# CONSTABLE COUNTRY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

**Minutes of the Meeting held on Monday 17th June 2019 at 5pm**

**Present**: Mike Huard (MH) (in the Chair), Nancy Cohn (NC), Richard Cavanagh (RC), Lynn Matthews (LM), Gill Jones (GJ) (Suffolk Healthwatch), Andrew Ravasio (AR), Frank Wells (FW) (minute taker), Pete Keeble (PK) (Practice Manager) and Dr Dharam Parikh (DP) (GP Partner)

1. **Apologies:** Kathy Pollard (KP), Jan Cheng (JC), Peter Wright (PW), Sophie Rising (SR) (Admin Assistant)
2. **Declaration of interest:** GJ – Healthwatch Suffolk
3. **Minutes of meeting held on 20th May:**

Ongoing issues requiring update

* 1. **PPG pound**

MH reported that he had discussed taking forward the “First Aid for Parents” concept with KP, and that they would both augment the Sub-group which would now comprise LM, Kirsty Nicholls (KN), KP and MH. The Sub-group now needs to meet, to determine how the proposed event should be held, and to suggest to the PPG a provisional date. **Action:** Sub-Group (LM, KN, KP and MH)

* 1. **Staff photo board**

PK reported a setback, in that the staff had expressed an unwillingness to proceed, essentially not wishing to have their photos on display. Consequently, the board ordered for the project will be used for another purpose.

Members of the PPG unanimously expressed their dismay at this decision, and urged the practice to reconsider it, emphasizing how valuable they believed this to be in fostering good practice/patient relationships. They did not feel that the PPG’s strength of feeling on this issue had been appreciated by the practice.

**Action**: DP and PK to discuss the PPG concern with the practice,

(NB Arising from this item, as a consequence of the practice not seeming to accept all the recommendations of the PPG, AR pointed out that the practice had not appeared to have taken forward the suggestions that he himself had offered regarding training. DP outlined the professional development programme that GPs are required to fulfil, and emphasized that the practice does indeed respond to the input they receive from the CQC and elsewhere, including the PPG and individual patients.)

* 1. **CQC Inspection – PPG response to Report**

MH on behalf of the whole PPG warmly congratulated the practice on the considerable improvement in status that it had achieved. PK and DP reported that the practice was very pleased with the report, which had been very complimentary. KP had, however, written to PK drawing attention to the CQC comments on GP/patient interaction, and on the follow-up of, and learning from, patient complaints, which the PPG considered important. PK commented that patient complaints are intensively reviewed,

and that the practice does learn from its experiences. GJ suggested that a review of complaints, and how they are dealt with, be conducted on a regular basis by a specific group including the doctors. MH proposed that the PPG should consider the practice’s complaint review procedure at its September meeting: this was adopted.

**Action:** PK and DP

* 1. **Learning document from NHS England**

PK indicated that this document was not for PPG comment

* 1. **Surgery facilities**

Report on the location of a water dispenser, and height of the disabled toilet seat, at East Bergholt, will be received at the next PPG meeting. **Action:** PK

1. **Update from Practice Manager**
   1. **GP+ Service**

As from next year onwards, it will be the responsibility of the practice to commission the (out of hours) GP+ service. Funding for this will come from the Primary Care Network (PCN) of which the practice is now a part (with Hadleigh, Shotley, Bildeston and Needham Market practices). More details will follow soon. **Action**: PK

* 1. **Extended Hours**

There is a contractual requirement, as part of the PCN, to provide extended access to patients. This will be introduced on 1st July, offered in the first instance on Tuesdays, at the Capel St Mary surgery, between 7.00 and 8.00 in the morning, when there will be two nurses and one doctor on duty, and between 6:30 and 7:30 in the evening, when there will be one nurse, for dressings and one doctor on duty. This will need to be advertised and offered regularly, including bank holidays. **Action**: PK to report on the implementation of these new arrangements.

1. **Marketing Strategy for the proposed appointment system**

PK outlined the arrangements for launching the new appointment system on 2nd September. This will be a call back system, similar to the appointment system already in operation elsewhere such as Leiston. Other than for appointments that a doctor (GP) or nurse practitioner (NP) has specified for a follow-up, each GP and NP appointments will be booked on the day, as a phone call, and the GPs will have their own call-back list. As a result of that call-back, the GP may decide that the patient needs to be seen and will give that patient an appointment there and then. Nurse appointments will be given as now, recognizing that many follow-up nurse appointments are pre-booked by the nurse with the patient.

PK emphasised that the support of the PPG in introducing this new system will be invaluable, especially on the day of patient engagement events which will be held on Thursday 18th July. More details will follow.

**Action**: PK and the practice

Members of the PPG emphasised the importance they felt that continuity of care should be provided and PK and DP confirmed that this would be recognized as far as possible.

1. **ROMEO meeting**

This will take place at Wenham View, Dove Close on 7th August at 11 am. **Action**: MH and AR

1. **One Life Suffolk invitation to July PPG meeting**

MH confirmed this invitation and suggested that, as One Life Suffolk had specified a presentation of 30 minutes, the meeting of the members, only, of the PPG should begin at 4.30 pm This was agreed (see 11 below)

1. **Visit to Leiston Practice**

MH reported that he had had a dialogue with the Chair of Leiston PPG to discuss implementation of the new appointment system, which is already in use there, and to determine the date of a visit there by our PPG. Wednesday 3rd July, at any time up to 3 pm. **Action**: MH with KP (and any others)

1. **Issues raised on comment cards**

There were none from EB, but MH reported on two from CSM, one referring to a difficulty involving the pharmacy there, for which the PPG has no remit. Nevertheless, PK agreed to explore the difficulty there in so far as it involved the practice. The other issue complained about two of our doctors, and praised a third doctor. MH had spoken to the complainant who had written a letter to the PPG. It was agreed that MH should advise the complainant of the appropriate complaints procedure. **Action**: MH

1. **Person** **taking next minutes**

NC agreed to take the minutes of the next meeting

1. **Dates of next meetings**

Monday July 15th at 4:30 for 5:30 pm and Monday 16th September at 5:00 for 5:30 pm

1. **Any other business**

DP confirmed that the practice values stability, but that sometimes systems had to be changed. To that end, the practice wanted to get a more balanced relationship between patients and the practice, and valued the role the PPG played in trying to achieve this. He hoped that shifting towards the new appointment system might help to facilitate this.

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