**THE CONSTABLE COUNTRY MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP NOTES**

**MEETING HELD 18.04.16.**

**Members present:**

Mrs. Kathy Pollard (Chair) 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 Mr Pete Keeble (Practice Manager)

Dr. Ayache (Senior Partner) Ms. Gill Jones

1. **Apologies:**Mr. Peter Wright, Mrs. Elizabeth Digby, Mr Andrew Ravasio.
2. **Notes from last meeting:** The notes from the last meeting were accepted as a true record.
3. **Conflict of Interests:** Gill Jones declared that she is a member of Healthwatch Suffolk
4. **Update on actions from last meeting**
5. Pete reported that the phlebotomy service was now almost fully covered by other staff that had been trained. EB is covered Monday and Wed. – Thurs. Capel is covered Tues and Thursday. There is also an extra hr in which to obtain samples for INR tests as they are collected later in the day. There is currently a problem with supply of needles due to the fact that NHS England had changed the contractor. It is expected this problem will be resolved very quickly.
6. Staff recruitment. The Practice is currently in discussion with two Dr.s who may be interested in permanent positions, either as Partners or as salaried GPs at the Practice. Pete also stated that the three nurses who left the practice left for good reasons and that there is no sinister reason for resignations. Recruitment to these posts is underway.

Retention. The patient members said there was a perception that the Practice does not work as a team. Pete disagreed and said that of four partners working together for the last 10 years, three were still together. The Practice sees the problem as workload as all admin has to be done by Partners. It was agreed that both patients and the Practice want the same thing, ie consistent staffing. Team meetings are held, eg on the last shutdown day, all staff attended a meeting. A discussion about the need to value all grades of staff ensued. The PPG asked how it could help the Practice. Dr. Ayache will take this to the practice team to ask for ideas. The PPG suggested that they meet staff and give anonymous feedback to the senior team. No decision was made on this idea. **Action: Dr Ayache**

1. Capel St Mary Parish meeting held on 23rd March. – the issues raised at that meeting are covered by the agenda.
2. Facilities for Breastfeeding within the practice premises. Dr Ayache confirmed that a room would be made available at each surgery. **Action: Dr. Ayache**
3. This item was deferred until the June meeting
4. It was agreed that the Practice and PPG should produce an annual report. Agreed that items could include staffing and achievements of the partnership and have a joint picture of staff and PPG members on the front. Jan agreed to start the ball rolling. **Action: Jan**
5. Dr. Ayache was politely reminded that the PPG expected a response to formal letters if they write. It was also stated how much more effective the PPG could be when a Partner is present and that everyone was very pleased he made it to this meeting. Dr. Ayache confirmed he would make every effort to come to future meetings.
6. Comments, Complaints, Compliments. A meeting of Liz, Becky and Sue is planned after which they will meet with Pete and Casey (his new assistant). **Action Liz/ Becky/Sue**
7. Feedback from CCG PPG network meeting. Jan had attended the meeting and reported there were two parts to the meeting:
	* 1. A presentation about the changes to **patient online** records
		2. A workshop session about what makes an effective PPG

The national changes to online records:

From 31.03.16 all practices have to offer online access to detailed coded data which will give the pt. Access to their meds, vacs, test results and diagnoses.

From 31.03.17 will also include all correspondence

Sometime in the future will show complete record

 In addition to this there is a ‘sharing out’ and sharing in of data whereby the pt can give permission for other NHS services to use and view their primary care record, eg the diabetes service at Ipswich hospital. There can also be a three way sharing, eg Primary care and diabetes service can share in and out but smoking cessation (for example) might only be given permission to share in there info so that the others can see progress but the smoking service cannot see the full record.

IESCC are looking at a wider sharing service and are wanting to know what would be useful to pts.

The workshop on PPG functions. It was Jan’s distinct impression that the effective PPGs and those expressing satisfaction were those with consistent involvement and a positive relationship with Partners. Activities that ‘successful’ PPGs undertake include:

* Flu day support
* Reviewing/writing pt information leaflets
* Linking with other local organisations/pts/groups
* Holding joint ‘health events’
* Managing waiting room notice boards
* Getting info in/out via parish mags/websites/shops/children’s centres/WI/newsletters/and virtual groups.
* Undertaking patient surveys
* Reviewing trends in complaints

The CCG reported that they want to be supportive regarding GP involvement in PPGs. The PPG section of the CCG website is about to go live.

1. Pt. Engagement day – a sub group will work on the detail of talks for pts Frank offered to be on the subgroup and to arrange for a guest speaker on diabetes, Dr. J Reyman. Dr. Ayache will support Frank on this. Other suggestions to be forwarded to Kathy. **Action Frank/Dr. Ayache**
2. Mental Health. – Deferred to June meeting. Greta will join mental health sub group
3. Staff badges . Dr Ayache agreed that medical staff will also wear name badges as not all patients know the Dr.s names and some people have memory problems.
4. Capel CommunityTransport Scheme. (CCTS) Frank reported he had a meeting with Chris Yule who has set the scheme up. He read out a Draft Memorandum of Agreement. Comments and suggestions for modification were made. The scheme will support pts from Capel, Copdock, Bentley and the two Wenhams.
5. **Issues raised by members.**

Nancy raised comments given to her by a local resident concerning end of life care.

The wife of a man in the last stages of life who was his main carer made 7 calls to the practice to get a prescription for meds needed over the weekend. The receptionist eventually got ‘shirty’. By the time the prescription was ready, the wife/carer could not leave the pt. Is there a way that this situation could be handled better such a ‘flag’ system. The hospice was equally frustrated with the practice. On this occasion the request did not get to a partner. It was suggested that the hospice should mark a request as ‘urgent’. Pete will obtain the name of the pt and look into what went wrong. **Action: Nancy/Pete**

Kathy had been asked to intervene in a case where two people had not had their pneumococcal vaccination and have been told that their records show that they have. As it is extremely unlikely that a Dr would record with the identical inaccuracy on two separate records, the practice agreed to offer to test their blood for immunity. It was suggested that the pts may have got the pneumococcal vaccination muddled with the shingles vaccine. **Action Pete**

Kirsten reported that she observed excellent service while in the waiting room the previous week. A man came in and asked if he could see a Dr. The receptionist asked Dr. Victoria and she saw him.

**Date of next meeting: 23rd May 6.30 pm. (pre-meeting @6pm for patient members)**