## **MINUTES**

#### GREAT HARWOOD MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING

Date & Time:	Wednesday 30 <sup>th</sup> April 2014 2.00pm – 3.00pm
Venue:	Library / Resource Room Great Harwood Health Centre
Those Present:	Dr Grayson - GP S Lord – Practice Manager C O'Brien - Patient J Hall – Patient A Barker – Patient G Whitehead – Patient D Cockett – Patient I Robinson – Patient S Knott – Patient A Cunningham – Patient G Rostron – Patient D Bury – Patient B Chippendale – Patient

#### Welcome and Introductions

S Lord welcomed back A Cunningham. R Grayson referred back a couple of meetings ago when the Chair and Vice Chair attended from Peel House PPG to tell us about their experiences. It is the intention that this group is now driven forward by patients who can decide what they went to achieve. It was noted that the group demographic is similar in age and ethnicity and therefore the majority of patients of the practice are underrepresented. It is hoped that more members can be recruited once the group is more widely publicised.

#### Minutes from last meeting

Accepted without any amendments.

#### **Action Plan Feedback**

S Lord advised the group that the new protocol for addressing rates of missed appointments had commenced. The figures will be reaudited each month to see if any improvements are made.

I Robinson commented that the patients he had spoken to advised that they had not cancelled appointments as they were unable to contact the practice by telephone. S Lord reminded the group that patients who are signed up to Patient Access can cancel their appointment via the website or they can email the surgery. These two methods are very quick and easy to do from smartphones. The option of texting to cancel an appointment was raised but the software which send texts cannot accept incoming texts so this is currently not an option. It may be something which is offered in the future. The improved telephone system is still in the hands of Lancashire Commissioning Support Unit and we do not have an implementation date as yet.

The 3 months trial of "Sit & Wait" clinics from 2<sup>nd</sup> June has been publicised to patients via email, prescriptions and notices in the waiting area – see attached.

## Terms of Reference - Nominations for Chair, Vice Chair and Secretary

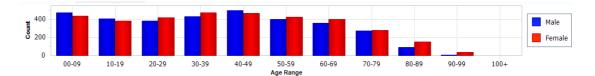
S Knott was appointed as Chair and C O'Brien as Secretary with IT support from G Whitehead.

## Patient Participation Awareness Week 2<sup>nd</sup> – 7<sup>th</sup> June

C O'Brien, S Knott and G Whitehead are planning to hold an event in the waiting area. The resources on the National Association for Patient Participation website are useful however membership of £60 is required to access more detailed information. I Robinson mentioned that there are some Area Council funds which can be applied for. S Lord to apply to the Area Council for membership of the website and display boards which C O'Brien is going to price up to use during the awareness week. The 3 officers will liaise with each other and meet on Thursday 22<sup>nd</sup> May to finalise plans for the awareness week. C O'Brien is on holiday during the awareness week so would like some volunteers to come forward at the next meeting on 28<sup>th</sup> May to help out.

#### **Any Other Business**

J Hall again raised the idea of a weekly nurse-led geriatric clinic for the elderly population of Great Harwood. R Grayson explained that at the moment the practice does not employ a nurse but hopes to in the future to improve the skill mix. I Robinson was interested in the age breakdown of registered patients and this is as follows:-



## **Bowel Screening**

The practice is currently publicising the importance of screening for bowel cancer and trying to increase the uptake of screening. About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. It can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing. The Bowel cancer screening is a national programme run independently of practices. The programme offers screening every two years to men and women aged 60 - 69. Anyone over this age will not be invited but can request a kit by phoning 0800 707 60 60. If you have previously received a letter and a kit but did not complete the test, you can phone for a new kit to be sent to you. More information can be found at:-

http://www.cancerscreening.nhs.uk/bowel/

# Request from NHS East Lancashire Clinical Commissioning Group

The Commissioners are looking at developing community service provision for the following 3 specialities:-

- Dermatology
- Ophthalmology
- Integrated MSK Service (including Chronic Pain Management)

The commissioners Strategic Plan states their aim as being **'to ensure safe and effective services are provided when and where they are needed most, making sure that the quality of those services meets the expectations of the local population'.** One of the key challenges in this is to assure clinically effective services which represent value for money. The effective delivery of the strategy is dependent on placing patients, carers, members of the public and local communities at the heart of service developments.

Engagement has already been undertaken on the strategy and patients have told us they want to see effective, efficient services delivered closer to home. Other engagement activities are also taking place with patients, clinicians and the public to shape new service models.

We would like to ensure that general practice is given the opportunity to support patients to come forward to describe their experiences of the existing service provision, and also their ideas on how services can be improved. We appreciate you are best placed to understand how and when patients are using these services and their experiences, both good and bad.

Therefore if you know of any patients who have a **particular interest in or experience of the three areas above** and who would be willing to **share their views**, we would urge you to ask them to make contact with us via:

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Email: <u>Jane.Tebbey@eastlancsccg.nhs.uk</u> or
<u>Donna.Parker@eastlancsccg.nhs.uk</u>
or
Telephone: 01282 644792
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It would also be extremely useful if you could discuss these areas within your practice **Patient Participation Groups**. If any additional information or facilitation is required please do not hesitate to contact us as above.

We will then use this invaluable feedback to inform and develop any new services we commission as a CCG.

Thank you in advance for your help and support.

CCG Scheduled Care Team

# Future Meetings

Date & time of next meeting: Wednesday 28<sup>th</sup> May 2014 2pm