

# The Heavitree Practice Patient Participation Group

## Meeting

24<sup>th</sup> February 2017

### Present:

Joyce Hatton (chair), Jane Shooter (minutes), David Welsh (part), Tony Collings, Xanthe Munro, Jenny Brotherton, Helen Bower, David Dunne, Dr Kathryn Thompson

### Apologies:

Chris Gill, Marilyn Lant, Jackie Minto, Shirley Pow

1. **My Future, My Way** – Unfortunately Marilyn was unable to attend due to illness so her presentation has been postponed until the next meeting.
2. **The minutes** of the last meeting, 9<sup>th</sup> December 2016, were reviewed and agreed as an accurate record, except the date!
3. **Matters arising** (not under other items):
  - a. Friends Funding

David Dunne, Chair of the Friends of Heavitree Health Centre confirmed that the CCG funding has been withdrawn. This money is used to fund the co-ordinator's position and unless this funding can be replaced it is likely that the Friends will cease to exist in three years' time. David is seeking a meeting with the Senior GP Partners and Practice Managers of both Practices. Joyce confirmed that this has been discussed at the last two EPP meetings and they are awaiting the outcome of the appeal before deciding what, if any, support they can give. Jane confirmed that the Exeter Practice Managers' group have raised it with the CCG and that both Practices are aware of the situation and will use the opportunities arising from collaborative working funding if they can (see 6. below). There is an article about this in the Spring newsletter.
  - b. Patient Survey

We are not required to do the patient survey until 2018. Agreed that we will involve the PPG if/as appropriate.
  - c. Research Update

Dr Barker and Sarah Johnston have been working to increase the number of research projects we are involved in. They have expressed interest in 7 and to date we have been accepted for 4:  
STILTS2 – a study examining common and rare genetic variants associated with thinness  
KARE – a clinical trial of ketamine as a pharmacological treatment for alcohol dependence  
Cloudy with a chance of pain – downloadable app that tracks participants' chronic pain symptoms against the weather  
REACT – Retirement in Action – a randomised control trial of community based physical activity to prevent mobility related disability in retired older people  
A new research focused notice board is to be put up in the waiting room.

#### 4. **Extended Hours**

Jane had previously circulated a paper summarising the Practice's proposal to change the way it delivers extended hours appointments from April. There were no objections from the PPG.

#### 5. **Exeter Patient Panel Meeting**

Joyce talked through the minutes of the 23<sup>rd</sup> March meeting which had previously been circulated. Key points:

- Anyone who is a member of an Exeter Practice PPG is welcome to attend. The chair is to write to Practices who are not represented.
- The meeting was attended by directors of Exeter Primary Care (EPC) who talked about initiatives they are currently working on including Web GP, weekend and evening working (GP Access) and a feasibility study of GP led changes to health provision in Exeter.
- The next meeting is on 20<sup>th</sup> March, venue to be confirmed – Helen to attend with Joyce.

#### 6. **Exeter Practices Working at Scale**

Jane and Joyce recently attended a meeting of Exeter GPs and Practice Managers which EPC had called to agree how we going to utilise the money available to Practices working together to improve efficiency and/or patient services. The Practice has agreed that we will participate in all of the initiatives proposed by EPC and work collaboratively with others, particularly South Lawn. We have made a number of suggestions including having a community co-ordinator but not at the expense of the services provided by the Friends.

#### 7. **Annual Complaints Review**

Jane outlined the findings of the Practice's review of the formal complaints received in 2016. There were 8 compared to 13 last year with none about the behaviour of the GPs.

5 complaints included reference to the way information was given to them by receptionists. This is an increase on last year despite regular reminders at team meetings about the need to adopt a more diplomatic approach. Unfortunately patients are often unable, or reluctant, to identify the receptionist so it is difficult for us to address the issues directly. However we do need to be mindful that it can be that patients don't like what they are being told and their perception that receptionists are being unhelpful is heightened when clinicians subsequently bend the rules for them. We have included an article about this in the spring newsletter and plan to hold a team training session.

We also discussed the NHS initiative 'Active Signposting' which requires us to train receptionists to redirect patients for whom a GP appointment is not the most appropriate option. There is concern that this could lead to more complaints against receptionists and cause delays getting through on the phone. PPG to be kept informed as this develops.

#### 8. **AOB**

- a. Friends and Family Test – Jane advised that from April the Practice will be administering the test themselves rather than paying CFEP.
- b. Nurse appointments – David Dunne reported that he heard of patients not being able to get next day appointments eg for simple dressings. Jane confirmed that the Practice are aware of this and are looking at how they can prioritise these alongside patients requiring regular appointments for chronic conditions and on the day emergencies. A contributing factor is

the number of appointments lost due to patients not attending (DNAs). There is an article about this in the newsletter.

**9. Next meeting**

**11am on a Friday in April or May** depending on Jane's availability – to be confirmed