**THE CONSTABLE COUNTRY MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP NOTES**

**MEETING HELD 23 MAY 2016**

**Members Present:**

Mrs Kathy Pollard Mrs Janice Cheng

Mrs Greta Abbs Mrs Kirsten Nicholls

Mrs Susan Yellop Mr Michael Huard

Dr. Frank Wells (Dep. Chair) Ms Becky Thomas

Dr. Nancy Cohn Andrew Ravasio

Mr Pete Keeble (Practice Manager) Ms Gill Jones

Dr. Okpiabhele (Victoria) Dr. Tetteh

Ms Casey Francis (Asst. Practice Manager) Mrs Elizabeth Digby

**1. Apologies:** Mr Peter Wright

**2. Notes from last meeting:** The notes from the last meeting were accepted as a true

 record.

**3. Conflict of Interests:** Gill Jones declared she is a member of Healthwatch Suffolk.

**4. Updates of actions from last meeting:**

 **(a)** Pete reported that the phlebotomy system has changed for the better in that

 from two weeks ago it is running an increased service and also, in an attempt to

 make it paper free, the NHS computerised Systm 1 is being used to raise requests

 for blood tests and no longer will paper forms be necessary. This change has

 been rolled out on a County-wide basis.

At this point the Chair requested the meeting move to Item 6 on the agenda - Issues from

the Capel coffee morning raised with a CCG representative:

* Pete informed the meeting that a new partner, Dr. Eva Elgraoui will be joining the Practice on 13 June and working 6 sessions, Monday, Thursday and Friday. This still leaves a GP vacancy and the Practice is currently talking with two interested GP's. There remains a vacancy for a Nurse Practitioner which the Practice is seeking to recruit to and also a Practice Nurse. An offer has been made for this latter position.
* It was reported that people are still queuing early morning outside Capel surgery in order to get an appointment. Pete suggested people do this as they want to see a particular doctor. A discussion then followed about how many times some people have to ring the surgery in order to get an appointment. Pete said there was no reason for this as there are plenty of appointments available and the Practice is making much use of locums.
* Pete confirmed the surgeries do not close for lunch. However, once a month the surgeries hold training days and they then close at 1.00pm. He went on to say the Capel pharmacy closed for lunch between 1.00pm and 2.00pm.
* Pete said the Practice receives very few complaints from patients via NHSE. There have been none this calendar year.
* The GP's attending responded to the issue of the results of tests not being followed up. They said if a test result needs action they will telephone the patient concerned. However, if a patient hears nothing then the test is normal but the patient can call reception for the details of the results. It would be helpful if patients could be given some idea how long the results would take to come through and this was accepted by the GP's.
* A discussion then took place regarding patients having access to their records online. The meeting was told that patients have to request it and can apply online or come into the Practice to complete a form. Whether patients should see the details of the results will be discussed at the next meeting.
* On the issue of medical reviews being few and far between, Dr. Victoria said reviews of a patient's medication have to be conducted at least every six months. She could not see what the issue is as there are mandatory regulations they have to comply with in respect of medical reviews and the Practice works within these.
* It was agreed by many members of the Group that the Capel pharmacist is extremely helpful and well thought of. Dr. Wells asked if there could be better liaison and communication between the Practice and the pharmacy. Dr Victoria said that this was discussed that morning at the Partners meeting and Pete has been tasked to see how they could work more effectively together and to find out what other Practices are doing. The Group was informed that the Capel pharmacist has recently successfully completed a Minor Injuries course. When better collaboration has been established the details will be circulated.
* Concerns were raised regarding care plans in that they are not followed and some patients do not have care plans when they should. The Group was told that this item also was discussed at the Partners meeting earlier that day. It was stressed that care plans are very time consuming and the Practice currently has 258 patients who need care plans and each care plan takes a minimum of 30 minutes to prepare. Dr. Victoria said criteria are used in order to identify those patients who are most at risk. Pete said it is quite possible some patients feel they should have care plans but do not need them.

The GP's were asked if there is a lead doctor for Diabetes and heart disease. There is not, but there is a lead GP for chronic diseases. The Group was told there are no longer GP's with special interests at the practice. The Practice does, however, meet once a month with outside agencies in order to try and identify ways in which they can all work better together.

Pete then spoke on medication changes. The CCG medication budget is overspent and the Practice is spending a substantial amount of money on prescribed medication. In order to attempt to reduce this a pharmacist visits the Practice on a monthly basis to see if the prescribing could be less expensive. Last year between £60k and £70k could have been saved by the Practice by changing medication to a cheaper generic brand. Although cheaper, the medication would have the same effect as the more expensive one. When this takes place, the patient is sent a letter explaining the change. If it was found a patient was allergic to the new medication they would be switched back to the more expensive one.

* It was confirmed that there are no plans to close the Capel surgery.

7.35 pm Dr. Ayache arrived at the meeting and Dr's. Victoria and Tetteh left.

The meeting then reverted to item 4 (j) on the Minutes of the previous meeting, namely a Patient Engagement day where Frank was to try and arrange a guest speaker on the subject of Diabetes. All those at the meeting supported this idea and following a lengthy discussion it was agreed that the evening of 24 June would be ideal and East Bergholt High School would be approached as a possible venue. Jan, Sue, Frank and Dr. Ayache would take the lead on arranging this. It was suggested if this was a success similar events could take place with a number of different topics such as: women's, men's and children's health, as examples. **Action: Dr. Ayache, Jan, Sue, Frank.**

Pete added that Suffolk Nuffield had expressed interest in hosting similar events and this was welcomed by the Group, although it was recognised it would be a marketing opportunity for them also.

Dr Ayache told the Group that the CQC Inspection Report had been welcomed by the Practice. He went on to say that although there were some positive points in the Report there were a number of things they, the Practice, certainly needed to focus their minds on, which they have and are continuing to do so. It has also helped them in prioritising issues. The Group responded that they were pleased to hear this from Dr Ayache, together with his honesty on this matter.

The issue of the availability of blood pressure machines was discussed in that people who required 24 hour monitoring were unable to have this. Dr. Ayache agreed this is a something the Practice is aware of and part of the problem is the maintenance of the machines when they do not function properly. It was agreed the Practice needs to communicate with the relevant patients in a better way as to why there are long delays in supplying these machines.

The meeting then moved to Item 4 of the agenda to address any issues not already discussed.

**4(c)** Rooms will be assigned to breast feeding with a sign on the door which stating 'Feeding

 Rooms'.

**4(e)** On the subject of complaints, Casey reported the Practice is now on top of written

 responses. A generic written acknowledgement goes out within a week of the

 complaint being received and the whole system for responding has been speeded up

 considerably. Investigation into some complaints takes longer than others but the

 Practice is committed to sending regular updates to complainants. The Group will be

 kept informed of continuing improvements to the system. **Action: Pete/Casey**

**4(f)** Mental Health needs - nothing to report on this issue to date and continues to be work

 in progress. **Action: Jan/Nancy**

**4(g)** Work onphotos of all staff is well underway. **Action: Casey**

**4(h)** Frank updated the Group stating the issue of patient transport has progressed well and

 is all ready to go.

**Date of next meeting: Monday 27 June 2016 6.30pm (pre-meeting at 6.00pm for patient**

**members).**