

Patient Participation Group Meeting 25th May 2016

Attended by:

<u>Patient Participation Group</u>	<u>For the Practice</u>	<u>Guests</u>
Colin Stiff	Andy Potter - Practice Manager	None
Lesley Tricker	(Dr Duncan was unavailable)	
Liz Rhodes		
Morag Kitt	<u>Apologies from Patient Participation Group Members</u>	
Pauline Edwards		
Ruth Sanders	Ann Davis, Madelin Bexon, Myra Dillistone, Colin Farlow Dave Moulder, Jenny Hounsell, Tony Hounsell & Wendy Jordan	

(1) Agree minutes of the last meeting and any matters arising

The minutes were agreed.

The following matters were arising:

Health Promotion TV for the Broadclyst Surgery

At the last meeting the question was asked whether Clyst Caring Friends might wish to make a donation towards this and AP undertook to ask the question at the next CCF Management Committee Meeting. With much of that meeting taken up with concerns about the charity's own finances, AP felt it was not a good time to broach the subject.

Patient Survey

Following the decision to delay this until September, AP reported a good response thus far to the request for volunteer facilitators.

Broadclyst Dispensary

It had been agreed that a poster explaining how our dispensing status operates be displayed next to the Dispensary hatch. This was now in place.

(2) CQC Report

A PPG member had queried why the report, published in March, was not yet on the website. AP noted there had been some issues raised at the Inspection, although the overall rating remained as GOOD. Matters identified primarily concerned the reporting and documentation of actions carried out, rather than any objective problem. For example, absolutely no Infection Control issues were identified, but criticism attached to our not having carried out a formal annual audit exercise. All issues had now been addressed. The main problem with publishing the findings was the laboriously slow timetable to which the CQC seemed to work. The inspection took place in Nov 2015, with the report received in Mar 2016. We had carried out a number of required actions in the interim.

CQC Report - continued

The CQC had only just this week asked us to report on these, so they could issue a follow-up report saying we were fully compliant. We had assumed (*back in March*) this would only take a couple of weeks to progress rather than a couple of months, so had held back on publishing the report on the website until the full picture was clear. We now hoped to be in a position to do this within the month.

AP observed that the Practice had felt that certain areas of activity, especially as regards patient care, merited an Outstanding rating. We had appealed the ratings offered but to no avail. AP agreed to circulate our appeals letter for members' information.

(3) Report back from the Exeter Locality Patient Participation Group Meeting

Colin Stiff reported back from this meeting. An early action proposed being a name change to the much more manageable Exeter Patient Panel. The full account, prepared by Colin Farlow, is in the PDF file embedded below

The Panel was still a work-in-progress and participation by any Exeter Practice PPG member was welcome. The next meeting would be held here at Pinhoe sometime in July - date to be confirmed. The NEW Devon CCG was supportive of the Panel, not least because it had a statutory requirement to seek and reflect the patients' voice in its own decision making.



Exeter PPG Group

(4) The Success Regime

Colin had also attended a public meeting recently on the so-called Success Regime, under which NEW Devon CCG was currently operating. The attached report (below) from Geoff Barr was circulated and represents his own take on these matters. The CCG was in serious financial straits and the unenviable task of the SR was to help both address this while maintaining (if not *improving*) services. The use of the name 'Success Regime' was met with some cynicism, given that the process clearly seemed more akin to 'Special Measures'. The question was put however, to what extent was their financial predicament a matter of being overspent or simply under-budgeted? AP would see if any useful comparators were available on £/patient available in Devon, compared with other parts of the England.



Success Regime

(Apologies for the quality of the PDF which is a second generation scanned copy)

(5) Management of Appointments' System

Following some discussion in-house, AP asked whether our practice of reserving some same-day appointments for release from 08:00hrs each day was working for patients. The consensus was that the systems here worked well. Certainly those present rarely had problems obtaining an appointment when they needed one.

There was a strongly held view that we should NOT adopt the system, used elsewhere, where ALL requests resulted in a doctor calling you back to assess the need. This appeared to introduce an additional delay into the process which was not deemed acceptable.

AP advised we had no plans to adopt this particular strategy.

(6) Any Other Business

A member had asked what facilities exist to enable an older less mobile patient to take some gentle exercise. Members suggested the 'Stepping Out' programme and that the U3A might be a good source of information.

AP would pass on the suggestions.

(7) Date of the Next Meeting

This would be on Thursday 21st July, starting at 6PM.

AP thanked everyone for their attendance and the meeting closed.