

# Notes of Whitwick Patient Participation Group 12<sup>th</sup> Dec. 2013 (Actions in bold)

**Date of next meeting Thursday 6<sup>th</sup> March 2014, 2pm at Whitwick Health Centre**

Present: Stephen Fitchett, Liz Hepplewhite, Roy Hill, Lou Carter,  
Paul Siddals, Ken Clements Karin Siddals Lise Goen

Apologies: Sue Brown Jenny Toal Lisa Ruivo

1. *Introductions:* Ken was introduced and welcomed. **Action: STEPHEN to send a paper copy of all PPG correspondence to Ken.**
2. *Notes of last meeting 7<sup>th</sup> October:* Agreed.
3. *Practice news:* The supplier is agreed for the new large screen calling and information system is awaiting agreement from owner of building. Electronic prescription requests are working and SMS reminders will start in January
4. *NHS Choices website:* **Action: MEMBERS were asked to review our practice on the NHS Choices website.**
5. *Practice Appraisal:* This was very positive, giving a much better result than last year because the practice had prepared thoroughly for the appraisal and addressed all the issues that were raised last year. The PPG was given special mention by the appraisers for being knowledgeable and active. **Action: STEPHEN to circulate the final copy of the appraisal to PPG members, put on website and place copy in the waiting room**
6. *Big Health Care Conversation:* Roy had attended this at Loughborough town hall and found it well-organised, reasonably structured and with a genuine desire to seek stakeholders' views and to consult properly. More details are in the power point presentation and notes circulated by Roy.
7. *CCG Developments:* Liz outlined ways in which the CCG was far more effective than the old PCT. She explained that the CCG's greatest risks are the poor quality of service provided by:
  - Leicester University Hospitals, who are the second-most overspent hospitals in the country, providing care which is well below what is expected.
  - All adjacent hospital authorities being no better, or even worse.
  - The Leicestershire Partnership Trust, who provide poor mental health care and problematic district nursing care.
8. *Primary Care Threats:* Liz explained the NHS's plans to put the non-core primary care activities out to tender. This could risk making practices that lost this work unviable.
9. *Patient Survey:* Most members had provided feedback on the draft, and Stephen had amended it accordingly. The survey will be started in January.
10. *Patient Feedback:* Feedback slips are provided next to the repeat prescription box. The problem of understanding the meaning of anonymous comments was discussed.
11. *111:* Roy explained how the government has decided to delay the implementation of the new 111 contracts until 2015. The existing 111 contract operated in our area by Derbyshire Health United is currently operational and will be extended until the new contract is implemented. Paul and Karin had visited the call centre and found it well-organised. Paul explained how the three IT systems are used to advise callers of the best action that they can take.

12. *Loughborough Urgent Care Centre*. **Action: JENNY had agreed by email to circulate notes of the last LUCC PEG meeting.**

13. *Patient and Public Involvement Study results*: Our PPG had participated in this and was congratulated on its effectiveness. The wider study recommended that a resource pack should be provided to PPG's, but Paul had notified them that this would only duplicate information provided by the PPG networks and the NAPPG.

14. *Quarterly newsletter*: Stephen proposed producing a quarterly practice newsletter available on the internet and in the waiting room. This was agreed, and it was suggested that some of the articles should also be included in the Whitwick Close-knit magazine and the Thringstone Bauble. **Action: PAUL to write an article on end of life care experience; LIZ to write an article on cancer; STEPHEN to investigate use of Close-knit and the Thringstone Bauble.**

15. *End of Life Care*: Paul offered to talk with anyone who the doctors felt could benefit, about the positive experience that both his parents had using the virtual ward and dying at home. **Action: STEPHEN to discuss with the doctors**

16. *Liaison with district nurses*: Roy had discovered that the CCG are to go out to tender for district nurse services with more stringent expectations, and it was hoped that this change would improve some of the liaison problems.

17. *Well person clinic*: It was agreed at the practice appraisal that all appropriate steps were being taken to ensure early diagnosis of a full range of conditions.

18. *Obesity* This was deferred for future discussion. **Action: PAUL will add to next agenda**

16. Date of next meeting: Thursday 6<sup>th</sup> March, 2pm at Whitwick Health Centre. **Action: STEPHEN to book health education room.**

### **Terms of Reference of Whitwick Health Centre PPG, Drs. Hepplewhite and Virmani's Practice**

This PPG will:

1. contribute to practice decision-making and consult on service development and provision,
2. provide feedback on patients' needs, concerns and interests,
3. challenge the practice constructively whenever necessary,
4. communicate information about the community which may affect health care,
5. give patients a voice in the organisation of their care,
6. promote good health and high levels of health literacy by encouraging and supporting activities within the practice and promoting preventive medicine,
7. influence the provision of secondary health care and social care locally,
8. give feedback to NHS trusts on consultations,
9. liaise with other PPG's in the area