

Minutes

ANNUAL GENERAL MEETING LONG CLAWSON MEDICAL PRACTICE & PHARMACY PATIENT PARTICIPATION GROUP HELD AT LONG CLAWSON VILLAGE HALL ON 22 NOVEMBER 2011

Present: Lynne Marshall, John Bonsall, Rebecca Hollis, Jayne Clayton, Rhiannon Bennett, Ellen Mell, Claire Howley, Anne Dames, Caroline Samworth, Pauline Jenkins, Ann Mace, Caroline Goulding, Joy Bateson

Apologies: John Huckerby

Meeting Commenced: 7pm

Meeting Finished: 7.55p.m.

1.	Welcome from the Chairman – Lynne Marshall	Action
LM	<p>“Good evening and welcome to the LCMP First Annual General Meeting. It’s nice to see so many of you here. I’d just like to give apologies for Joe Orson and Byron Rhodes, our two county councillors as both were hoping to come but have prior engagements.</p> <p>I’d like to cover a couple of housekeeping items and then we can get on to the main agenda. We are not expecting a fire alarm so if we hear a loud continuous bell we will all leave by this door and gather in the car park area. Toilets are through the back door and round to your right.</p> <p>I’d like to run through the agenda for the evening so you know what’s coming up. Firstly you’re going to hear from Caroline Goulding, our Practice Manager at the Medical Practice. Caroline is going to talk to you about what a PPG does and why she decided to set one up.</p> <p>After that I will introduce the PPG Members to you so that you get to know them, which villages they represent so that you are able to have a chat with them individually after the meeting if you like.</p> <p>Then I will briefly run through our key achievements for this last year followed by our programme for the coming year, which will include the results and action plan from the Patient Survey which was held this earlier this year.</p> <p>I have then asked John Machin, Chairman of the Long Clawson Parish Council to briefly introduce the Good Neighbour Scheme which is relevant to all as we hope to extend it to other villages as soon as we are able.</p> <p>Caroline is then going to chat to you about what the next 12 months is likely to bring for the Surgery.</p> <p>Finally we will have a question and answer session and I would welcome questions relating to work we are doing with the surgery. As a Group we are</p>	

not sanctioned to handle complaints, those are better directed to Caroline on another day.

2. What is a PPG? – Caroline Goulding

CG

- Patient's participation groups have been around within General Practice for over 15 years.
- Patient participation groups were developed as a way to extend patient involvement within General Practice
- In September 2009 it was decided that Long Clawson Medical Practice should establish a group.
- Initially we started with canvassing the local WI and social groups, we advertised within the surgery and throughout the local parish newsletters.
- The group's official first meeting took place in December 2009.
- The group voted in a chairman and decided to meet on a monthly basis.
- In April 2010 the Chairman resigned his position and the group voted in our current chairman Lynne Marshall
- The group has been affiliated with the National Association of Patient Participation
- The group is there to support the services within Long Clawson Medical Practice. As a practice we engage the group in shaping changes to our services and supporting the wider health issues that affect the provision of healthcare within the Vale of Belvoir.

Patient Participation Groups are not there for:

- A forum for individual complaints
 - A tool for Implementation of the Governments or any individuals pre-determined agenda
 - Unwanted extra workload
- The current government published a white paper called Equity and excellence: Liberating the NHS. Within this they have placed a significant importance to Patient Participation Groups and engaging with the general public on changes to the NHS. In particular they allocated funding to establish and support Patient Participation Groups. This illustrates a commitment to Patient Participation Groups in the future.
 - Recently the Long Clawson Medical Practice has received requests from various practices within Leicestershire to observe the monthly meetings, to ascertain how to run a positive and productive meeting.

3. Introduction to PPG Members – Lynne Marshall

LM I'd now like to take the opportunity to introduce you to your Patient Participation Group Members. We run at a maximum of 12 members and I am pleased to say we have eleven of us here tonight. I would like to thank them on your behalf for all the hard work and effort they have put in to ensuring patient views are heard and represented at every level. Each member has contributed his or her own skills and it has been a great pleasure to work with them. I will ask them to state their name, where they are from and whether they have an official role within the group.

Each member introduced themselves and described their role.

4. Key achievements of the past year and Plans for 2012 – Lynne Marshall

LM I'd like to move on to tell you a little of what we have achieved over the last year. There will be a handout at the end of the meeting covering everything I am going to discuss.

I took over as Chair after the group was originally set up.

They fall into 4 key areas.

Setting up the Group

Drafting up and ratifying a Constitution.

Establishing a committed team representing your voice.

Proposing a New Members representative who looks after the advertising for, discussion with any prospective member and makes sure they are fully integrated into the Group.

Developed a list of Aims for 2011.

Writing an article each month for the Parish Magazines which have been very well received giving information and communication with patients.

Supporting the Medical Practice in House

Assisted with the refurbishment of the Surgery – brand new chairs and further re-decoration will happen by mid-December.

