**Church Street Partnership**

**Notes of Working Group “A” Meeting No.02**

**21st June 2018 (Issue 02)**

**Present**:

Debbie Ryan (DR), John Tyson (JT), George Cutting (GC) part only, Kieron Clegg (KC).

**Apologies:**

Rob Francis (RF)

**Minutes from Previous Meeting**

Circulated to attendees but not discussed.

**Meeting Objectives:**

To follow up from meeting number 01 to address the following two actions points raised at the PRG Meeting 2018/01 held on the 15th May 2018.

AP May18/01: Working Group “A” (made up of RF,KC,JT&GC) to determine and document the purpose and aims of the PRG for agreement at the next meeting.

AP May18/03: Working Group “A” (made up of RF,KC,JT&GC) to establish the rules and method of control of the new element of the Website provided by AP May18/02. In addition ownership will be determined for the roles required to manage this new element of the Website. Report back at the next meeting.

**Overall Purpose & Objectives of PRG**

The following purpose and objectives were recorded in the notes of meeting 01 and considered to be sufficient as a guide to move forward with the PRG/PPG. The purpose and objectives are repeated here for completeness:

Overall Purpose:

* To develop positive and constructive communication between patients and the practice.
* To review the service level provided by the practice and explore the potential for providing new and/or changes to areas required by patients.
* To make the practice better for all patients.

Objectives:

* To enable patients and the practice the opportunity to discuss topics of mutual interest in order to improve the overall service.
* To provide the means for patients to make positive and constructive suggestions to the practice to improve the overall service.
* To encourage health education activities within the practice.
* To develop self-help projects to meet the needs of fellow patients.
* To act as a representative group to help to influence the provision of local health and social care.
* In all the above to conduct the necessary activities to achieve results that improve the service provided for patients.

Each of the general statements above may require further bullet items under each statement to determine how each of the objectives are to be met. This is an ongoing activity as actions are generated.

**Web-Site On-Line Forum Area/Virtual PPG**

The Web-Site was discussed briefly and DR explained that the Web-Site already had a facility which could potentially be used as a forum for discussion by the whole patient population. This may enable the wider patient group to become more active in the PRG activities. A sample is embedded below for review:



**Open Access Issues**

DR explained that the Open Access at Haymeads generates a lot of complaints. Discussion led to a suggestion that one of the team should spend time speaking to patients attending Open Access to attempt to understand and assess the basis for patients complaints. The intention would be to use this feedback to generate solutions to improve the service (AP WGA/03).

**DBS Checks**

A brief discussion was had on whether PRG members require DBS checking. This was left with DR to decide if and when this was required. No objection was made if this was required.

**Funding for Improvements**

There are three areas where funding for service improvements across Bishops Stortford require consideration and action to move forward:

1. Development of Haymeads into a combined location for surgeries in Bishops Stortford. The surgeries concerned are: Church Street, South Street and Parsonage. Application for this funding has been submitted by the CCG and is currently subject for approval by NHS England
2. Development of Satellites in the town to provide better access.
3. Expansion of the overall services to cope with impending increased population.

DR explained that in order to proceed with the proposed development of Haymeads, there needs to be surveyors engaged on behalf of the Practices. This is to outline their combined expectations in terms of service provision by NHS Property Services, ahead of signing a lease. The bones of an outline overall plan for the town has been suggested by Sian Stanley and embedded here for information:



The issue is that there is no-one taking this work forward. The CCG have a person (Sue Fogden) who is responsible for the project, including handling funding applications, but requires approval from NHS England. The practices appear to be in agreement as to their needs.

In terms of the Thorley site the council appear to be prepared to make land available to extend the premises but ownership and the future leasing position of the proposed property (i.e. currently owned by Sainsbury’s and further sub-let prior to letting to the Church Street Practice) needs to be better understood.

The question of increased population in Bishops Stortford does not yet seem to be accounted for in any ongoing activities.

Discussion led to two actions:

1. To review the plans and potential way forward with the other surgeries (AP WGA04).
2. To arrange a meeting with key people to get some traction (e.g. with the local MP, the CEO of the CCG and an overall driver, to be defined, for the activities) (AP WGA05).

**Sub-Items to Help to Deliver on the Objectives (not discussed at this meeting but repeated here from meeting 01, for completeness).**

It was agreed that there were some current and outstanding issues that were of major importance and should be addressed initially before others. These were:

1. Appointments booking flexibility. This is NOT about more resource but is simply suggesting a change in the way patients are handled when attempting to book an appointment. Currently if a patient presents them self in person or telephones for an appointment and there are none available for that day they are sent away to repeat the process the next day with no guarantee that the next day will be successful.

Patients need receptionists to be able to book them a future appointment whether it be the in the next few days or even weeks. Patients do not want to be sent away “like school children” to try again tomorrow. People with illnesses or difficulty in trying to make the appointment do not need to be brushed away only to try again.

Previous arguments have suggested that this will increase “No Shows”. With the text reminder capability and an ability to cancel by text (if provided) the issue would not arise.

This would not only provide a better service for patients but it would massively change patient’s perception of the practice. Two surveys and many complaints have shown that this is the most severe and irritating problem patients experience.

1. A stall in the town to promote the practice has been suggested. It was agreed that positive steps need to be made on the key issues listed above before this method of promotion is used.
2. A number of minor maintenance issues were discussed (e.g. light bulb replacement, hook in the ground floor toilet, general building maintenance) and it was suggested that a caretaker for the building may prove to be beneficial.

**Dates of Next Meetings**

Dates and location of the next meetings are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Title/Subject** | **Location** | **Time** |
| TBD | Review with key people to drive forward the issue of developing plans and funding for Haymeads & Satellites | TBD | TBD |
|  |  |  |  |

**Action List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Action Description/Update** | **Owner** | **Target Comp.** | **Status (Complete), (O/G), (Open),****(No Action)** |
| WGA/01 | Review with Practice Manager | TBD | TBD | Complete |
| WGA/02 | Review the sample On-Line Forum for use as “Virtual PPG” | All | TBD | Open |
| WGA/03 | Speak to patients at Open Access to understand the underlying basis for many of the complaints. | DR | TBD | Open |
| WGA/04 | To review the plans and potential way forward with the other surgeries. | DR | TBD | Open |
| WGA/05 | To arrange a meeting with key people to get some traction (e.g. the local MP, the CEO of the CCG). | GC | TBD | OPen |
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