

Bell Surgery Patient Participation Group (PPG)

Minutes of Meeting held on 7 November 2016

Welcome and Opening of meeting: Janet Waters (Chair) opened the meeting and welcomed those attending, including Dr Doling who was attending for the first time. Dr Rushton, Louise West and Cathy Formon also attended on behalf of the surgery staff.

Apologies for absence: Apologies had been received from Lynne Alderson, Jill Ford and Richard Jones. Margaret Mcgrory did not attend.

Minutes of the previous meeting (13 June 2016) which included the Annual General Meeting were agreed as a true record.

1. Matters arising from the previous meeting :

- Bell Surgery Newsletter is in draft and will be issued soon
- CQC Report has now been received (on current agenda)
- Complaints / How to improve : this topic was being kept under review
- On-line group : Additional patient participation was being sought
- Launch of 'Active steps to Fitness' leaflet was available on the PPG section of the web site. We requested that clinicians reference this with patients.
- Carers : (on current agenda)

2. Townlands Hospital: Janet provided a short up-date on the current situation with the new hospital and welcomed questions from the meeting.

- **Occupation of top floor:** still no further information – the floor has now been officially recognised as being 'surplus to requirements'
- **Minor Injuries Unit:** This unit was working well; it does not operate via the '111' telephone system but it is available as a 'walk in' facility during normal opening times. The planned 'RACU' unit (when it opens) will be available through GP or other recognised medical referrals only.
- **Reception staff :** There had been comments that staff employed on the Reception Desk at the hospital were not very helpful or welcoming. This would be referred to Oxford Health if it persists.
- Julian Brooks (Mayor) reported on discussions in the Townlands Steering Group (TSG) and the Townlands Stakeholder Reference Group (TSRG): Conversion of the second floor to accommodate the new RACU had been delayed because of contractor problems associated with the estimated costs of the necessary work. It was still hoped to have it ready by January 2017.
- Recruitment of a lead Consultant will be in early 2017. A part time consultant has been recruited and will be available to provide interim cover. Julian reported that the TSRG were critical of the lack of foresight / planning by the OCCG in arranging for the conversion of the first floor and in the recruitment of the Clinical lead.
- NHS England not OCCG is funding the conversion work.
- He confirmed that the top floor had been officially declared as 'Surplus to Requirements' although an appropriate medical provision was still being sought.

Janet thanked Julian for his contribution and asked the clinical staff present if there had been any liaison with the GP Surgeries in respect of the detailed working arrangements of the new RACU. They confirmed that there had been none so far, anticipate there will be.

Janet also asked if there had been any contact / liaison with the Locality Health Care Team. Again there had been none. Communication was clearly needed on these issues. There also needed to be briefings provided for GPs. **Action: members of TSRG to raise at the next meeting.**

On a more positive note, Janet confirmed that the arrangements for Clinics at the new hospital had gone well and additional clinics were being added. A list of current clinics had been produced and sent to Louise West. This was of growing benefit to local patients and obviated the need for them to travel to the Royal Berkshire Hospital in Reading. Janet and Louise also reported that the open evening provided by consultants to advertise the new clinics had been well attended and very informative. Some useful contacts had been made for the future.

3. Update from the surgery : Louise provided a brief update from the Practice : **Care Quality Commission inspection:** Their Report had been received and had given the Practice a 'Good' overall marking on all of the areas involved. There were only a few very minor issues suggested where improvements might be made although mostly on services delivered by a third party (e.g. recalls for smears). Louise reported that the assessors had been provided with comprehensive information on all aspects and the interviews etc. had all been very positive.

Janet asked if there were any aspects which required further improvement. Louise confirmed that these were all in hand.

Janet reported that there had been a County wide Survey of PPGs which had been circulated to group members. She asked members to consider whether we could do more locally by using information provided from other PPGs activities. Some provided 'Educational' events for patients on various topics and this is something that would be considered for the future programme. She stressed that we had a positive and constructive liaison with Practice staff and held regular meetings to discuss issues.

Louise informed the group of the on-going improvements being made to the appointments system, e.g. patients requesting appointments to address 'minor illnesses' were being encouraged to accept an appointment with a nurse rather than a doctor. There was also a Duty Doctor available to provide a 'call-back' service to patients who requested a same day appointment. Louise stressed that staff were doing their best to meet patients' needs efficiently but some 'insist' on seeing a doctor or to have a 'same day' appointment and often the sheer volume of requests is a challenge.. The current 'triage' system was working well. She would provide information in the forthcoming 'Surgery Newsletter' which will be emailed to patients, available for patients via the website and also in hard copy distributed via the Surgery and pharmacies.

ACTION: Update in Newsletter including informing patients they can request a bookable appointment via the telephone.

