



**DRAFT**

## **Minutes of the Friends of the Crawley Down Health Centre (PPG)**

### **Committee Meeting**

Tuesday 7<sup>th</sup> October 2014

**Present:** Peter Dodds/ Glynn Roche – Joint Chair, Caroline Custard – Secretary, Peter Robinson (Asst Practice Manager); Lorraine Montgomery, Florrie Grimwood, Andrew Nicol, Mollie Tavani. John Plank and Marion Welchman (guests)

| <b>Agenda Ref:</b> | <b>Minutes</b>  | <b>ACTION</b>  |
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| <b>1.</b>          | <b>Welcome and Apologies:</b><br>Peter welcomed new committee member Lorraine Montgomery and Marion Welchman from CDRA and the Monday Club and John Plank from the CDRA and the Crawley Down Website Community Fund. Apologies were received from Dr Clifford, Anne Cull, Liz Wigzell and Sylvia Cooper.  |  |
| <b>2</b>           | <b>Minutes of Meeting held 5<sup>th</sup> June 2014:</b><br>Agreed, proposed by Andrew, seconded by Glynn.  |  |
| <b>3</b>           | <b>Matters Arising:</b> <ul style="list-style-type: none"> <li>• Footpath – Caroline to contact WSCC on repair situation</li> <li>• New Practice Manager – PR reported the new Practice Manager started 2 weeks ago. PD hopes the bi-monthly meetings with him and Debora can re-start as soon as possible</li> <li>• PD to contact vicar re insertion of newsletter in next Church and Village</li> <li>• PD to write short article for Church and Village – deadline 7<sup>th</sup> November</li> <li>• Blood Test fasting rules to be on surgery and PPG website asap</li> </ul> | <b>CC</b><br><br><b>PD/PR</b><br><br><b>PD</b><br><br><b>PD</b><br><b>PR</b> |
| <b>4</b>           | <b>Problems Ordering Repeat Prescription Online:</b><br>PR explained that the form that used to be filled out has been removed and patients must get a password to make online appointments and online repeat prescriptions. There was a backlog and delay in allocating these but this has now been rectified. This website facility is not managed by the surgery.  |  |

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|          | <p>PR said he posted an explanation on the surgery website. Glynn to reply to patient complaining about the change. PR replied that as the surgery doesn't manage the website, this was beyond the practice's control. Glynn to do a mock-up to test the procedure and put a user-guide on the PPG website.</p>   | <b>GR</b>                                   |
| <b>5</b> | <p><b>Flu Jabs:</b><br/>An email had been received by the PPG, complaining of the lack of publicity for the flu clinics. PR is putting a reminder on the surgery website this week but commented that if he identifies the dates of the clinics, they get filled extremely quickly and patients get frustrated. The notice would advise patients to contact the surgery for dates and appointments.</p> <p>It was suggested it is also put on the bottom of prescriptions and the Friends website. It would be counter-productive to send a blanket text to all patients, as not all qualify for a jab. Caroline suggested putting a poster on the village notice board or in the local shops. It was pointed out there is already one in the chemists so patients should be aware it is flu jab time, even though many aren't. She also offered to be present at a Saturday clinic to hand out information publicising the PPG.</p> <p>PD to reply to patient email.</p> | <b>PR</b><br><br><b>CC</b><br><br><b>PD</b> |
| <b>6</b> | <p><b>Village Website Grant:</b><br/>It was decided to apply again, as funds were needed for printing ink. John Plank to send PD a form. Caroline asked how the selection committee was chosen. John explained they aimed to select people who were involved in the village community but would not benefit from the award and aimed not to select the same person twice.</p>   | <b>PD</b>                                   |
| <b>7</b> | <p><b>Village Fayre:</b><br/>Profit of £117.00 plus £10 refund from CDRA for pitch. Generally felt the quiz was too hard but would use the idea again and get more helpers next time. Lots of complaints were voiced by participants about the surgery and they were advised to put them in writing to the surgery.</p>   |   |
| <b>8</b> | <p><b>New Practice Manager:</b><br/>Debra Surallie started two weeks ago. It was decided to invite her to the next meeting.</p>   | <b>PD</b>                                   |
| <b>9</b> | <p><b>CCG Initiative – 'Join the Health Network':</b><br/>It is mandatory for the CCG to engage with its patients. They want to know what patients think on how health services can be improved. They have produced a leaflet to encourage patients to register with them on one of three different levels. Level 1 is to</p>   |   |

