



Patient Reference Group Meeting 22 June 2016 at 7.00pm

Present:

Richard Ainsworth, Upper Littleton
Edwina Morris, Clutton
Annie Sherborne, Chelwood
Stephen Meale, Chelwood
Elmira Moore, Chew Stoke
Raynor Nixon, Chew Magna
Geraldine Davis, Chew Magna
Peter Taviner, Compton Martin
Julian Poole, Chew Magna
Hilary Padfield, Chew Stoke
Dr Sandra Fenn and Kate Davenport, Chew Medical Practice

Apologies received from Judy Dury, Lynne Joyner, Brian Hawkins, Gwyn Riches, Tricia Dyke, George Dean, Amanda Scott, Dr Nick Alexander

1. Update on nursing team

Lynn Hutton will be retiring in mid-August. She will be replaced by Gabby Violante, who has been at the practice for a 3 month placement as a student, but who will be fully qualified by the beginning of August. She will be doing treatment room work – dressings, vaccinations, smears etc – while the other nurses will be spending more time looking after chronic disease patients.

Becky Wych left the practice this month to move to a practice in Bath which is much closer to where she lives, and potentially offers her more exciting management challenges. A new lead nurse, Liina Haythornthwaite, has been appointed and will be starting in mid-July. Liina is a very experienced nurse who lives locally in Stanton Drew.

Julian Poole asked about the new younger doctors. Dr Fenn explained that they are:

- Dr Simon Trotter – has been here two years
- Dr Deborah Morgan – started in November 2015
- Registrars – currently Dr Simon Lynes – who are qualified doctors but not fully trained as GPs. They are here for 6 months at a time as part of their training rotation. Simon leaves in August and will be replaced by Dr Charlie Andrews.

Kate told the group that she would be retiring within the next year.

2. Feedback from CCG meetings of PPG reps

BANES Clinical Commissioning Group (CCG) has recently hosted two meetings for reps from Patient Participation Groups (PPGs) from practices all across BANES (there are 26 in total).

Geraldine queried the role of the CCG. This is the body set up in 2013 to take responsibility for the commissioning of all secondary care (hospital) services and community services such as district nursing, physio etc. All GP practices are members of the CCG and have to agree major decisions. The CCG Board is made up of a mixture of GPs, other professionals and lay people, and it is supported by mainly non-clinical officers. Increasingly CCGs are also involved in the commissioning of GP services, which leads to some conflict of interest, but this is all managed at the highest levels of the health service.

Raynor Nixon attended the first meeting in March, and she fed back to the meeting. About half the GP practices in BANES were represented. There was a focus on the structure and function of PPGs, as a result of which Raynor felt that our group is quite well developed and functional. One group in particular stood out as being different from all the others, with much greater ownership of their activities than our group has, but their model didn't seem to fit with what the practices are required to have.

Kate explained that all practices are contractually required to have a PPG that is representative of the practice population. The purpose of the group is to act as a local watchdog and sounding board for new ideas. There is no longer a requirement to carry out surveys and produce agreed action plans each year, so we have more freedom for the PPG to be what works best for its members and the surgery. The BANES practice managers' group felt that the CCG was interfering in local arrangements at this first meeting, mainly because the CCG didn't understand how differently the PPGs work from each other.

The practice would not be able to support a group that wanted to raise funds for the practice, as this has to be done at arm's length, so if patients were interested in any fundraising ideas, they would have to organise them without help from the practice.

Kate fed back from the second CCG meeting, earlier in June. The representation was similar – about half of practices there. The main focus of the meeting was on information sharing: staff from the CCG spoke about the draft Statement of Intent – their vision for general practice in the next 4 years – and Your Care, Your Way, which is the project to re-tender community services. The notes of this meeting will be circulated to PPG members once Kate receives them.

The CCG meeting included a discussion about how PPGs could help to influence CCG contracts and activity. Although decisions have usually already been taken about contractors, PPG members and other patients can help with the monitoring of the contracts by flagging up any problems to the practice. We can use a special email address to send feedback to the CCG about any services that they commission, which

puts them in a stronger position when they have their regular contract review meetings with the providers. In response to a specific question, Kate explained that it is fine to raise issues about Bristol hospitals that way, because BANES CCG are paying for the service. However, they don't have strong links with the BRI in the way that they do with the RUH, so it may be less effective.

3. Chew PPG management and meeting structure

There was no appetite from the PPG members to take over running the meetings.

However, it was agreed that:

- there should be 3 meetings a year
- the meetings could include discussions about particular diseases/conditions when the CCG is specifically looking for patient input into service re-design
- members of the group were generally happy to help the practice by disseminating information in their community, eg in parish magazines, or as agenda items at parish meetings, or as information at other organisations such as WI
- Kate would write a brief and interesting annual report that could be distributed by members of the PPG
- members were very interested in the concept of expert patient meetings, where patients with a particular condition could meet to explore different approaches to managing problems; if the practice could write to relevant patients, the members of the group would help to promote and run the meetings

4. Complaints feedback 2015/16

As this was an incomplete item at the February meeting, Kate circulated an updated sheet listing the complaints received during 2015/16. The emphasis of patient complaints has shifted over recent years from primarily admin/procedural to primarily clinical. None of the clinical complaints listed on the sheet was upheld – they were all the result of misunderstandings or unrealistic expectations of the doctors' diagnostic powers.

Raynor commented that it is a shame we concentrate on the negative comments rather than the positive ones, and explained what a good experience she and her husband had had at the surgery in a recent emergency. Kate pointed out that the Friends & Family Test collects positive feedback, and that during the last analysis period there were no negative comments at all.

5. NHS England Estates & Technology Fund bid

The group was entirely supportive of the bid to extend the surgery and to bring various extra services out into the Chew Valley. Kate explained that it is a long shot, and the practice is not expecting the scheme to be funded, but at least it has been an opportunity to make the CCG aware of the inadvertent geographical bias in their provision of community services.

6. Topics for future meetings

At the next meeting, to be held in October:

- the group are very keen to hear feedback on the bid
- there was agreement that if the CCG would like to provide advance information on a particular topic, then the group would be interested to discuss it – possibly musculo-skeletal problems & pain management
- Dr Fenn suggested that the group might like a demonstration of how to use a defibrillator, as they are available in most communities in the valley – this was agreed

The meeting closed at 9.00pm.