

CHANNEL VIEW PATIENT PARTICIPATION GROUP

11th Meeting held at 7pm. Channel View Surgery 11th May 2017

Present: Martin Spearman (Deputy Chair), Claire Conway, Frank Bond (Secretary), Dominic Geldard, Barry Stevens.

1.0 Introductions and Apologies for Absence.

Apologies were received from: Helen Peirce (Chair), Bill Stanyon, Laura Stanyon, Janette Bird, and Sue Hedley.

2.0 Minutes of Previous Mtg. 29th March 2017.

Minutes (2nd Draft) of previous meeting were accepted.

Completed Actions from previous meetings.

- ✓ A strap line that could be added to prescriptions was agreed “We are here to represent your views – please contact channelview.ppg@nhs.net”
- ✓ Work was in progress to have a single list of email addresses so the group could send out information to the virtual group.
- ✓ Helen had provided text for the recently distributed practice newsletter.
- ✓ Martin had attended the last Coastal Engagement Meeting of 19th April.
- ✓ Frank had liaised with Bovey/Chudleigh PPG group, inviting a representative to our meeting.

3.0 Communications

3.1 Circulated Information was available on the Email Server- channelview.ppg@nhs.net , including details of the NAPP conference in June and of NAPP asking for survey information on our links with Healthwatch.

Action: Frank would complete, indicating his contacts with Healthwatch Devon through Citizens Advice.

3.2 Several members reported that they had not received the last newsletter by email. Claire indicated that the email recipient’s list was generated automatically.

Action: Claire to make sure members received a copy.

4.0 Networking with other groups

4.1 **Action:** Frank to extend the invitation to the Chudleigh PPG to attend our next meeting.

4.2 Martin reported from the Coastal Engagement Meeting 19th April on the growing success of the hub at Teignmouth. This was now handling 60 urgent cases per month. It made sure that patients get the best care, in the home or local care home, or even by directly referring to Dawlish hospital, and this was releasing more of the main hospitals resource and changing people’s attitude to when emergency services were needed. E.g. reduced use of A&E, ambulances or using pharmacies where they could provide advice.

There had been further discussion on the merger of local practices with some funding awarded. It was also reported that some practices and the Intermediate Care team were now working at the weekend.

4.3 Martin related the announcement at the Coastal Group Mtg. for MDT project groups to look at developing an Intervention to improve clinical decisions and MDT work for older people with multimorbidity. This study was taking place in 3 areas nationally, and is to look at how best to co-ordinate care where patients have more than 3 conditions. Barry had agreed to take part in the meetings held in our area; the first scheduled for 17th May 14:30 at Teignmouth Hospital.

Action: Barry to attend MDT Project Group.

4.4 Martin addressed the value of the Coastal Mtg, with his believe that it was worthwhile to send a representative, to describe how the PPG operates, liaise with the other groups, and receive information on the many factors at play in providing health care.

Action: Martin agreed to attend next Mtg. (Provisional date 21/6/17)

5.0 Feedback on current Issues from Practice and Patients.

5.1 Prescriptions: Claire had reported at the previous meeting that the practice would follow the national guidance to stop issuing prescriptions when it would be cheaper and easier to obtain the items directly. Dominic highlighted the need for discretion to remain with the doctor, when it was evident that patients could not afford the required medication. The group also asked how this strategy was being published, and whether notices could be put up at pharmacies, as well as web information and leaflets. Also discussed was the move to online re-ordering of prescriptions which hopefully would reduce the current problem where just issuing repeat prescriptions has been seen to lead to some patients wasting expensive medicines.

5.2 Improvements at the Surgery: Better notices (in waiting room and on bins) were mentioned. Claire indicated that she intended to rationalize the number of wall notices, and it was suggested the TV screens in combination with a folder of information would provide a neater method of providing relevant information to patients.

A request was put in for coat hooks in the patient toilet.

The answer phone message had been changed following a patient's request.

Action: Claire would see what changes could be made.

5.3 Patient Feedback: Claire reported that an anonymous survey of patient feedback for NHS choices was being undertaken. Martin raised the point of the number of PPG face to face members and how we are representative, and how we can best receive feedback from the practice patients. A number of members of the committee were on the meeting list, but were unable to attend regularly. It was noted that the Terms of Reference proposed a committee maximum of 12 members, with a third required as a quorate. The group discussed the current surgery staffing levels and how we could best help the practice. It was proposed that we set up another surgery visit (Bishopsteignton) with a view to meeting patients. We also intend to utilise the virtual email list to both request patient feedback and provide self help messages. Given that list, we will reduce the names on the current meeting circulation list.

Action: Claire to advise on the best time to attend Bishopsteignton surgery/waiting room at a date after our next meeting, and on progress with the email lists.

6.0 Forward Planning and Next Meeting.

Date of Next PPG Meeting: 7 pm Thursday 6th July 2017 at Channel View Surgery.

Frank Bond 20th May 2017