**CONSTABLE COUNTRY MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP MINUTES – 24 APRIL 2017**

**Present:** from 6 pm - Kathy Pollard (Chair), Nancy Cohn, Jan Cheng, Greta Abbs, Mike Huard, Gill Jones (Healthwatch), Liz Digby (minutes). Joining meeting at 6.30 pm – Pete Keeble (Practice Manager), Casey Francis ( Admin Assistant).

1. **Apologies:** Frank Wells, Peter Wright, Kirsty Nicholls
2. **Minutes of meeting 20 March –** agreed.
3. **Declaration of interest –** Gill Jones from Healthwatch
4. **Ongoing issues requiring update:**
* **Recruitment of Practice Pharmacist**

The practice are speaking to 2 pharmacists at the moment and one is quite promising, but has not been offered a post yet. KP asked whether the appointment of a practice pharmacist would relieve the current problems with repeat prescriptions (at present patients are being asked to request repeat prescriptions a week in advance). PK said that a week’s notice has always been desirable, but accepted that previously 48 hours was the usual waiting time. MH noted that the process for collection of prescriptions at Capel has recently changed which introduced extra checks into the process making it longer. It was decided that once a practice pharmacist had been appointed, they should be invited to a PPG meeting to discuss these issues. We also would like to invite a representative from the East Bergholt pharmacy and one from Villapharm at Capel surgery.

**Action: Practice Pharmacist to come to a future meeting once appointed.**

* **Patient Questionnaire update**

PPG members had a few comments regarding the draft of the questionnaire. It was decided after discussion that NC and JC meet with CF to help finalise the questionnaire. Questions were also raised regarding sampling methods and analysis of results, and it was agreed that for the questionnaire to provide valid results, a computer programme such as SPSS, would be very useful. FW has a contact at Anglia Ruskin. JC asked GJ if other practices had done a similar questionnaire, and she suggested Stow Health may have done this and to contact them. KP then asked PK if he could find out if there are any results from the pharmacy questionnaire given out at Capel Surgery.

**Action: NC and JC to meet with CF to finalise questionnaire**

 **JC to speak to FW regarding contact at Anglia Ruskin**

 **? contacting Stow Health regarding patient questionnaire**

 **PK to find out results from Capel Pharmacy questionnaire**

* **Follow up after hospital discharge**

PK reported no progress to date on this, but there was a partners “away day” planned, so this could be covered then. GJ commented that if the practice did follow up patients after discharge, then this could reduce the readmission rate from the practice, and reflect favourably on the practice.

PK then went on to explain that the practice does have an “at risk” register and until recently care plans were completed for all vulnerable patients too. This was extremely time consuming, and had to be completed by a doctor, however the practice managed to complete all of their care plans and was paid for completing these. These have now been discontinued, and a Frailty Register is due to be introduced to replace them. To date this has not been implemented, but it is hoped that these will be completed by Nurse Practitioners, Pharmacists as well as GPs. This will hopefully alleviate some of the burden from the doctors.

**Action: PK to report back to PPG after doctor’s away day on follow up after hospital discharge**

 **To be put on next agenda**

* **Waiting room display and phone system**

There still appear to be issues with the amount of time for display of patient names at Capel Surgery. It is still 4 seconds as reported by MH, which is not long enough for many patients to read it. CF said she checks this regularly and it was agreed there could be a fault in the system.

PK gave an update on the phone system. Last September a company was asked to upgrade the system. This included providing an infinite queue and patients being told where they were in the queue. Statistics and information would also be available to the practice. However, the company unfortunately failed to progress the order, and have now agreed to come and make these changes in early June. LD and other PPG members commented that there was a long wait to be connected after the initial announcement when ringing for an appointment. PK said he had tested this but hadn’t experienced this long wait, but was confident that these issues would be resolved when the upgrade was completed.

1. **Recruitment of new members**

We will now need to recruit 3 new members as GA is moving to Cambridge at the end of June. KP spoke for the PPG when she said that Greta will be greatly missed. It was agreed we need a proper process for recruiting new members. AR happy to be involved and KP suggested perhaps another 2 members should form a working group to assist. MH was happy to join AR to write a brief job description. It was agreed to keep it simple. GJ suggested speaking to other practices to see how they recruit.

