

Minutes of Patient Forum Meeting held on Tuesday 5th March 2013

Present

Mr C Townend	Mr J Smith	Mrs M Smith	Mrs P Stevens
Mr C Birch	Mrs B Brown	Mrs M Penn	Mrs S Ryan
Mr G Payne	Mrs J Payne	Mr I Nelson	Mr M Manwell
Mrs R Rispin			

Apologies – Dr R Douglas & Mr P Selman

Serial	Event	Action
(a)	(b)	(c)
Introduction	Mr J smith opened the meeting with a welcome to the new members and installed the importance of the GPV and the CCG GPV; he reminded all that there could be two members as representatives from the practice attending the CCG meetings, held on a monthly basis. Members should contact Mr Smith to express interest	PPG
1	<p>Practice Questionnaire results and Identification of a way forward to enhance service provision at Practice Level – Mr C J Townend The practice recently carried out a patient questionnaire over 500 patients to represent the voice and opinion of those using the services. The questions were based around contact, consultation, understanding of the new social bill and areas in which they practice may need to make improvements. Reviewing the results, half of the patients were not aware of the Health and Social Care bill. 78% were not aware of the PPG but 35% were interested in learning more about it. 13% found contacting the surgery by phone not very easy, although this is an improvement on last year and the practice employed a further receptionist and changed the process for receiving test results in order to address this issue. 74% preferred to book appointments over the phone. 21% waited between 11-20 mins for there consultation to start. This was discussed but concluded that tolerance had to be exercised as patients had the option to book double appointments should they have more than one problem to discuss. Preferred Opening hours were split between weekends and late nights. The practice currently holds extended access clinics on a Monday and Tuesday evenings and did</p>	

	<p>previously run Saturday clinics. Overall patient satisfaction was very good. Members expressed their concerns regarding the reception area with one member describing this area as abysmal and unfriendly; though CJT asked her to clarify that this did not refer to the reception staff. The issues are, the counter is too long and there is only a small window area open to speak to staff. CJT advised lone working and the safety of staff is paramount and the practice is considering moving the telephone system up to the gallery to address the noise and confidentiality issues. This will allow the reception area to become more open. Any suggestion on how to improve this area will be welcomed and CJT will take suggestions and representative views to the partners. A further area expressed as a concern by MP was the state of the practice grounds and the recycling bin area.</p>	<p>JS/CJT CJT</p>
<p>2</p>	<p>PPG Role and Profile in light of survey results – Mr J Smith The role of the PPG is to make an impact and be there for the welfare of the patient. The group discussed how the 35% interested in knowing more about the PPG could be reached, the group has grown from a core group following the last out reach meeting which is encouraging, virtual groups could be considered, along with mailing lists, email contact, word of mouth from current members and promoting the PPG on part of the practice website. It was concluded that members would take this away for consideration and forward any ideas to JS. CJT – requested 3 Or 4 items to look at for solutions from the group.CA to circulate JS email address to all for member to suggest</p> <ul style="list-style-type: none"> • Ways in which the reception area can be improved • How interested patients can be informed about the PPG and its role • How the group should progress “how you view the groups intentions, what are our points and how we achieve this” • How to represent the practice as a whole in all areas. Delegate areas to different members as the group has members with a wide selection of knowledge and skills 	<p>PPG members/JS</p> <p>Action PPG members</p> <p>PPG members</p>

3	<p>Draft commissioning plan 2013/14 to 2016/17 for Newcastle North & East Clinical Commissioning Group – Mr J Smith Mr Smith drew attention to 3 main areas in the commissioning plan document. Should any members require infinite details a 96 page document is available from CJT. Change initiation programme, areas for consideration are 1)Improving prevention and wellbeing</p> <ul style="list-style-type: none"> • Whole system transformational programme – older people with complex health and social care needs • Whole system transformational programme – Adult Mental Health <p>2)Care closer to home</p> <ul style="list-style-type: none"> • Improvement in services such as diabetes and IOP in opticians service <p>3) Making services more joined up</p> <ul style="list-style-type: none"> • Whole system transformation programme – Urgent care (roll out of 111 service) <p>These areas have been highlighted as they will have an effect on the patient. The PPG can monitor the changes and whether they have an adverse or good effect on the practice and query how the service is delivered and the costs incurred. Should the PPG be apposed to any of the changes then this can be raised at the CCG PPG.</p> <p>The group as a whole agreed knowledge may help educate patients as not all are aware of the cost incurred by the practice, when patients attend A&E even if they leave before being treated and how local services are often available rather than attending the hospitals. All agreed the group needs to create a need, be recognised and make a change.</p>	PPGI members

	<p>The next meeting will be held following the next clinician attended CCG PPG meeting. JS will advise of the date once he has confirmation and will feedback all information from the meeting to the group. There being no further business the meeting closed at 7:30 pm</p>	<p>JS to advise</p>