**THE CONSTABLE COUNTRY MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP MINUTES**

**MEETING HELD 05.09.16**

**Members present:**

Mrs. Kathy Pollard (Chair) Mrs Janice Cheng (minute taker)

Dr. Frank Wells (deputy Chair) Dr. Nancy Cohn

Ms Gill Jones Mr. Mike Huard

Mrs. Greta Abbs Mrs. Liz Digby

Mr. Andrew Ravasio Mr. Pete Keeble (Practice manager)

**Apologies:** Mr. Peter Wright Mrs Susan Yellop, Becky Thomas. There was no GP partner present

Sue Yellop notified the Chair of her wish to resign from the PPG. Kathy will communicate our thanks for her contribution to the PPG over the last year.

**1.Minutes of last meeting.** These were agreed as correct.

**2.Declaration of Interest.** Gill Jones is a member of Suffolk Healthwatch

**3.Matters Arising**. Greta asked about the staff induction process and what was included in it. The question was asked because of reports that new GPs and Nurses did not know how to refer locally for things such as 24 hr BP monitoring. Pete reported that induction depends on the member of staff. All staff get training in the IT system for referrals for things such as phlebotomy. There is no training at the moment for BP monitoring because the machine is broken. Receptionists have 1:1 supervision when they first start.

**4. Election of Chair** Mike Huard gave a report as Returning Officer. Two names had been put forward: Kathy as Chair and Frank as Vice Chair. There were no objections raised so Kathy was duly appointed as Chair and Frank as Vice Chair.

A discussion about decisions being made outside of the meeting was held. It was agreed that decisions should only be made when it is not feasible to leave for discussion at the next meeting and then a declaration of the decision be made at the next meeting.

**5. Ongoing issues requiring an update**

1. A new Nurse Practitioner called Sarah has started.
2. A new practice nurse started but has had to take long term sick leave.
3. Discussions are taking place with potential GP Partners. If no agreement has been reached by the end of October, the Practice will re-advertise.
4. Nancy and Mike will undertake observations in the waiting room during morning surgery during the next month.
5. Dr. Oteng has successfully completed her GP registrar training while at the Practice and will continue to work as a locum for three sessions per week. She is proving to be very popular.
6. Mental Health Needs. Jan Nancy and Greta met with the visiting mental health worker to find out his perception of ‘how it works’ and to clarify the system for our own understanding.
   * Phil is a CPN and holds a clinic at the surgery weekly offering 15 appointments per month.
   * There is good attendance and a 2 week wait to see him.
   * He will assess the individual and refer to the correct service, including psychological therapies and secondary specialist services
   * Secondary care teams are now known as IDT (Integrated Delivery Team, formerly CMHT)
   * The wait for complex cases to secondary care can take 2-3 months.
   * The wait for psychological therapies is also 2-3 months, including CBT, IPT, CAT.
   * There is some shared care between primary and secondary services
   * He sees approx 52 people per year.
   * Both the primary level psychological therapies and secondary services are provided by the Mental Health Trust in Suffolk.
   * Child and Adolescent Services now cover up to age 25.
   * The biggest issue was communication with the Practice. Phil does not get invited to Practice meetings here as he does with other Practices.
7. **Capel Voluntary Transport Team.** The team now have 13 volunteers. There is still a gap in the Copdock and Bentley areas. The communication between the service and the Practice is good. This item no longer needs to be a regular item on the agenda.
8. **Housing Developments.**  Kathy reported that NHS England is consulted on proposed developments. They are making a bid for CIL monies. Greta reported that this money is being used for road infrastructure in EB. Pete has been consulted on the proposed development next to the surgery in EB. His comments were concerned with lighting and safety etc. The surgery is big enough to take more patients. When the consultation takes place on the proposed developments at Capel St Mary, it will be different as the surgery there cannot take more patients as the building is not suitable.
9. Kathy raised the issue that there is a perception that there is not always a GP present at the Capel surgery.

6. **Patient Public open Meeting about Cardiology – Dr. Nicholas Robinson**

1. Pete will include information in the flu vaccination letter
2. Posters to be put on parish notice boards, post offices, pubs etc etc.
3. Practice could send a text message if the wording is right.
4. Frank will organise the sound/visual aid equipment
5. Kathy will see if the Capel Methodist Church can be used instead of the venue chosen as the fee of £70 is high.
6. Future topics suggested – self management of minor illnesses, Pete will also ask Clinicians at practice if there is a topic for which people regularly attend but which could be self managed.

**7. Future PPG network meeting.** Nancy may go to the next one

**8. Park and Ride, Ipswich.** From January the P&R buses will be scheduled and the ‘route 13 will take people into Ipswich town centre. Kathy has had no reply from the councillor responsible.

**9. Rota for flu days.** A rota for PPG members to attend and help at the flu day clinics was circulated.

**10. Review of Terms of Reference.** It was agreed to establish a small sub group to review the ToR. Andrew agreed to lead on this with Greta and Mike in support. Questions raised included, how long should membership last and how to open recruitment to everyone. The AGM will be timed to coincide with this report.

**11. Comment cards.** ‘What happened to the TV at Capel? Pete said it had run into dis-repair. The EB one needs its software upgrading

**12. Other issues**.

1. A request was made that the names of the GPs on duty be put up in the waiting room and for information on the progress of mug shots and name badges.
2. Complaints – for discussion at next meeting for replacement for Sue Yellop on this project.
3. Membership of NAPP. It was agreed to continue this for one year.

**Date of next meeting (now not the AGM) – 14.11.16 @6.30 pm. EB surgery.**