service and am happy with the way I am treated by both doctors and receptionists.</p> <p>A. Like to know the name of your nurses</p> <p>A. My family is lucky we have an excellent GP but I do feel that</p>

	<p>sometimes the receptionists can be a little more helpful, understanding, with their attitude on the telephone. I do appreciate that they are under a lot of stress/pressure and cannot work miracles. A majority are as helpful as they can be which is appreciated.</p> <p>A. The biggest problem is car parking especially if you have mobility problems which personally I have now. It is impossible to find a car space near to the surgery. I am delighted with my registered doctor as are my family. Occasionally we have a problem with a receptionist being abrupt but at the end of the day delighted with the practice</p> <p>A. To be able to get an appointment when you need it, not when a doctor is free. Very poor service in the past where I had to go to A&E in Barnstaple as I could not get an appt for a week when I was in great need of a doctor's attention.</p> <p>A. Try to make sure that staff do not make mistakes when processing information on repeat prescriptions. Can be really annoying, in my case it would seem to happen sometimes.</p> <p>The above responses were discussed by the group.</p> <p>1 Staff are all going to be provided with name badges so patients can see who is dealing with them and will know the names of the nurses.</p> <p>Action - Tina</p> <p>2 All agreed reception staff trying to do an impossible job carrying out Drs wishes and do it very well. There is a national problem with waiting times for a GP appt getting longer. No-one who says they need an appointment on the same day with an urgent matter is turned away. Even if they phone in at 6pm the GP will ring them and try and deal with the matter.</p> <p>3 Informal complaints about prescriptions have reduced but there are still occasional ones.</p> <p>Action - Melanie and Tina to discuss best way to audit</p>
<p>Focus of the meeting</p>	<p>The group discussed how the amount of stuff from outside the practice, i.e. CCG, health watch, government, can swamp our P3 meeting and we agreed to try and focus the meetings on the issues that matter to the group e.g. our services and practice developments.</p>
<p>Date of Next Meeting</p>	<p>29 January 2015 1-2pm at the Health Centre</p>