The Constable Country Medical Practice

Patient Participation Group

Minutes of meeting of March 14, 2016

Present: Kathy Pollard (Chair), Janice Cheng, Elizabeth Digby, Susan Yellop, Michael Huard, Pete Keeble (Practice Manager), Andrew Ravasio, Frank Wells, (Vice Chair), Becky Thomas, Kirsty Nicholls, Nancy Cohn (minutes)

1. Apologies

Kirsty Nicholls, Peter Wright, Greta Abbs

1. Notes from last meeting – February 1, 2016 – agreed.
2. Declarations of Interest - none
3. Update on actions/issues from last meeting

a) Phlebotomy – Still a problem. Sue (lead receptionist and phlebotomist) will be doing more. Practice is taking on more reception staff to allow for this. Change in time for courier to collect specimens, which will improve the service.

b) Waiting room facilities

– no response yet from CGC regarding funding.

-Breast feeding privacy – **ACTION: bring forward to next meeting.**

1. Christmas charity collection funds – Greta has the funds. **ACTION: Andrew and Greta to liaise**
2. Recruitment /Vacancies

-GPs - Dr Maleki started, currently as a three day a week locum. Hopefully will do four days in future. Advertising for more GPs.

Nurses – Three nurses leaving during March and April. A locum practice nurse coming to work full-time. One nurse currently in post will be doing more hours. Some other interest in the posts. Pete explained there should be sufficient cover.

Assistant for Pete - has been appointed. Should relieve some of the pressure.

e) Practice liaison with Dr Gelling, ARU to consider a research project. Too much going on in practice at this time to address this. **ACTION: To bring forward for May meeting.**

1. Capel St Mary Annual Parish meeting March 23rd - Kathy is guest speaker at the meeting and will do a report for this. In relation to the report, there was some discussion again about having a glossy practice report produced in conjunction with the practice. **ACTION: Bring forward to next meeting.**
2. Projects/Workplan for 2016 arising from workshop held February 22, 2016

 a) General feedback on workshop – good facilitation by Andrew. Meeting relaxed, but focused. Started by reviewing performance of PPG – where are we now, what we would like to accomplish. Felt all things considered, we have made a good start and learned much since the beginning. Acknowledged engagement with Pete, but wanting more engagement from the doctors. Want to work WITH the practice in a more meaningful way. Would like more influence and to be more listened to. Hope the cooperation around the CQC visit was not just a passing phenomenon.

 b) Improving the relationship with the practice: GP engagement is crucial to make the best use of the group. **Action: Kathy to write a letter to the Senior Partner outlining our thoughts.**

 c) Complaints, comments, compliments. Thought it would be useful to start by understanding the current system. Hopefully will lead to ideas on how the PPG can be help with the process. **ACTION: Liz and Becky to lead on this.**

 d) Patient engagement – ‘national day’ projects. Which ones? Felt we couldn’t take on all projects at the same time. **ACTION: Bring to next** **meeting to discuss and appoint leads.** (Becky interested at some point.)

 e) Engagement of young people

 -East Bergholt High School – Mike Huard met with Rob Barnes, Business Manager. Explored a number of issues regarding the school and practice. Practice offers support for urgent medical problems. Mental Health of young people a main area of concern. 40% of students live outside the practice catchment area. Some thought about whether students with chronic illness needing regular attention should be registered with the practice during school terms.

 -‘Healthy’ projects –not discussed

 -Preschool artwork – not discussed

f) Mental Health Services – Agreed it would be useful to understand the mental health concerns in the practice, and understand what systems and provision is in place. PPG felt it was important to know more about this important area. **ACTION: Jan and Nancy will lead on this.**

g) Staff photo gallery – Still feels important to do this. Pete reported that this is on the ‘to do’ list of his new assistant.

**PLEASE NOTE –** although different members of the group have volunteered to lead on the above projects, it was noted that not all members were present to offer their services. All welcome to join the current project leads.

There then followed a general discussion about the practice:

 It was noted that whole practice is in some difficulty. Staff departures means that things that were planned to happen, can’t. Need to prioritize what can be accomplished; bearing in mind patient safety is paramount. Acknowledged that we are all worried about the current situation. Discussion of whether the current system of booking appointments can be maintained at this time. May need to go to a full triage system. Clinical team is limited at the moment, so need to use it more efficiently. A request was made that the PPG is used more within the practice. For instance with complaints. The PPG has some credibility now, which may be helpful when dealing with patient complaints. Acknowledged it is very difficult to manage with the current resources. Discussed issue of educating patients about the best use of the clinicians. - when it would be appropriate to see a doctor, or nurse, or pharmacist. Another example – test results – patient can be told results are okay by the receptionists and not need to see a doctor. Discussed the possibility of a comprehensive leaflet explaining about when to use which clinician, including the pharmacists. Possibility of an information day around pharmacists, and another one with nurse practitioners.

Wondered about making better use of the TVs in the waiting rooms. Patients are a ‘captive audience’, - could show some information films on various topics.

1. Other Issues
2. Badges for staff members including clinicians. Discussion around this. Felt all staff should have badges visible, including doctors. **ACTION: Pete to progress this**
3. Possibility of including Capel dental surgery within the remit of the PPG. Discussed this and felt that it was not the right time for the PPG to consider. Maybe have an engagement day on dentistry.
4. Patient transport scheme at Capel. Chris Yule is offering to organize this. PPG is very positive about this offer. The details need be worked out with practice. **ACTION: Frank will take this forward.**
5. Feedback from Mike Huard re CCG meeting on Prescribing Waste . Attended by 8 PPG members from various surgeries in the area. Also Healthwatch, the head of GP practice involvement, the head of GP prescribing, and a pharmacist. A pilot is being undertaken to monitor prescribing in 5 surgeries (not ours). There are different systems in different pharmacies/GP surgeries. Some pharmacies are preparing patients’ medications in anticipation of the request and this may not meet patient need, leading to waste of medication. The strategy is to persuade practices/pharmacies to move to the ‘Luton’ model, where patients request only those medications they need. A number of strategies are being evaluated, including visits to surgeries to encourage patient education, vulnerable patient letters, checking whether regular health checks are taking place, and the value (cost) of medications and packaging.
6. Online appointment booking – continuing problems. Less now available, as fewer partners at the moment. Template has been corrected, but availability is reduced.
7. PPG network meeting April 14th, 2016. Jan, Mike, and Kathy offered to go. (Mike assured the group he won’t feel hurt if only two able to go to meeting). **ACTION: Jan, Kathy and Mike to attend if possible.**
8. Date and time of next meeting - Pete to liaise with Kathy. Provisionally the 18th April