

# **2013-2014 PATIENT PARTICIPATION GROUP**

**27/3/14**

The year ending 31/3/14 has been a good one for the Cloughton Patient Participation Group. I am grateful for election as chair and feel I have improved in my skills in leading the meetings and encouraging contributions from group members. The practice had some major changes in medical and managerial positions, which has caused a time of upheaval but brought new benefits already. I am again thankful for the input from all the group members, especially the vice chair, secretary and guest speakers.

The program of guest speakers has gone down well with the patient group and helps bridges the gap between what we know and are aware of in terms of services to patients and what patients are aware of. The discussions also facilitated discussions about healthcare funding priorities, competition in the NHS and commissioning of services in general. At the last meeting 2 group members advised the secretary that they are keen to get involved at a CCG level.

The group members contribute usefully and do not use the group as a complaints forum alone. In the early days of the PPG this seemed to occur but I have noticed a helpful and productive atmosphere all year. In particular I was impressed how the group reacted to the previous patient survey, where they encouraged me to not gloss over good points in the survey and take time to reflect and learn from what we did well as well as what needed improvement.

My vision for the group going forward is that one of the members takes over as chair and I can attend as a medical representative. I am aware that when I expressed this view it was not met with much enthusiasm but we shall see how things go!

Dr L Ariaraj

## **DIRECTED ENHANCED SERVICE VALIDATION REPORT**

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|-------------|---|
| COMPONENT 1 | ESTABLISH A PATIENT REPRESENTATIVE GROUP (PRG)<br><b>ACHIEVED</b>   |
| COMPONENT 2 | AGREE WITHIN THE PRG PRIORITY ISSUES AND<br>INCLUDE THESE WITHIN THE PRACTICE SURVEY<br><i>(ACCESS TO GPs, ACCESS TO NURSES, QUALITY OF<br/>CONSULTATION, VIEWS ON A DROP IN MINOR AILMENTS<br/>CENTRE?)</i><br><b>ACHIEVED</b> |
| COMPONENT 3 | CARRY OUT SURVEY, COLLATE AND INFORM PRG OF<br>FINDINGS<br><b>ACHIEVED</b>  |

- COMPONENT 4 DISCUSS THE FINDINGS WITH THE PRG. REACH AGREEMENT WITH THE PRG ABOUT CHANGES IN PROVISION. WHERE RELEVANT NOTIFY NHS ENGLAND OF THE CHANGED.
- (CURRENT ACCESS AND QUALITY ARRANGEMENTS ARE GOOD – THERE IS ALWAYS A CONFLICT BETWEEN PROVIDING SEVERAL DOCTORS FOR RAPID ACCESS VS ALLOWING PATIENTS TO SEE A PARTICULAR DOCTOR ALL THE TIME. TO IMPROVE AVAILABILITY OF SENIOR DOCTORS THEY WOULD HAVE TO RELINQUISH OUTSIDE CLINICAL COMMITMENTS AND TRWHICH WOULD ADVERSELY AFFECT PRACTICE KNOWLEDGE BASE AND DYNAMISM - OVERALL THE BALANCE WAS CONSIDERED GOOD, a lot of 'fair' responses to some questions, next time fair and good may be replaced by 'acceptable' – and overall experience will be in next year's survey)*
- ACHIEVED**
- COMPONENT 5 AGREE WITH THE PRG AN ACTION PLAN SETTING OUT PRIORITIES ARISING FROM THE SURVEY. IMPLEMENT CHANGES AND WHERE NECESSARY INFORM NHS ENGLAND
- (THE CCG PREVIOUSLY REJECTED THE MINOR AILMENTS SERVICE BID. IT WILL BE LOOKED AT AGAIN. HAVING THE OVERWHELMING SUPPORT OF THE PATIENTS ADDS WEIGHT TO A FUTURE BID)*
- ACHIEVED**
- COMPONENT 6 PUBLICISE THE PRG REPORT ON THE PRACTICE WEBSITE
- ACHIEVED**