**Action: AR and MH to meet to write job description**

1. **Men’s Health talk and future talks**

KP commented that this was not as well supported, but it was noted that it served half the community. However the meeting was also on the same evening as a very well attended Extraordinary Parish Meeting in Capel St. Mary on the topic of planned housing. KP was disappointed that the practice were slow in providing fliers, and putting posters up and hoped we would get better support for future events. It was agreed that we should allow more time to plan the talks, and that a list of where to place posters should be made for future use. KP said the June AGM will be in May editions of village magazines. It was agreed that the CCMP logo could be used on posters, and PK to forward this to KP. The feedback forms were positive, and patients clearly wanted more talks. KP thanked GA for her analysis of feedback.

The Parish Nurses are having a health promotion day on Saturday 24 June at Capel Methodist Church – PPG to consider attending and on the 3 May they are having a talk on dementia.

After discussion it was agreed that the next talk should be around children’s health and first aid. GJ suggested to contact Anita Meister who is a mental health first aid trainer who could be a useful speaker at the talk. LD to speak to parents at her toddler group about which paediatric topics should be covered. Talk to take place in September.

**Action: PK to forward CCMP logo to KP**

 **GJ to forward Anita Meister’s contact to KP**

 **LD to speak to parents at toddler group**

 **? List to be compiled of where to put future posters**

 **? PPG to attend parish nurse health promotion day on 24 June.**

1. **Feedback from ROMEO group**

This group meeting was attended by MH and AR. The Capel parish nurses were also there. In general the men were negative about the practice. ROMEO posters had been taken into Capel Surgery, but not displayed on the noticeboard. MH and AR talked about the forthcoming PPG AGM, future talks and the men were asked to complete our comment cards with any issues they had. ROMEO members had asked if the practice questionnaire could be circulated in newspapers, but this was decided not to be practical.

1. **AGM June 1st Capel Methodist Church 7 for 7.30pm**

JC to look at the AGM report she started to do a while ago. KP commented that generally there was confusion about our role and this needs to be addressed at the AGM. Posters and fliers need to be sorted. It was asked if Capel was the right venue, but Kathy said that possible venues in East Bergholt were already booked and that we will hold it in EB next year.

Format of the evening was agreed:

Refreshments to start

Annual report – given by Chair – there should be a minute taker too

The Practice to say something

It was suggested that we form smaller groups then for information gathering and this needs planning.

Outside organisations attending so far are Active Lives, 4YP, One Life, possibly Sue Ryder, Capel Parish Nurses.

Election of Chair and Vice Chair will be done at the June PPG meeting after the AGM.

GA said it would be appreciated if a doctor could attend the AGM and it was noted that one wasn’t at the meeting tonight. PK said that one was scheduled to come tonight but a doctor was off sick today making it difficult. However, a doctor is scheduled to come to meetings for rest of the year.

1. **Any other business**

KP asked PK if there was a practice policy when a patient committed suicide. This was in the light of recent events communicated to the PPG from a patient. PK confirmed there wasn’t a policy as all cases are different, and therefore a set policy wouldn’t be appropriate. GJ suggested that if there wasn’t a set policy then there should be a procedure to follow that included signposting patients to support organisations.

**Action: PK to consider this.**

KP noted there was now a proposal for up to 600 new houses in Capel St Mary, in addition to current applications for 250 and this raises greater concerns over the adequacy of the practice building in Capel, even with the improvement grant on offer. PK noted that all patients belonging to the practice could easily be accommodated within the premises at East Bergholt and that this makes the offer of new premises in Capel St Mary unlikely. GJ had also received an email outlining the inadequacy of the Capel practice site. GA informed the group that the housing applications for 144 houses on the B1070 and 12 houses on Hadleigh Road in East Bergholt was now back on. This will be an ongoing issue for the PPG to discuss at future meetings.

Finally, Kathy thanked Greta for all her hard work on behalf of the PPG, and the surgery transport she has provided for many years, and gave her a card and chocolates and best wishes from the group for her forthcoming move to Cambridge.

1. **Date of next meeting**

It was agreed to stick with the 3rd Monday of the month fixture, so Monday 15 May at 6 pm is the next meeting date.