**Minutes of Whitwick Patient Participation Group 4th October 2018**

DATE OF NEXT MEETING: Thursday 10th January 2019, 2pm. health education room.

1. **Present:** Paul Siddals, Karin Siddals, Mike Kirkman, Roy Hill, Mirabel Wilton,Sarah Chalmers,

BobReddington, John Wilton, Celia Foskett, Jenny Toal, Peter Walker.

1. **Apologies**, Lou Carter

1. **Minutes of last meeting on 5th July** - m**atters arising:**
   * There are more standard practice letters to be proof read and Sarah will send some out for members to review as needed.
   * WLCCG practice appraisal is expected towards the end of the year.  **Paul to arrange patient representation when the date is known.**
   * The practice no longer syringes ears, and patients have to be referred to LRI for micro suction despite this service being available at Loughborough or Coalville Hospital. **Paul to raise the issue with Ian Potter at the CCG.**
   * Inter-practice referral: **Paul to send original list of services to Sarah to update and circulate to PPG members.**
   * Falls assessment: **Roy to circulate exercise snacking instructions to PPG members.**
   * It was agreed not to contact Health Watch regarding NHS Property’s poor performance regarding the practice building.
   * Plans for an additional examination room have been shelved pending the development of new practice premises. If these are not realised, the S106 development funds should still be available.
2. **Practice news.** 
   * **Staffing***:* Amy began as a receptionist on 7 August. Sarah has arranged for an advanced nurse practitioner to do two shifts until December and hopefully weekly sessions after that.
   * **Flu Campaign** is progressing well despite some vaccine delivery delays. The Saturday clinic was very successful. Limited availability has resulted in the supply of a generic vaccine.
3. **New practice premises.** The CCG is supportive and the NWL GP Federation wish to share the new building. The practice is developing a business case, and an architect has been employed to do the feasibility study. The landowner is sympathetic, but Drs Patel & Tailor, and Masons, have not expressed an interest. There will be a lift to the first floor office and meeting room. Patient consultation will follow the initial business plan and feasibility study, and patient support appears solid.
4. **Hearing aid batteries** are currently available only through the hospitals. **Sarah to investigate if they can be provided via the practice.**
5. **Entrance to housing development through the car park.** The developer has amended the planning application to widen the entrance to 6m by removing 2m of hedge. This could encourage larger vehicles to use the right of way, thus compromising patient safety. NHS Properties and NWL planning are not opposing this, so it was agreed that the PPG and practice should abandon objecting. Lou was thanked for all her hard work on this. **Sarah to install signs prohibiting builders’ parking and heavy site traffic. Lou to advise Sarah on size/weight limits in wayleave.**
6. **Routine annual patient reviews** are 6 monthly for those with chronic disease and annually for those from 40 to 74. Other patients can request a well person check-up.
7. **Patient questionnaire.** Jenny submitted a draft patient questionnaire that she had prepared. It was agreed to encourage all patients visiting the practice on Thursday 8th of November to fill them in. Jenny will be in the practice all day to help patients complete them, and to collect them. **PPG members to send comments on the questionnaire promptly to Jenny and let her know of their availability to help on 8th November.**

**Jenny to amend questionnaire in line with comments, produce a rota of helpers for 8th Nov and circulate.**

**Sarah to print questionnaires and arrange for all practitioners to give them out after each consultation.**

1. **WLCCG AGM 25.9.18.** Roy, Karin & Paul attended**.** Paul has circulated the slides, which are well worth looking at. In addition, the 0.2% overspend means that the CCG is classed as in need of improvement, Toby Sanders, (Chief Exec) is leaving. NHS England is asking West, East & City CCGs to amalgamate.
2. **W Leics PPG network meeting 2.11.18 & PPG Offer.** The next PPG Network meeting is 2.11.18. Paul attended a CCG meeting to consider how to get more practices to set up active PPG’s.
3. **NWL Locality PPG meeting 10.5.18**. The NWLGP Federation are bidding for funds to improve early cancer detection rates, and have received £250,000 to improve care for patients with long-term conditions. They have appointed a Data and Project Support Officer. Practices have completed a resilience self-assessment, and support plans will be developed.
4. **Integrated Locality Meetings**. Despite these being deemed important by the CCG, Jenny reported that the last 2 had been cancelled and the location of the previous one had been changed with short & inadequate notice.
5. **Loughborough Urgent Care Centre LUCC.** This has a new chair. The current focus is on comfort and privacy in the waiting area. **Jenny to circulate notes when available.**
6. ***NEXT MEETING: THURSDAY 10th January 2019 at 2pm in Health Room***. **Sarah to book room.**

**Terms of Reference of Whitwick Health Centre PPG, Drs. Virmani and Bedi.**

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| 1. Contribute to Practice decision-making and consult on service development and provision. | 8. Give feedback to NHS trusts on consultations. |
| 2. Provide feedback on patients’ needs, concerns and interests. | 9. Liaise with other PPG’s in the area |
| 3. Challenge the Practice constructively whenever necessary | 10. Appoint a chair and secretary annually. |
| 4. Communicate information about the community which may affect health care. | 11. Attend Practice appraisals. |
| 5. Give patients a voice in the organisation of their care. | 12. Help prepare patient questionnaire. |
| 6. Promote good health and high levels of health literacy by encouraging and supporting activities within the Practice and promoting preventive medicine. | 13. Contribute to Practice action. |
| 7. Influence the provision of secondary health care and social care locally. |  |