

## Practice Patient Panel Meeting 21<sup>st</sup> July 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 (Chair)	<u>Apologies from Patient Participation Group Members</u>	
Colin Farlow		
Ruth Sanders	Myra Dillistone, Ed Pitman, Roger Luscombe, Suzy Drew,	
Ann Davis	Jenny Hounsell, Tony Hounsell, Phil Ford, Pauline Edwards & John	
Madelin Bexon	Garnett	

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

The minutes were agreed.

The following matters were arising:

#### Level of funding of the NEW Devon CCG budget vis-à-vis its overspend.

The question had been raised at the last meeting as to whether the CCG was, in effect, under-budgeted rather than overspent. The answer from the CCG was as follows:

*“The issue of underfunding comes up time and time again and there is no real evidence hence not in the drivers of the deficit and so the issue is how they spend their money and on what and then to control it - so it's overspend.”*

### (2) Report back from the Exeter Patient Panel

The following key points were raised:

- Public Health funding had been discussed. PH is now part of local authority provision and therefore less protected from budgetary restraints compared with mainstream NHS services. Devon was historically poorly funded at approx £38/head against a national average of £62.
- Changes to 111/Out-of-Hours were coming from October. The Department of Health had now combined the procurement of 111/Out-of-Hours. Devon Docs had bid for and been awarded the contract. They were working with a private provider Vocare, who would deliver much of the 111 service. Given the high cost of providing 111 the OOH side of things would have to be scaled back somewhat, with some OOH centres closing. It remained to be seen how this would affect the service offered and any knock-on effects for General Practice.

- The decision of the EPP to change its name, dropping the '*Patient Participation*' reference was noted and it was agreed we adopt the simpler 'Practice Patient Panel' (PPP) title. This might prove more attractive to potential new members, as it is removed the implication that more active participation was a prerequisite.

AP agreed to circulate the full minutes of the Exeter Patient Panel meeting as and when these became available.

### (3) Patient Survey

AP noted that much of the timetable for PPP members to facilitate the process had now been completed. There were some gaps however, AMs in particular, and AP would circulate members with the timetable created thus far.

It was suggested that further surveys could be completed at the Flu Clinics, scheduled for September/October. The surveys were designed to combine both operational/logistical and consultation feedback, with the latter not as well suited to the Flu Clinic. It might however help in producing the requisite number of responses and patients attending for Flu jabs were encouraged to remain in the Surgery for a while post-injection, lest any anaphylactic episodes occur.

### (4) Future Plans

Based on ideas raised at the Exeter Patient Panel, it was agreed that educational events could be worthwhile and might attract support. The following areas were suggested:

- Alzheimers/Dementia
- Long Term Conditions
- Depression

The forthcoming survey included the question: "*Are there any medical or health topics you'd like to know more about*". This might help focus on particular topics. Agreed such events could be held early evenings (6ish) or perhaps at lunchtime. AP was sure GPs would be happy to be involved.

### (5) Any Other Business

- To facilitate communication between those members who were regularly attending, it was agreed that AP circulate their email addresses to that sub-group.

### (6) Date of the Next Meeting

This would be on Tuesday 6<sup>th</sup> September, starting at 6PM.

AP thanked everyone for their attendance and the meeting closed.