



ASK PPG Minutes Meeting Held Oct 9 2012 at Whitegate Medical Centre, Room 1 beginning at 6 p.m.

Members Present: John Butler/Jo Booth/Susan Ransome/Rita Walsh/Mike Wain/Richard Watkinson/Peter Wilde/Virginia Slater

Also present: Helen Kay/Teresa Dufty.

Apologies for Absence: Viv Critchley

Chairs remarks: John Butler (JCB) took the chair in the absence of Ann Allen. As part of his remarks, JCB advised he had attended a recent Patient Participation Network Event at the Hilton with Mike Wain (MW), Ann Allen (AA) and Gavin Quick (GQ). He gave a brief report and GQ distributed an unofficial resume of what had occurred. In addition, it was advised that from the two workshops plus details of the presentations and report backs Ian Treasure had advised that an official report would be issued after some weeks. The main point of the meeting it was reported was to find ways for patients, as individuals as well as part of PPGs to liaise with the new CCGs and to make sure any complaints got report back to the individual, plus reported via Healthwatch in an anonymous way.

Minutes of Previous Meeting: These were approved as a true and correct record.

Matters Arising: 2 new FY1 and FY2 doctors are now with the practice until November.

Patients Survey: MW gave handouts to the meeting, and these to be discussed in depth at the next meeting.

Communications: The practice is currently looking at the ability to combine making appointments and ordering repeat prescriptions online. Both can be done online at present but only separately. The hope is for people to be able to do both at the same visit.

Richard Watkinson (RWn) advised he and MW had visited the TV studios at the City Learning Centre. This had been quite productive and the practice is looking into the possibility of making a video for showing on the TV screens in its surgery to highlight various issues. For example, the current problem being highlighted throughout Blackpool is hypertension. The PCT is also looking to push for information videos. RWn also suggested having patients appear to tell their story. He suggested the cost was reasonable for the practice.

Private consultation area at Adelaide Street: MW advised this is the office that is part of reception and currently contains a blood Pressure testing apparatus similar to one at Kentmere Drive, and soon this would be moved into the waiting room so that people can test themselves, with their results being fed to the GP who can then determine if future treatment/consultation is necessary or not.

Feedback from Patient Participation Network Event: GQ supplied a written report he had made of the meeting, with an official report back due from the organiser in a few weeks. MW supported by JCB and GQ then gave a verbal report back. In essence, the idea was to find how as a group and patients as individuals we could communicate with the Clinical Commissioning Group (CCG) and ensure there is a 2-way form of communication. This would mean if someone has a complaint to

make they could be sure their complaint would be heard and they would get to hear what had been decided. The system would also ensure organisations were in place, e.g. PPGs, to play their part too.

At the event, most practices were represented and workshops were formed in order to help answer the problem of communication. All ideas were taken away by Ian Treasure to assimilate and merge in to his report of the meeting.

GQs report on the meeting is included with these minutes.

Presentation by H Kay:

Helen (HK) advised she is part of Blackpool Local Involved Network (LINK) and that she was employed by Groundwork. Link gets government support and its function is to check what works well and what does not. In April 2013, Link is due to evolve into Healthwatch.

At present LINK has advisory groups consisting of 8 members on Health and 8 dealing with Social Care. Of these groups, half the members are organisations and half are lay people. People who can access LINK are those who live in Blackpool, work in Blackpool, access services in Blackpool or are merely tourists to Blackpool. For those interested you can join and leave LINK as and when you want.

In addition to the advisory groups, LINK also has several groups at a layer below them. For example one group is for the Patient Relations Department (an amalgam of Patient Advisory Liaison Service, Bereavement Support and Complaints), which is looking to produce a survey to help promote Patient Relations and find out what the patients want from such a service.

Currently LINK deal with a whole host of services e.g. GPs, care of the elderly, dentistry. As an example, they recently went to Parkwood and Clifton Hospital. There they interviewed staff and patients.

LINK will receive issues. They then ask for information, and there is a requirement for an answer within 20 days. The next step depends on the response. The complainant does receive the response and it may not be a reply they like, but they do get a reply. If several issues are raised on a similar subject LINK are likely to take it forward as a generic issue. The idea though is not to be combative but to work in partnership. To this extent there has only one been one instance in the last few years where LINK has had to issue a reprimand to an institution. People making a complaint should be aware all correspondence with LINK is kept confidential and anonymous, so that the outcome may be reported but no names are mentioned.

HK also advised that the best way for complaints re the hospital was to go through LINK who could then keep track of them as an independent body and know the outcomes and improvements made. JCB stated it was possible to make a complaint direct to the governors, but HK advised it was best to go through an independent outside body who could help advise and follow through on the patients behalf.

Healthwatch, England is now established HK advised and is an arm of the Care Quality Commission. The local Healthwatch has 3 elements. These are: - Commissioning, Complaints and Advisory, and

Information. It is a corporate body and will be independent. Its aim will be to give citizens a local voice in the health service.

There will be a shadow Healthwatch board (elections to take place shortly with nominations due in by Oct 26), which will consist of 10 lay people. 3 of these will be Link members. The ability for a Healthwatch rep to sit on local boards is being established.

A discussion took place on how complaints would be handled. MW asked in particular re complaints regarding GPs practices. HK agreed with MW that the best way was for people to complain there and then, to the practice manager. Healthwatch/LINK should only enter into it if the matter could not be resolved there.

JCB brought up a problem with Audiology. HK advised it had been known there was a problem with the department, which she understood, was being tackled.

HK also advised that Blackpool LINK did work closely with Blackburn, Lancaster and Fylde and Wyre LINKS.

Presentation by Teresa Dufty:

Teresa advised she represents Blackpool Carers Centre where they deal with carers for the young, young adults and adults. Funding comes from charitable donations, the council, the PCT and fund raising.

As regards PCT, funding the Centre works in partnership with GPs.

The Centre offers advice and information to help enhance things for the carers. Among the aid on offer are coffee mornings and coaches for days out and enable carers to get some free time. There is a gap in services that are on offer from the health service and a potential problem from people not being diagnosed correctly, e.g. Asbergers being a particular problem.

The list of service is ongoing but in essence, they offer emotional support and help point people to the CAB who offer financial support, since people with special needs tend to have more financial problems than most.

They provide coaches to do days out so that carer and cared for can visit places where a two course meal is offered and carers can learn from each other's experiences.

One thing they want is carers (relieve people who otherwise are on 24/7 call) and since they appealed in December they have had 315 referrals. The majority of surgeries have home carers registered but the problem is some areas only have 3 or 4 registered.

A discussion took place over some of the roles of carers, and it was said that one potential problem is that provided the cared for is able to show they are aware then they can refuse medication which can help, and this can add to the carer's woes because they are the ones who suffer most (adds to their problems that help is in effect being refused).

RWn referred to using facilities like TV studios, making videos to spread their message, and having a database so that things like coaches available from say schools or care centres can be used form

area when needed in another. TD advised by and large they worked using volunteers, which helps reduce budget concerns and they work on making sure people are well informed and pointing them in the right direction.

H K referred to a website – ICANHELP (www.IFwecanhelpblackpool.co.uk) which gives details of anything that might help people who need help with social services (IF standing for individual funding)

N.B. Details of website e-mailed to members separately after the meeting.

Teresa asked everyone to think of 3 things, they could do over the next 12 months to help.

Any Other Business:

RWn asked for the following to be put on the agenda for the next meeting:-

What is it we want to communicate in 2013?

A request for everyone to look for ideas.

Date & Time of Next Meeting: Nov 27, 22012 at Whitegate Medical Centre, room 1 commencing at 6 p.m.