In response to a question, Louise confirmed that the Practice was now up to complement with GPs. There is also a locum in post to cover maternity leave and two GP Registrars. She also suggested that she was keen to encourage more use of the 'NHS Choices' feedback system. This was different to 'Friends and Family' and helped the surgery with ratings, which is what new residents to the area will look at. Hart Surgery has higher ratings than Bell as they have a higher volume of reviews.

4. **Patient Feedback and ideas:** Janet suggested that we should be encouraging patients to make more use of the Townlands Hospital clinics and consultant services. The GPs confirmed that patients prefer to attend Townlands and this is promoted.

Other suggestions: Encourage more use of the 'Friends and Family' feed-back box and to 'trial' a Suggestions Box from January. **Action: Louise to arrange.**

5. **Patient projects and updates:** Janet outlined the arrangements being provided by Sonning Common GP Practice to provide a series of educational talks for their patients on a number of health issues. These were being well attended and were appreciated. Wallingford is also providing a similar programme on health issues.

Members welcomed this suggestion and Janet confirmed that her discussions with consultants at the recent Townlands open evening had confirmed that several were supportive and willing to attend these type of events locally. Talks could be held in the 'Maurice Tate Room' in the hospital which was available to the Surgery free of charge. Groups of up to 25 Patients could be accommodated at any one time.

It was suggested and agreed that we needed to draw up a calendar of events and advertise these for patients to register their names on a 'first come first served' basis.

Janet asked for volunteers to consider and produce a schedule of topics which might appeal to patients. Rebecca O'Leary; Frances Lefebure; Lynne Anderson and Jeni Wood agreed to organise a small sub-group to discuss this topic and to agree means of communication etc., **ACTION: Janet will arrange a meeting with the sub group, including Louise who has spoken to her contacts re the Sonning Common talks series.**

Janet confirmed that details of the Exercise Leaflet are available on the Practice website and accessible by GPs in their discussions with patients. A copy cannot be provided on a Practice Noticeboard therefore a notice should be available for the information of patients. **ACTION; Janet to discuss with Lynne**

6. **Carer and Carer's strategy:** Rebecca O'Leary provided a report on her discussions with local 'Carer' contacts which had been very productive and her meeting with surgery staff. There was a need to obtain information on the number of carers locally

and to arrange informal sessions for carers to establish 'what they need' in the way of information, support etc.,

A carers welcome and information session has been arranged for 19th January from 2pm in the Maurice Tate Room. Some additional educational sessions will be arranged if required. The 'End of Life' leaflet will also be made available to carers for information. **ACTION: Rebecca and surgery staff plus any PPG volunteers to hold the meeting.**

Louise also referred to a poster produced for Young Carers (under 18's) following up in recognition that we only have one young carer identified on surgery records and therefore need to actively target young carers to offer signposting and support. Louise had made contact with CCG carer contact who sent some 'Rally Round' leaflets which she passed on to Rebecca for information, leaflets will go out in surgery waiting room.

Janet also referred to the following items which were relevant to the topic: 'Trust in Care' magazine; 'Calling all Carers' article; 'and the Carers Strategy consultation'.

Louise said that she would be including an item in the forthcoming 'Bell Surgery Newsletter' and that she would produce a 'flyer' for circulation to practice carers to promote the January carers session.

Rebecca had also attended a recent SELF meeting and was committed to sharing information and ideas on the topic. Janet thanked Rebecca for her feedback and for her enthusiasm in researching the topic. **ACTION: PPG members to consider completing the consultation via OCCG web site. The deadline has been extended.**

- 7. Forward plans for the PPG in 2017:** Janet outlined the issues which would require the group's commitments in the year ahead. These included:
- (i) Townlands Memorial Hospital: keep abreast of the on-going development of the clinics services currently being provided. The planned launch of the new RACU service – currently planned for early 2017, and the official opening of the hospital.
 - (ii) The planning and organisation of a series of educational talks on health topics for patients.
 - (iii) The 'Transformational Plan' – the consultations due to be held in January 2017. The importance of PPG feedback.
 - (iv) The provision of information and support for Carers.
 - (v) Consideration of any other issues as they arise.
- 8. Other business:** Members raised the issue of parking in the Practice Car Park. The subject had been highlighted in a recent 'Henley Standard' item. Louise accepted that this was an on-going problem which had been aggravated by the development and construction of the new Townlands Hospital. Cars that were parked without authority were having stickers added to their windscreens. She also stated that local

residents in York Road have always had permission to park in the car park overnight but cars should be removed by 8 a.m. This did not always happen and some vehicles were being left after this time. The issue is being discussed in conjunction with the Hart Surgery and the Townlands Hospital who were currently considering plans for the control of parking on the hospital site. Louise accepted that the surgery did not have the resources to monitor the situation on a continual basis, but that some enforcement measures were needed as Townlands are installing an ANPR system.

Date of next meeting: February 2017 – Date to be confirmed in due course.

Peter Reader

Minutes Secretary

12 November 2016