

## Minutes of PPG Meeting Tuesday 11 October 2016

Present: Marlene Lester, Jeff Higgs, Paul Bonner, Debbie Reardon, Ray & Valerie Sheen, Gwen Gee, Marie Emery

Apologies: Pauline Denny, Derek Emery. Margaret Woodward-Gregg

Jeff Higgs (Chari) – Feedback from CCG locality meeting

CCG shared their transitional arrangements, aims and objectives with the group. JH said It appeared over the last 12 months that there was little achieved.

In July discussions took place with the County Council focusing on getting your children prepared for school, today there has been no feedback.

Attendance at the AGM was poor with the level of information fragmented.

Issues raised at meeting: Transport issues for rural North Warwickshire patients – patients complained regarding the closure of Camp Hill walk in centre and now travelling to George Eliot Hospital to access urgent care. Travelling to University Hospital Coventry is also difficult for patient in rural areas. The CCG are exploring alternative methods of transport.

West Midlands ambulance service will be coming to the next meeting.

Dementia strategy – CCG working at raising awareness, timely diagnosis, living well with dementia and supporting carers.

Challenges – Warwickshire facing an increased population, elderly and new housing developments

Delays at GEH – medication on discharge, this is still an issue as is discharging patients over the weekends due to lack of Doctors. Currently trialling early discharge on 2 wards and will review.

NHS 111 – new contract has gone out to tender

It seems that there is a possibility of a merger with other CCG's

Last GEH AGM – Chairman of GEH, Medical Director, Director of Operations and 3 non-executives did not attend the meeting, the group felt this was unacceptable

Final 45 minutes of the meeting – the group were presented with a large document regarding commissioning intentions for 2017/18 and were asked for their views – the group insisted that adequate time was required for this.

### Future Planning Update

SR reported:

Appointed Dr Emily Rowe Salaried GP working 8 sessions per week. Dr Willett & Dr Garala will be reducing to 6 sessions each as of January 2017, the Practice will be attempting to recruit an additional salaried GP to back-fill sessions. Dr Willett will continue working 4 days if necessary if appointment availability becomes under pressure.

Dr Emma Hodgkins GP trainee will be working at the Practice until February 2017, and a new block of medical students will begin in January 2017. Dr Lakshmi and Garala are the medical student mentors.

### New Services update

Marie Stopes – There were some concerns raised in the media regarding the Marie Stopes surgical treatments (termination of pregnancy procedures and vasectomies were both suspended). This however does not affect the Practice as the termination of pregnancy counselling is not affected, clinics will continue on a Wednesday and Thursday as normal

We continue to provide the following:-

Marie Stopes – counselling for termination of pregnancy

Global Diagnostics ultra sound service

Dermatology until March 2017

AAA (Abdominal aortic aneurysm) screening for men 65+

Echo service

IAPT – counselling service

Physiotherapy service provided by George Eliot Hospital

### Patient Survey

Group members agreed to assist in delivering the patient survey in the waiting room during November. SR will contact the group with the dates.

### Friends and Family Results

Group agreed to use a PPG meeting to evaluate the results and comments from the F&F results to establish any trends for further discussion and action.

### AOB

JH reported that a local newspaper journalist attended the GEH AGM meeting and apparently published in the local paper his concerns that GEH may be losing more services. Members felt that it may be more appropriate to be seen at UHCW for certain services but will be sorry to see services go at GEH.

Car Parking charges at UHCW are still a concern – one member having blood tests taking 45 minutes paid £3.40 for parking.

One member was concerned that the front doors require a push pad, SR had discussed with the company but the doors are apparently not compatible with this type of operation. Patients complain throughout the winter if the doors are on automatic as without the installation of a heat curtain the waiting room becomes cold very quickly. There is a bell at the door for staff to assist when pressed. The practice is unable to fund a new unit, the current unit cost in excess of £20,000.

Patients using the check-in machine experiencing problems say there is a lack of support from the desk, SR explained that the machine software identifies any entry issues and a message advising the patient to go to Reception appears. The Receptionists then deals with the query. The staff are too busy on the front desk to notice or assist patients which is why the message appears.

Group members reported other practice patients were experiencing problems with access and having to queue outside practices to book emergency appointments and asked if the Practice have experienced the same problem. SR confirmed that the Practice manages the acute workload and have 3 members of staff answering calls in a separate telephone room, there are enough emergency appointments available to meet demand. However, waiting times to access a normal routine appointment do extend when a GP is on annual leave.