**CONSTABLE COUNTRY MEDICAL PRACTICE**

**PATIENT PARTICIPATOIN GROUP MEETING**

**MONDAY 15TH AUGUST 2016**

**Present:** Kathy Pollard (KP) (Chair), Frank Wells (FW) (Vice Chair), Liz Digby (LD) (minutes), Jan Cheng (JC), Mike Huard (MH), Andrew Ravasio (AR), Greta Abbs (GA), Nancy Cohn (NC), Pete Keeble (PK), Casey Francis (CF), Dr C Teteh (CT)

1. **Apologies:** Gill Jones, Becky Thomas, Sue Yellop, Kirsty Nicholls, Peter Wright

Before the meeting started Greta said she had the expenses for the diabetes talk. She also suggested that the donations from the night should form a float for subsequent meetings. KP asked her to pass these on to Kirsty who had agreed to deal with the PPG accounts.

1. **Minutes of last meeting:** There were some alterations that needed to be made.

4e – it was Liz who volunteered to visit Capel practice at 8 am and not Jan.

4f – NC asked for clarification on Clinical Psychologist input at the practice and it was decided this was an error, and the visiting mental health professionals were a mental health worker and a psychiatrist and not a clinical psychologist.

4d – MH asked how a patient who was using the breast feeding room would know if their appointment was announced. It was decided that a member of the reception team would tell them, but that this had not arisen to date.

The minutes will be duly amended.

1. There were no declarations of interest.
2. **Matters arising:**
3. **Staff recruitment:** Phlebotomist increased from 1 – 2 times a week at both Capel and East Bergholt surgeries. A new Nurse Practitioner is starting on 1st September on a permanent basis, 2 days a week. The Practice is talking to 3 doctors – talks are promising. A receptionist will soon be leaving and the practice will be discussing how these hours can be best replaced.

KP commented on recent complaints the PPG had received regarding a particular nurse at the practice with respect to her rudeness and “rough” handling. FW also requested that these incidences should be brought to the attention of the nurse involved, however, it was noted that some patients had been reluctant to report the incidences to the practice. PK said that there had been a few complaints about one particular nurse, but that some related to requesting X-rays that were inappropriate. This could be as the nurse was a locum, but PK asked PPG members to encourage patients to contact the surgery with their complaints, so they can be dealt with.

**Dr Tetteh joined the meeting at this stage.**

KP had been made aware that some new members of the staff were not aware that 24 hour ECG monitoring could be done at the practice, and asked PK to make sure that all new members of staff knew the equipment that was available to them.

KP had received a comment card praising the practice at their speed with dealing with a minor injuries patient. PK advised the group that although this patient had been seen, the practice was not contracted to provide minor injury treatment. KP suggested that clarification by PK about this service should be provided via the parish magazines. CT also commented that a triage doctor would always ring a patient to discuss the problem and would make an assessment then whether they could be seen or if they needed to attend A & E.

1. **Test Results:** Test results were available for patients to review on line, but only after the GP has seen them. This facility was only available to those patients who have registered on line. The practice has still been experiencing problems with the automatic blood pressure machines. PK said that a new IT company will be supporting the practice, and when they are migrating over to the new system, then this problem should be solved. Until then, manual BP machines will be used.
2. **Monitoring of appointment systems:** Both Frank and Liz experienced really useful and interesting mornings at each surgery. Frank noted that the receptionists were very busy, but were polite and explained carefully to patients the process once appointments were unavailable. During his time there a doctor went off sick, and the reception staff coped admirably with this situation. Liz noted that there was nobody queuing at Capel surgery. It was a very quiet morning, but all appointments were full by 8.20 am. The reception staff were very helpful and again explained carefully to the patients the process once appointments were full. She noted that there did appear to be a feeling of “second best” at Capel as they were a branch surgery, and had limited access to the appointment system – all release of appointments and certain changes had to be done at East Bergholt and that this sometimes reflected in how well they felt they could carry out their job. In general it was felt that this exercise was useful and that it could be repeated by other members.
3. **Capel Transport Scheme:** Working very well. They transported 7 patients last week. They have 13 volunteer drivers. A dedicated email address has now been given to the allocator so they can liaise more effectively with staff. KP noted that a Copdock patient was especially pleased with the service.
4. **Proposed Housing development:** Applications had been received proposing between 4 and 500 extra houses in Capel St Mary. Concern was raised over whether the existing surgery in Capel could cope with the extra number of people, especially as there is already concern over accessibility for disabled patients. PK stated that he has applied for refurbishments at Capel before but there is great difficulty getting any money from NHS England for such projects. KP asked about money from developers and whether this was available. AR asked whose responsibility was it to provide the money, and the practice should speak to the developers first, rather than just allowing them to go ahead. KP agreed to look into this, and to find out if NHS England are already involved in the consultation. JC said she had seen from previous consultations that a fixed amount of about £15,000 was what the developers seem to be providing. Discussion around expanding the existing surgery took place, but it was agreed this would be difficult. FW suggested that a central location for a new surgery would be essential.
5. **Other issues:** Firearms certificates. PK said that the practice were following guidance from the BMA on this matter following recent changes.
6. **Patient/public open meetings:** Diabetes talk. This went very well and subsequent to this Dr Ayache offered to ask Dr N Robinson, Consultant Cardiologist at Colchester Hospital to do the next talk on heart disease. FW has yet to hear back from Dr Ayache. PK will speak to him. NC asked whether we really needed a break in the middle as this extended the evening. It was agreed we didn’t. MH said we needed amplification. GA said it had been requested, but for some reason was not available. GA suggested we should offer money to the speakers. All agreed this should be done. PK reminded the group that the Nuffield do offer speakers for such events, and would also provide refreshments. PK to provide a list of topics they cover. JC suggested that the CCG also held talks on continuing health care and residential care, and that this could be a good topic. It was agreed the venue for the next meeting should be Capel Village Hall, and the next talk will be in October.
7. **Park & Ride Facility:** From the New Year there will not be a direct service from Copdock to Martlesham. Two separate services will be in operation from Copdock to the centre of Ipswich and from Martlesham to the centre of Ipswich. This means that a direct route through to the hospital will not exist. This will make a bus journey to the hospital longer, and with a change of bus in Ipswich centre. Concessions on the buses will only operate after 9.30 am, making early morning appointments at the hospital expensive, and as two different companies are operating this service, it was not known if one ticket could be purchased for the whole journey. Suffolk County Council cut backs have forced this decision. It was agreed that as a group we should at least contact the council to see if one ticket could be purchased for the whole journey. KP to contact council.
8. **Practice Flu Dates:** A rota would be compiled for PPG members to help with queue monitoring at both the Capel (20 October)and East Bergholt (11 October) Flu days. PK would also let us know if different help was needed.
9. **Comment Cards –** already discussed earlier.
10. **Any other business:** Gill Jones (through previous email) encouraged PPG members to contact the CCG regarding the proposed cut to IVF services and those services to vulnerable patients. It was agreed that this was something we could do individually, rather than as a group.MH wished to pass on thanks to the doctors for their generous thank you letter that had been circulated to all PPG members. This was very much appreciated by the group.
11. **Date of next meeting:** Monday 5th September at 6 pm. Annual Election of Officer meeting. MH to contact all members to receive votes for Chair and Vice Chair.