Suggested themes and ideas for the TV screen in reception to communicate information more effectively with the Patients which has been a success.

Two disputes

First one was in January when the PCT told us that they were not going to continue to fund the bed at Hunters Lodge. We involved our local county councillors – Joe and Byron and also held a meeting at Alan Duncan's office. All were willing to support us as the funding issue did not stack up. We then drafted a letter for patients to send in to both the PCT and Alan Duncan which received tremendous support and the letters flooded causing quite a stir. We invited a board member of the CCG to attend our meeting who left quite surprised at our determination. Following that Dave Briggs himself came to a subsequent meeting and although we pushed him hard was not willing to continue funding the bed. The policy was to stop individual schemes and instead make better use of the Melton Hospital. However, on the plus side we did manage to extend the closure until the end of August and several patients benefited in that time by using the excellent service Hunters Lodge provide.

The second dispute was when the PCT told the Medical Practice that in future they proposed to re-classify Long Clawson as 'urban' rather than rural. This may have led to problems in the future for the Practice and so our help was enlisted. We sent several responses to the PCT and again asked patients to

send in letters of support. Thanks to all the patients who responded to this as again the PCT received many letters. This time we had the good news that the PCT had changed its opinion and in fact Clawson was to remain rural!

Patient Survey

We decided right at the start that we needed to find out what the patients wanted us to do and so devised a questionnaire. We had a tremendous response and received nearly 170 replies. I will present the findings shortly.

We are also working with the Medical Practice on a Government led Survey which wants to ensure that the Patient Voice is regularly heard. Amongst other things it will involve setting up an email database of patients who are willing to feedback information, fill out short surveys and give opinions.

We received nearly 700 replies to this Survey and Caroline and I are meeting shortly to review the findings. Having seen the initial results it is very clear that the Surgery is held in very high esteem. There were many compliments for both the Surgery and the Pharmacy. There were also some excellent suggestions that the PPG will review with the Practice and devise an Action Plan. Results will be published for Patients to review and actions taken in due course.

Finally, we applied in conjunction with the Long Clawson Parish Council for funds from the Big Society scheme to set up a Good Neighbour Scheme which will kick off in Long Clawson and then move out to other willing villages. More of that later.

So, that's about it – in conclusion we have been very busy representing you in all manner of ways and hope you are pleased with our achievements and thank you also for your support of our wonderful Surgery.

Aims for 2012

I'm not going to cover all of our aims for 2012 but you can find a list on the handout. Instead I am going to concentrate on our Patient Survey.

As I mentioned we had over 160 responses and here are the results and also how we plan to move forward in each area. Firstly I think it was fair to say when we devised the Survey we thought long and hard about what Patients may like. However, we believed that the results would show one of two clear priorities and but to our amazement and slight concern almost every suggestion received a fair amount of support.

160 Survey Forms completed. Out of the patients who responded - - - -

Citizens Advice – 75 patients (44%) actively wanted to see the service re-established at the Surgery.

Action: Fundraise for £300 to re-establish the service (one year's cost.) PPG Member organising a Bingo night March 2012. Also we will be writing a letter to Parish Councils asking for a donation.

Weight Loss - 48 patients (27%) said they would like to use a weight loss service.

Action: Letter going to the CCG to ask for funds for the Leap weight loss programme to run courses in the area.

Walk and Talk – 21 patients (13%) would like to join this group.

Action: Volunteer needed to set up and organise

Volunteer Drivers - 43 patients (26%) would be interested.

Action: Establishing sites in villages to hold prescriptions.

Educational Talks – 61 patients (35%) would like to attend talks .

Action: Volunteer required to set up and organise.

Bereavement Support – 100 patients (60%) said they would like to see a Bereavement Support service set up.

Action: Good Neighbour Scheme will provide this service in Long Clawson. Until we can roll out to other villages we will support any willing volunteer or Parish Council to set up the service in their village.

At this point I would like to introduce John Machin, Chair of the Long Clawson Parish Council who is going to talk about the Good Neighbour Scheme itself”.

5. **Good Neighbour Scheme – John Machin Chairman of Long Clawson Parish Council.**

John introduced the Good Neighbour Scheme and what it will do for the community. As Chairman of Long Clawson Parish Council he attended a presentation at Oakham two years ago explaining the role of the Community Spirit in Rutland. This gives support for people in various different areas. Unfortunately Leicestershire County Council would not support this scheme as they were trying to set up their own scheme.

Twelve months ago a Good Neighbour Scheme was set up in Whissendine.

The Good Neighbour Scheme is a voluntary scheme to provide help to those who need assistance. John approached the PPG to see if they would be interested in helping with this scheme. The first official meeting took place a week ago with Caroline, Ellen and Bek attending. There would be a public meeting at the village hall for volunteers after Christmas. The plan is to set the scheme up in Long Clawson and then to move on to other villages in the vale. The public meeting would be advertised through the Clawson Clarion and leaflets delivered throughout the village after Christmas.

