

Minutes of Bethesda Patient Reference Group Meeting

24 July 2013

Held at Darwin Court

Apologies: 2 Members

Present: 11 members, Sue Clarke, Rachael Cousins, Dominic Carter

Welcome New Members

Rachael welcomed three new members to the group.

Feedback from Thanet CCG Engagement Meeting

xxx, xxx and xxx fed back that they had attended the Thanet CCG Engagement Meeting on 26th June. They all felt that any suggestions that were made were not listened to and that what was being said they could not understand and when they asked questions they were still none the wiser. They also felt that the agenda was not really for the public and was a tick box paper exercise whereby the CCG could justify themselves to the public. Rachael explained to the new members the role of the CCG.

18 out of 21 Surgeries in the Thanet CCG now have a PRG .xxx and xxx both said they have joined The Thanet Health Network Group and xxx has received information from them but xxx hasn't. xxx informed xxx that the next meeting would be on Tuesday 1 October at Kent County Cricket Ground at 6pm.xxx said that she also belongs to the QEQM Hospital Foundation Group, and the email address to join this if other members are interested is foundationtrust@nhs.net.

At this point Dominic carter –Lay member of Thanet CCG joined the group. Rachael feedback to Dominic the feelings of those who attended the CCG Meeting and he explained that they had been over ambitious in trying to have a meeting with the public/PRG Groups and members of the Voluntary sector as both groups have different concerns and any future meetings would need to be held as separate ones. Dominic said he would be drafting a letter to all those who had attended to explain what they had learnt and how they would be moving forward following the meeting. Dominic said he hoped to get the letter out by Friday this week.

Dominic then went on to explain the roles and responsibilities of The CCG and what his role as the Lay Member entails. He is the interface between the public and the CCG and he needs to ensure that the public issues, needs and concerns are identified, prioritised and acted upon within a year.

Dominic gave the group a copy of a flow chart for Thanet CCG Patient and Stakeholder Reference Group and talked the group through it. He said that he would email a copy of this to Rachael to pass on to members of the group that were unable to attend today's meeting.

xxx said that he had been told that the CCG were simplifying structures but he was astounded by the levels of management there were on the flow chart. Dominic replied that he felt there had been a distinct change from the PCT to the CCG and that it is far more patient orientated .Dominic said that if anyone had any ideas to improve things then he would love to hear them. He said it is helpful to have a model to start with and feedback would help to make any improvements.

Dominic said as the lay member he would be championing the patient's needs in Thanet .He is their voice on the CCG board.

xxx said that he had a concern about how much all these meetings were costing and Dominic said that the cost was actually very little as they had very good rates where most of the meetings were held at the Global Generation Centre. xxx, xxx and xxx also expressed concern that there was no regular feedback on any emails.

xxx said that he had no communication from The Thanet Health Network despite joining it when it was first introduced and gave his details to Dominic to make sure he receives future communications from them.

xxx asked who would decide as to who would be in the final Thanet CCG Patient and Stakeholder Reference Group and Dominic said that the PPG groups would be asked to elect one or two members to join a local Locality group (there will be four) and then one representative from each group would join the CCG Group. Dominic said that the closing date to apply to join would be extended to the 26th July. After the closing date Dominic, plus clinical representatives and a member of another CCG Group would then decide upon the members.

xxx asked who is now responsible for what and Dominic explained:-

- CCG identifies the local needs of Clinical Commissioning.
- NHS England is responsible for GP Services, Ophthalmology, Dentistry, Prison and Armed Services, Pharmacy Services and Tertiary screening.
- Local Authorities responsible for Drugs, Weight Management, Health Education and NHS Health Checks.

Dominic said he would be happy for the group to have his email as he is there to help – xxxxxxxxxxxxxxxxxxxxxxx

xxx said that he attends local Neighbourhood meetings and it has been discussed that there are currently 43 different languages within the Thanet area and the question was asked of the council if when people sign on for their benefits they could be given information about GP surgeries waste collections, where to go for certain services etc in their own language but the council have declined to do this. Dominic said this was something that he can take back to the CCG .xxx also asked why the NHS was expected to pay for Interpreters for people when other countries would expect you to learn their language if you went there. Dominic said that he was arranging a meeting with Roger Gale and this issue was one that he would be raising.

AOB

xxx asked if the GP's could let patients know when prescriptions would be ready for them to collect after telephone consultations with them. He said that often patients would come up to surgery to collect a prescription and the Receptionists either had to run round trying to find it or the GP hadn't done it xxx said that Dr Roux always tells patients when their prescriptions would be available to collect. **Action:** Rachael to speak with the GP's.

xxx asked about NHS Health Checks .Rachael confirmed that the surgery was doing these and eligible patients were invited by letter to have one of these with a Health Care Assistant. However we had not been able to do any since May this year as since our migration to EMIS the software will not work so we are awaiting this to be rectified. xxx said that when he had tried to obtain data on these he could not get any for South East England .Rachael told xxx that all of our data was sent to NHS England .xxx requested that the data was shared with the group and Rachael said that we would put NHS Health Checks onto the next meeting Agenda. **Action:** Sue to put on the agenda xxx also said that he had been on Radio Kent that morning talking about the checks.

xxx said that he was very unhappy that his Diabetes Meter had been changed without his consultation, and it was all done to save money. Rachael explained that a meeting had been held with about 14 suppliers, patients and Clinicians .Ruth one of our nurses had actually attended the meeting. The meter was the one that was chosen due to efficiency, support and cost amongst other criteria .It was not a cost cutting exercise and the patients that attended were happy with the outcome. xxx said that Diabetes UK Thanet had not been involved and he had not been asked as a patient either. Rachael explained that it was not possible to involve everyone.

xxx asked Dominic if it would be possible for a representative from the CCG to attend the next Neighbourhood Meeting which are held quarterly, and he said he would try to arrange this.

Rachael informed the group that Dr Martin had reduced his hours at the surgery and he no longer works on a Tuesday.

Rachael informed the group that Dr Kazmie is retiring in September and her Practice will be closing. Bethesda is one of 5 local surgeries that will be accepting her patients as long as they live in the catchment area. The next meeting date was set for 10.30am on Wednesday 2 October 2013 at Darwin Court. **Action:** xxx to book the room.

Mission Statement

“Good Communication “