**THE CONSTABLE COUNTRY MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP**

**Meeting held on Monday 1st February 2016 at 6 30 pm**

**Minutes**

**Members present:**

Mrs. Kathy Pollard (Chair), Mrs. Janice Cheng, Mrs. Greta Abbs, Mrs. Elizabeth Digby, Mrs Susan Yellop, Mr Michael Huard, Mr Pete Keeble (Practice Manager), Dr Nancy Cohn, Mr Andrew Ravasio, Dr. Frank Wells (Vice Chair and minute taker ), Ms Becky Thomas, Mrs Kirsten Nicholls and Mr. Peter Wright

1. **Apologies:** Ms Gill Jones (Healthwatch)
2. **Notes from last two meetings** The minutes were agreed as a true record, those for the meeting held in November being held over from the non-quorate meeting held on 4th January.
3. **Conflict of Interests** None
4. **Update on actions from the last meeting**
5. Badges for, and photos of, the staff

Pete Keeble reported that the doctors were currently not in favour of wearing badges or having their photos displayed, although all the other members of staff were supplied with badges. Until now, Pete has been reluctant to put up photos, but the members of the PPG commented that the display of staff photographs is common practice throughout the NHS. It was suggested that nurses and receptionists might be willing to have their photographs displayed in the waiting rooms.

***Action:*** Pete will pursue this suggestion.

1. Phlebotomist appointments

 Pete Keeble reported that the shortage of phlebotomist appointments was reaching a head, especially during staff sickness. However, two of the receptionists are trained to take blood and do assist as required. Nevertheless. It was appreciated that the number of available phlebotomist appointments is currently between 25 and 30% below the ideal. It was suggested that the doctors and nurses requiring patients to have blood tests that were not urgent should advise patients accordingly, so that they do not expect the receptionists to be able to offer phlebotomist appointments almost immediately.

***Action:*** Pete will pursue this suggestion with the doctors and nurses.

c) Waiting room access and facilities.

 Kathy reported that she had raised with the CCG CEO the question of possible funds being available centrally for improving wheelchair access to the waiting rooms, especially at Capel, and the provision of chairs with arms in waiting rooms, specifically at East Bergholt. She awaited a response.

d) Complaints management.

 The PPG asked whether a software programme for complaints management had been installed. Pete Keeble explained that the system known as “Intradoc 247” was being introduced as a workload system for doctors, which is described as an award winning management and information system, designed specifically for GP practices, and it will cover all aspects of practice management as assessed by the CQC, whose reports on the practice would be recorded. Pete hoped that the PPG would have accessibility to the system once it is fully installed. Meanwhile, in answer to a specific question about the status of the practice website, Pete confirmed that Caroline Fisk is continuing to develop it.

e) Financial issues.

 The PPG noted that Sharon had previously dealt with the practice finances and asked what other arrangements were in place following her departure. Pete Keeble confirmed that help was at hand from the practice accountants and that plans were in place for different financial management from April onwards.

 Kathy queried what had happened to the donations that had been made by both staff and PPG members at the PPG social event held in December. Donations had been placed in a shoe box, which had been given to Sharon for safe keeping, pending distribution on a 50-50 basis to good causes in Syria and Romania but no such distribution had been made.

***Action:*** Pete will pursue this, with Sharon if necessary.

f) Practice facilities.

 The PPG noted, with pleasure, that magazines were now available for patient perusal in the waiting rooms. They queried, however, when toys would be available for children and toddlers. They also suggested that a step or stool should be provided in the baby changing areas for ease of access.

***Action:*** Pete will pursue these topics and suggestions with the cleaners and others, as appropriate.

1. **Progress on GP recruitment**

Pete Keeble reported on how very difficult it was, in the present GP climate, to recruit a new partner. Nevertheless the practice was able to secure good locum cover, some of the locums attending regularly. However, reports from consultants and others to whom the locums have referred have to be dealt with by the partners of which there were in effect now only three. Their clinical workload is therefore tremendous, and they also have to be responsible for supervising and debriefing the three registrars who are now in post.

 The status of Dr Omar was raised by the PPG, noting that he is currently only serving the practice for two days per week, one of which may be taken up with his training commitment for medical students from UEA. Pete Keeble advised the PPG that the partnership agreement had been modified to acknowledge Dr Omar’s reduced commitment, bearing in mind that reports from referrals made by Dr Omar were now having to be reviewed by another partner when he was away from the practice. Pete anticipated that the problems created by the shortage of partners would probably be resolved with the next couple of months.

 Nancy Cohn wondered whether the PPG could be of any assistance, noting that the members of some PPGs were involved in the selection of doctors for their practices, but Pete Keeble advised that this would be inappropriate especially as the partners for a medical practice have to be appointed by the existing partners as they are independent contractors. Negotiations for the appointment of a potential partner are indeed taking place and it was useful to note that the three full time partners are now working as a team and that such teamwork would be hoped for in the eventual appointment of another partner.

 In answer to a question from the PPG on whether procedures such as minor surgery were currently available within the practice, Pete Keeble confirmed that they were not, but reminded the PPG that such procedures were not part of the GP contract and that it was an extra, funded, facility should any of the partners wish to provide it.

1. **PPG Forum**

Kathy Pollard and Frank Wells reported on the meeting of PPGs that had been convened by the Ipswich and East Suffolk CCG, at their headquarters, Rushbrooke House, on 7th January, a report of which had previously been circulated. This was the first such meeting and it is anticipated that they will occur every three months, at different locations within the area.