Lynne said that the PPG would be looking for members to volunteer to be on the steering committee. Ellen Mell and Rebecca Hollis would be interested.

LM Lynne thanked John for his input which was very much appreciated.

“You will see that we have a couple of other aims for 2101 in the handout and inevitable other things will crop up as the year progresses.

I would now like to move on to Caroline who is going to talk through what’s coming up for the surgery in the next 12 months”

6. **Surgery News – Caroline Goulding**

CG “I was asked to prepare a presentation detailing what is in store over the next 12 months for Long Clawson Medical Practice. Whilst preparing this I felt it would be beneficial to quickly detail what has happened in the previous 12 months.

We have had a significant turnover of Doctors with:

- Dr Wooding was voted onto East Leicestershire and Rutland Commissioning Group Board this has resulted in him being away from the practice on a Tuesday and Wednesday. We felt that as a smaller rural practice we needed to be able to influence the wider health agenda.
- To cover his absence we increased Dr Hoppers Hours
- Dr Gallop Retired after 25 years in general practice in August 2011.
- To replace Dr Gallop, Dr Rice was employed to work predominantly on Monday and Tuesdays. Dr Rice is also running a minor surgery clinic on Tuesday afternoons supported by one of our Nursing team.
- One of our practice nurses Susan Johnson who is also our diabetic Lead has been on long term sick leave since Aug 2011. We have had to buy in additional support to provide our Diabetic services.
- We have employed a phlebotomist Alison she started with us in August 2011. This has allowed us to reduce waiting time within open access surgeries and also extend the skills of our health care assistant George.

Looking Forward.

- We will be upgrading our Clinical Computer system in early summer. This will affect the speed in which actions can be completed in the initial stages, so we will be publishing this so patients are aware there maybe be delays for the first couple of months and ask them to be patient.
- The Practice will be required to register with Care Quality Commission from April 2013. This entails the team reviewing every aspect of the governance of the surgery ie protocols and t ensuring that all members of staff are appropriately trained and mentored. To ensure we meet the high standard the practice will close for a period of two hours every month. This will enable us to deliver essential in house training to all members of the team.
- This will be published to the local population whilst the surgery is closed patients will still have access to a GP in the event of needing urgent advice.
- The aim over the next 12 months is to embrace the challenges laid down by the Department of Health whilst maintaining our core services that are appreciated by our patients such as open access surgeries.

Long Clawson Medical Practice has in the last year received success and praise for it services to patients through the department of Health surveys. This would not be possible without the dedicated and conscientious team that support the GP's. I would like to take this opportunity to thank all the team who work at long Clawson Medical Practice & Pharmacy for their dedication to their positions and all their hard work.

Thanks Lynne Marshall and the PPG team.

7. **Open Questions and Suggestions**

LM I would now like to move into our Question and Answer session. Just a couple of house rules...

1. We cannot answer any complaints these should be directed to Caroline at the Surgery.
2. Dr. Wooding and Rathbone are here as our guests and will not be taking questions.

Question 1 – Mike Weston

For the last 18 months ambulance response in the Vale have gone up. EMAS has been redeveloped to take in a lot more counties. Concern raised over a 1.5 hour response to a road traffic accident. Can any pressure be put on EMAS? The paramedics are first call but cannot transfer to hospital.

Caroline commented that the surgery has already raised a complaint to 999 calls. They know there is an issue. The Head of EMAS will be meeting in the near future with Dr. Briggs Head of the Crescent Consortium Group. The PPG could get involved and put more pressure on EMAS. Also other PPGs in the consortium could lobby on behalf of patients.

Question 2 – Mike Weston

The Buses are fast disappearing out of the Vale making it really difficult for patients to get to the surgery and to hospitals. The reason for the buses ceasing is that it is not commercially viable to the companies involved. Could the PPG lobby the County Council – David Slater. The loss of many more bus services would decimate the vale and patients. There are many elderly who use the bus services.

Lynne remarked that one of the aims of the PPG for 2012 is to lobby the council re the use of the Park and Ride buses to extend to Leicester Hospitals.

Mike replied that a lot of patients use the QMC also and there is no bus service to Nottingham now either. It is a very important problem for members of the vale and that he would help if he was needed.

Lynne agreed to raise these issue at the next PPG meeting in December as they were very valid points.

LM **Ending of meeting**

I hope you have enjoyed your evening and that we have inspired you to get involved. Please do chat with the PPG members and Caroline during the refreshments and remember to pick up the handout before you leave. It has a space for you to fill out your details if you are willing to get involved. You will also find a sheet on your chair asking for comments about the meeting and would be grateful if you could fill that out before you go. We have pencils if you need one.

The meeting ended at 7.55p.m. Tea, Coffee and Biscuits were served.