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|                  | <p>receive regular updates via a newsletter from the CCG on health related matters. Level 2 is Level 1 plus the chance for the patients to give their feedback. Level 3 is Level 1 and 2 but also to receive CCG invitations to be involved in discussions on specific chosen topics. PD has been in discussions with the CCG , who are keen to use our practice in a trial. The key component is that the doctors hand the leaflet to their patients at the end of an appointment</p> <p>It was felt that, if the doctor did the 'handing out', it could be the best way of getting the patients to respond, rather than leaving it in the waiting room; attaching it to prescriptions or e mailling it to patients. PR to discuss with the doctors and PM if they are prepared to give it a go and trial it for say 1 or 2 months. It could also be promoted on the Friends website.</p>  | <p><b>PD/PR</b></p> |
| <p><b>10</b></p> | <p><b>5 Communities Plan:</b></p> <p>Andrew attended a public meeting in East Grinstead which outlined the above. The plan, made up by the health authorities of Crawley, Burgess Hill, Haywards Heath, Horsham and East Grinstead, aims to involve patient participation and inclusion in the decision-making process regarding, care, care record and care plan, wellbeing services, health services etc, ensuring they are of the highest quality and that all services are joined up and can be easily accessed. It wants to ensure citizens are fully included in all aspects of change ; support the development of a wider range of primary and local care services located in our communities ; join up the many services that an individual may need ; commission accessible high-quality urgent and emergency care ; improve non-emergency/planned care at our hospitals enabling patients to access one-stop shop services ; help to build specialised services - such as stroke cars or cancer treatment.</p> <p>The area has a very large ageing population and the plan aims to improve services by instigating long- term solutions. Our CCG is one of only 2 in the country that has established a forward plan.</p> <p>The health budget for these 5 communities is £230 million pa. A plan will be formulated on how these monies can best be used once feedback, including suggestions and criticisms, is received from CCGs, and patients, via the PPGs (see item 9).</p> <p>Mollie asked if the plan was government- led. Our CCG has taken the lead themselves. They have experts looking at data and will report to the public where they believe priorities lie.</p> <p>Approx 140 attended. Transport to the surgeries was a major discussion point. A full copy of the plan is on the website.</p> <p>Marion knew of a case where the triage nurse had been unsympathetic to a patient with terminal cancer because there</p> | <p><b>PR</b></p>    |

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|           | <p>was nothing on his notes. This is why patients like to see the same doctor. PR could not comment on an individual case but would investigate general procedure. PR said that for the specific case, they should contact the Practice Manager.</p>  |                                      |
| <b>11</b> | <p><b>Next Newsletter:</b><br/> Reaching patients in outlying villages – practice cannot give us a list as it breaks confidentiality. PD identified the villages it reaches, and PR will look in to posting them to the rest, if the list is not too long. The surgery could send a blanket email to patients not signed up to the Friends website, asking if they received a printed newsletter. John said this could be overkill if they are already receiving and are getting emails from the surgery and from Friends. Glynn suggested a short note be inserted in the printed newsletter, asking patients with emails to sign up to the surgery and Friends website. PR said potentially all patients will get a printed newsletter, but the distribution is not yet fail-safe. The village newsletters are distributed by volunteers, who insert extra items, like our newsletters, themselves.</p> <p>Re next PPG newsletter, PD to email committee members with about six suggestions for possible topics. John said he was very impressed with the first issue.</p> <p>It was decided to use coloured ink again, as this has more impact. We have almost enough funding to buy a complete set of inks which will print approx 3 newsletters.</p> | <p><b>PD/PR</b></p> <p><b>PD</b></p> |
| <b>12</b> | <p><b>CCG/CPRG and emails for patient engagement:.</b><br/> This will be carried over to the next meeting.</p>  |                                      |
| <b>13</b> | <p><b>Health Visitor Situation:</b><br/> Caroline gave a short background to her communications with patients and the health visitor re the baby clinic/health visit appointments situation in Crawley Down. She gave PR copies of meetings/comments for him and Debora. A new Health Visitor has been appointed to start this month. Caroline to arrange a meeting with her and the committee at a later date.</p>   | <b>CC</b>                            |
| <b>14</b> | <p><b>Suggestion Box Matters:</b></p> <ul style="list-style-type: none"> <li>• Radio station – a mixed reaction, it will soon be back</li> <li>• Waiting times – receptionists cannot predict how long the wait will be</li> </ul> <p>(both these items were anonymous, so cannot be replied to individually)</p> <ul style="list-style-type: none"> <li>• Patient asked if seating could be provided outside while the surgery was closed. Mollie is willing to fund raise for this as she thinks such a goodwill gesture will help relations between the committee and the patients. Caroline said she will help. PR to ask surgery first. Florrie</li> </ul>   | <b>MT/CC/PR</b>                      |

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|           | felt the funds could be better spent elsewhere. Mollie to reply to patient.   |          |
| <b>15</b> | <b>AOB:</b> <ul style="list-style-type: none"> <li>• Updating TV screen and practice leaflet – PR to activate this</li> <li>• Notices on surgery door - Mollie is supervising these but has to check with surgery first, she has aiming to reduce them and make them more pertinent.</li> </ul> | PR<br>MT |
| <b>16</b> | <b>Dates of Forthcoming Meetings:</b><br><br>The dates of the next three meetings will be <b>Monday 3<sup>rd</sup></b> December, Tuesday 3 <sup>rd</sup> February and Tuesday 1 <sup>st</sup> April.<br>PD thanked Marion and John for attending.   |          |

CRC / 15<sup>th</sup> Oct 2014