 The topics that had been raised at this meeting, which was attended by certain practice managers as well as CCG and PPG members, included the recruitment of PPG members; non-attendance of patients at appointments; the cost of prescribing, with particular reference to the inappropriate requests for repeat prescriptions when the patient had an adequate supply; and (brought up by us) the potential loss of the Park and Ride service.

 Communication between the PPGs and the public that they serve was a lively topic for discussion and the initiative that we have for a report from Kathy and another one from Pete, representing the PPG and the Practice respectively, that appear in the village magazines – such as Capel Capers – appears to be the only one of its type. The EEG itself publishes a quarterly newsletter on its website, called Engage. Also on the CCG website is a specific area just for young people – and in that context Pete informed the PPG that he and Caroline Fisk would be going to East Bergholt High School later that week, in association with the school nurse, to encourage good liaison between young people and the health services.

1. **Day and time of future meetings**

 Kathy reported that the survey of the availability of members had confirmed that Monday was the only day on which all members could attend regularly. However, the practice had indicated that, at the present time, Mondays were so busy that it was impossible for any doctor to attend the PPG meeting. The PPG emphasised to Pete that they felt that liaison with the partners in the practice was essential, which he warmly supported. It was therefore agreed that, for the next two months, PPG meetings would be held at the usual time, but on different days – a Tuesday in March and a Wednesday in April.

***Action:*** Pete will ascertain from the partners the days within these months on which at least one of them will attend the PPG meeting and will let Kathy and Frank know, as soon as possible, to circulate to all Committee members, recognising that there may have to be some apologies.

1. **CQC report – issues raised by members**

Mike Huard sought clarification on the difference between a ‘complaint’ and a ‘significant event’. Pete explained that whereas the practice treats all complaints as significant events and all negative significant events as complaints, some significant events are positive. When any complaint is received, it will be handled by Pete, as Practice Manager, informally if possible, and verbal complaints are normally dealt with informally. However, when a complaint is received in writing and is therefore considered formal, it will be acknowledged within three days, indicating, if appropriate, that the complaint will be investigated. This may take a long time, but will be dealt with as expeditiously as possible.

 If the complaint is against a doctor, this will be referred to them, involving a partner as appropriate. If the complaint is against any other member of staff, then it will be investigated by Pete, according to the NHS complaints procedure.

***Action:*** Pete will put the complaints procedure on the practice website to which the PPG has access.

 Significant events that are not complaints - for example: a medication error which is recognised by a member of staff without any blame attached – are reviewed on a regular basis, and lessons are learned from each one.

 Nancy Cohn queried whether it might be appropriate for the PPG to be involved in complaints procedures, especially as some of the complaints received by the PPG refer to the way in which a complaint to the practice has been handled. Pete expressed caution and suggested that PPG members might acquaint themselves with the procedure that he would be putting onto the website.

 Mike Huard referred to the statement in the CQC report relating to the attainment of outstanding status within three years. It was important, he felt, that the practice should be ambitious and aspirational. Pete Keeble agreed, and stated that, once the partner problems (referred to above) had been overcome, the practice was in a good position to be ‘outstanding’.

 Kathy thanked members for their comments and emphasised how important the PPG felt it was that the complaints procedure operated smoothly and without any delays, thus minimising any complaints about the procedure itself.

1. **Invitation to speak at Capel St Mary Annual Parish Meeting**

Kathy reported that she had been invited to speak at the above meeting, and had accepted. She would welcome any input from PPG members well before 23rd March when the meeting takes place.

1. **Petty cash float**

 Discussion took place on whether a float should be established to pay for refreshments, cards, etc. Pete kindly confirmed that the practice would provide coffee, tea and milk for each meeting of the PPG. It was resolved that a small float of £12 (£1 per head) should be created, which Kirsty kindly offered to look after. Members duly contributed and agreed that biscuits should be donated, in turn, by members themselves. Kathy was thanked for donating biscuits for the meetings to date.

***Action:*** Kathy to purchase plastic holders for comment cards in the waiting rooms.

1. **Issues raised by PPG members**

i) Greta produced a photograph of a parked car blocking the footpath surrounding the front flowerbed. This inconvenience occurs frequently and it was agreed that a polite notice should be provided for the receptionists to put under the wipers of offending cars.

***Action:*** Pete to produce copies of this notice and to advise receptionists accordingly.

ii) Pete reported that Sue Southernwood, the Senior Receptionist, now deals very effectively with any comments relating to the receptionist team, most of whom are part-time.

 iii) Pete reported (and apologised) that the text message reminders sent to patients before their appointments were not getting transmitted *(NB Post meeting note: Subsequently Pete reported that the whole telephone system for the practice was not working properly, but that this was being dealt with urgently by the equipment providers.)*

 iv) Becky requested that confidential facilities be provided for breast feeding mothers, together with a notice advising of these facilities

***Action:*** Pete to make such facilities and notices available for both surgeries.

1. **Future work programme**

i) Frank confirmed that Dr Les Gelling, Senior Lecturer and Research Nurse at Anglia Ruskin University, Cambridge, had expressed interest in developing a sociological research project with the practice.

***Action:*** Pete to liaise with Dr Gelling when work pressure permits.

ii) Peter Wright kindly offered his house for an ‘Away Day’ evening, which it was agreed should be held at 6 00 pm on Monday 22nd February.

***Action:*** Kathy to devise and circulate an agenda for this meeting, which will be held at **Riber House, Rectory Hill, East Bergholt, CO7 6TH**. (Peter’s phone number is 01206 298258)

1. **Date of next meeting**

 See item 7 above.

There being no other business, the meeting closed at 8 10 pm.