

**Present:** Francis Brown FB (Chair), Bernard Dominic, Linda Eberst, Bryony Garnet, Tony Hughes AH, Daniel Jones DJ (OMG), Barbara Kendall, Geoffrey Million GM.

**Apologies:** Dr Funmi Chirnside, Colin Ferguson, Sue Lloyd.

Abbreviations and acronyms: please see end of report.

**Item 1 – Welcome and apologies**

1.1 FB invited DJ to review current progress. His main difficulty was still recruiting permanent GPs.

**Item 2 - Minutes of the last meeting**

2.1 These were accepted.

**Item 3 – Operational feedback for July**

3.1. FFT data collected from 137 patients in March and 75 in July showed an improvement from 47% to 68% in the percentage who would recommend the surgery.

3.2. FB had received patient comments about long, unexplained waits in the surgery.

3.3. Telephone answering was good (with one problem noted).

3.4. Routine appointment availability (on and off line) had been good in July, but had recently worsened.

3.5. DJ confirmed that clinical correspondence was now being processed on time. The PPG recorded their thanks to the staff for their efforts.

3.6. Prescription turnaround now seems good.

3.7. There had been some comments about doctors or nurses running late. DJ was aware of some problems.

**Item 4 – Staffing, buildings & facilities**

4.1. DJ reported that since July one full-time and two part-time receptionists had joined the team, which was now fully staffed. Bhavik Hirani had joined as a Prescribing Pharmacist. The PPG was also pleased to meet and welcome pharmacist Parminder Dev.

4.2. The Jayex LED moving patient call and display beeper remained inoperative despite DJ's best efforts.

4.3. The 'Envisage' waiting room TV system will be delivered on 5 September. It will display health messages and practice information. For technical reasons the Jayex patient call system will be retained.

4.4. DJ proposed to move the blood pressure machine into the main part of the waiting room. This was agreed after discussion. The leaflet rack could also be moved (or the contract terminated as discussed with a previous practice manager).

**Item 5 – Systems and patient communications**

5.1 The surgery website remains out of date. This remains the responsibility of OMG Leeds staff, but could be more efficiently managed locally.

5.2 EMIS works well, but had been slow recently. It would be useful to widen the range of appointments available online.

5.3 The Electronic Prescription Service sends prescriptions from GP surgeries direct to pharmacies. It is faster than waiting for the pharmacy to collect paper prescriptions. Greater use should be made of this service.

5.4 We agreed that the NHS Choices website 'star' ratings were misleading, based on a small number of outdated and often anonymous reviews.

**Item 6 – Updates to You said – we did**

6.1 The paper prescription request slips now promote online access.

**Item 7 – OMG patient survey**

7.1 Poor response.

**Item 8 – Recent reports (CQC, GP Patient Survey, HealthWatch, FFT)**

8.1 FB asked what the PPG should do in the light of continuing concerns confirmed by these reports. As well as building on our relationship with the practice manager, at what point do we share any concerns with the CCG, HealthWatch, CQC or elected representatives? DJ pointed out that some of the data in the reports were old; there had been progress since. GM acknowledged the progress, but said there was a lot still to do, particularly to prepare for the further inspection by the CQC. DJ had noted the problems raised by the CQC, which included criticism of the reliance on locums, which he could not do much about. FB noted that the use of many very short term locums had been discontinued. For the past six months the locum doctor workforce had been stable, as had been the case with BHFT, though with a different team. We were pleased to hear from DJ that the clinical staff, including the locums, were developing as a team. More could also be done to help patients see the same doctors.

8.2 DJ welcomed the improvement in the relationship with the PPG, which was now more open and honest. He hoped to introduce more members of the team. This would be helped by flexibility in the day and time of the meetings.

**Item 9 – PPG Plan**

9.1 We confirmed the plan we proposed in May. FB proposed a further action: to compose a Q&A on prescriptions. FB had drafted some questions; Dr Chirnside had suggested asking the pharmacists to draft the answers. FB invited the PPG to contribute to the exercise.

*DJ left the meeting at this point.*

**PPG internal matters**

**Item 10 – Review of meeting and main issues**

10.1 As recorded above. AH remained concerned that if we refer issues to outside bodies (CQC, CCG &c) then OMG might again refuse to work with the PPG. In discussion we welcomed the more open and honest atmosphere of recent contacts.

**Item 11 – Annual General Meeting**

11.1 We agreed to hold the AGM at 3:30 on **Wednesday 6 September 2017** (and NOT as printed in the Agenda). FB would circulate a draft annual report. This would be followed by an ordinary meeting, with a more general agenda focusing on the year ahead.

11.2 The separate possibility of an open meeting between patients and OMG was still under discussion.

**Item 12 – Committee membership vacancies**

12.1 Nominations for Chair and Secretary would be invited before (or at) the AGM. GM was appointed as temporary Secretary for that purpose.

**Item 13 - Reports regarding other organisations**

13.1 FB reported on a challenge made at a recent meeting of the South Reading Patient Voice Group in connection with the **Accountable Care System**. This is a new way to get health and social care organisations working together and treating patients holistically. The challenge was how to engage with the patients and the public to explain the new system. FB has contributed to a paper with others including Reading Voluntary Action. A different approach was being taken by Berkshire West as commissioners, who are looking for people who have used local NHS musculoskeletal services, to share their first-hand experience as patient representatives in a project to design the best possible service for patients with these conditions. *[The GP practices across all four CCGs have recently voted to create a single CCG for Berkshire West with four localities. The CCGs now want to focus clinical and managerial leadership on developing new primary care organisations that bring groups of GP practices together and develop an Accountable Care System with other health partners. See <http://www.nwreadingccg.nhs.uk/news/entry/merger-of-the-four-berkshire-west-ccgs/>]*

13.2 FB had decided not to stand again as Vice-Chair of the N&W Reading Patient Voice Group.

13.3 HealthWatch Reading's recent AGM had heard an impressive presentation from Steve McManus, CEO of RBH.

**Item 14 - Date of next meeting**

>>> >>>> >>>> Wednesday 6 September 2017 at 3:30 pm <<<< <<<< <<<

**Other meetings**

13 Sept 2017 PCCC 1:00 Shaw House, Newbury

19 Sept 2017 NWR CCG 1:30 Bath Road, Reading

6 Oct 2017 Health and Wellbeing Board 2:00 Council offices

**Abbreviations**

CCG North and West Reading Clinical Commissioning Group

EMIS Egton Medical Information System, the clinical system used at our surgery

EPS Electronic Prescription Service, a NHS system transferring repeat prescription requests and prescriptions between practices and pharmacies

FFT Friends and Family Test (rolling survey: would you recommend this surgery?)

HWR Healthwatch Reading

GPPS General Practice Patient Survey

NAPP National Association for Patient Participation

OMG One Medical Group, Leeds, the current Provider

PCCC Primary Care Commissioning Committee

PPG Patient Participation Group, email [prioryavenuePPG@gmail.com](mailto:prioryavenuePPG@gmail.com) or ask reception

PVG Patient Voice Group (Chairs of local PPGs and some CCG staff)

TXT Mobile phone text messaging system