



## Cleobury Patients' Voice

*"Bringing together patients, health professionals and voluntary groups to improve the health and social support services of our community."*

### Minutes of Meeting – 15<sup>th</sup> August 2016 at 6.30 pm

Present: Mark Radford (MR), Joan Fisher (JF), Sue Del Mar (SDM), Jenny McCrorie (JM), Rod Stewart (RS), Simon Harris (SH), Val Simpson (VS), Pat Greig (PG), Dr Paul Thompson (PT)  
Apologies: Jo Booton, Katie-Rose Stone, Kevin Burrows, Kate Jones, Debbie Brown

<p><b>Welcome</b></p>	<p>MR welcomed members and PT to the meeting.</p>	
<p><b>Practice Update (including associated Agenda Items and/or Matters Arising)</b></p>	<p>PT updated the group and answered questions:</p> <ol style="list-style-type: none"> <li>1. Vacant <b>Practice Manager</b> post – being managed by recruitment consultancy. Possibility of extending advertising period as will now consider part-time appointment, utilising skills of other practice staff for some of the role. Interview will include practice scenarios. PT advised that he would consult other partners and recruitment consultancy about CPV member being present at interviews.</li> <li>2. <b>GP recruitment</b> – new GP registrar has started.</li> <li>3. <b>CPV telephone</b> still not working correctly. PT to investigate - telephone system generally was a problem which Dr Palmer is looking into. VS asked if this affected the online system as recent incidence of <b>prescription request being rejected</b>. PT thought unconnected but suggested to follow up with reception if this happened again, as a full audit trail should be available within the system. Patient issue of medication being unavailable at pharmacy also raised by VS. Thought to be a storage limitation in pharmacy (which is an entirely separate business).</li> <li>4. JF advised meeting of recent comment received regarding <b>queuing system in pharmacy</b>. Agreed letter to be sent to open up dialogue with pharmacy.</li> <li>5. MR asked PT re difficulty in <b>obtaining scan via email</b> from practice of hardcopy radiology report to take to consultant. PT thought this should be feasible but wasn't something the practice should be agreeing to do.</li> <li>6. JF reported comment received about <b>absence of books and toys</b> in waiting room to keep children occupied. PT confirmed this was an infection control issue but conceded that the practice wasn't universal and would check with Adele McLellan, Practice Nurse with responsibility for infection control, for more details.</li> <li>7. Additional <b>noticeboard</b> and relocation of <b>comments box</b> – PT explained that other building work had still not been finished following recent second boiler failure – it is due to be done before handyman finishes associated repair work/goes offsite.</li> </ol>	<p style="text-align: right;">PT</p> <p style="text-align: right;">PT</p> <p style="text-align: right;">JF/MR</p> <p style="text-align: right;">PT</p>

	<p>8. Practice <b>funding</b> for CPV – PT confirmed that the practice was in receipt of CPV's request for funding, that he was in favour and that he expected that the request would be met.</p> <p>9. MR raised the issue of <b>medical ownership</b> of patients following hospital discharge. Following a lengthy and inconclusive discussion PT agreed to review MR's specific concerns off-line. PT subsequently agreed that the practice needed to pay closer attention to patients aged 70 and over who were being discharged from tertiary/regional care centres (such as Birmingham, Coventry or Stoke) and that he would arrange for such cases to be flagged when they arose. An <b>admission avoidance</b> scheme is in place for certain existing groups of patients but it was not clear how 'new' entrants join the scheme.</p> <p>10. <b>Shropshire CCG decommissioning/disinvestment</b> of services – PT thought we needed to revise our expectations of local health services, including those provided by the practice, significantly downwards for the future. VS said we needed to be our own problem solvers and SH that we need to take responsibility for our own health. MR pointed out that this took no account of the more frail or vulnerable members of our society. PT said it's important GPs understand the 'back story' when seeing a patient and there was no one size fits all for patients when conducting an appointment.</p>	<p><b>PT</b></p>
<p><b>Remaining Action Notes and Matters Arising – 18<sup>th</sup> July</b></p>	<p><b>New CPV posters</b> - To be produced when size of new noticeboard is known.</p> <p><b>Millbrook Suite information</b> – still outstanding</p> <p><b>British Heart Foundation equipment for First Responders</b> – VS had not agreed to speak to them but would now do so.</p> <p><b>Coffee Morning 10<sup>th</sup> September</b> – JM distributed flyers/posters and asked for help with prizes.</p>	<p><b>JM/MR</b></p> <p><b>JF</b></p> <p><b>VS</b></p> <p><b>JM/ALL</b></p>
<p><b>Remaining Agenda Items</b></p>	<p><b>Service Mapping</b> – to be postponed until next meeting – Katja Jones to be advised this would be the topic, as her expertise would be welcomed.</p> <p><b>Updates for Clarion and other publications</b> - MR will send copy of Clarion articles to SDM and SH for Neen Savage and Kinlet.</p> <p><b>NAPP Review</b> – no new bulletins received.</p> <p>There being no other business the meeting closed at 8 pm.</p> <p><b>Next meeting - Monday 19<sup>th</sup> September 2016 at 6.30 pm</b></p>	<p><b>MR</b></p> <p><b>MR</b></p>