**Constable Country Medical Practice**

**Patient Participation Group Minutes – September 18, 2017**

**Present:** Kathy Pollard (Chair), Dr Frank Wells, Jan Cheng, Andrew Ravasio, Mike Huard, Liz Digby, Gill Jones (Healthwatch), Casey Francis (Admin Support), Dr Nancy Cohn (minutes),

Dr Victoria Okpiabhele was due to come but very busy in Capel so wasn’t able to join the meeting.

**1. Apologies:** Peter Wright, Peter Keeble

**2. Minutes of last meeting** – accepted

**3. Declaration of interest on any agenda item**

 Gill Jones from Healthwatch declared her interest

**4. Ongoing issues requiring update**

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1. **Patient questionnaire update and Anglia Ruskin Research (FW)** – link with ARU has broken down, now going to approach UEA. Casey explained that it is now of some urgency to put out the questionnaire due to concern about the results from the patient satisfaction scores from the NHS National Patient Survey **ACTION: Frank and Jan** to continue with this.

This led on to a discussion about the areas of concern that are evident from feedback already known about, including comment cards, feedback to PPG from patients, and comments to surgery staff. Feelings from the PPG are that a further questionnaire is not needed as difficulties are already identified. One suggestion is a small group from PPG to meet with the doctors to discuss the feedback and how to help improve patient satisfaction. **ACTION: Casey** to convey the above to the partners.

1. Patient Transport – the new EB co-ordinator is Elaine Fenn. They currently have 4 drivers available between Monday to Thursday, but no cover Friday (this information from Greta).
2. Telephone system problems – A problem ringing the Capel number. – no welcome message. Upgrades over the next month should resolve this.

**5. Update on facilities in waiting rooms including :**

-noticeboard space for PPG – **ACTION: Casey and Nancy** working on this

-reintroduction of children’s toys and books at EB and infection control issues (PK) – Anne Vickers is dealing with this area.- hopefully answer at next meeting. **ACTION- Casey** to bring answer to next meeting

**6. Recruitment of new members –** update from interviews – Applicants spoke with Kathy and Frank on an informal basis, then undertook interviews with Andrew and Nancy. We agreed to offer one of the applicants a place on the group. This was to leave some space to recruit some younger age groups, in order to be more representative of the patient demographic. **ACTION : Kathy** will inform the applicants and express our appreciation for their interest.

**7. Talk on children’s first aid and ailments –** Request to Dr Ayache for the contact details of person he had in mind. - Dr Desai. ACTION: Casey to ask Dr Ayache

This brought up an issue of a newborn baby who was unwell, but could not be seen initially because the baby was not yet registered. This seems to be a problem of systems which possibly can’t be changed. However, it was felt that this needs a sensitive response as this may be a very stressful time for parents.

**8. Flu days-** dates and availability: 26th September EB, October 5th Capel, October 26th EB, October 31 Capel. **ACTION: Kathy** to work out a schedule according to members offers of availability.

**9. Availability of clinician appointments** - Still a problem. And when no appointments are available, patients are not regularly being offered triage or GP plus. Casey said they are working on some clearer guidelines for answering the phone and this should help.

**10. Affiliation to NAPP** – PPG would like to remain members. Renewal form given to Casey. **ACTION: Casey** to sort out renewal

**11. Practice website update** – Very out of date. On Casey’s to do list for tomorrow. **ACTION: Casey**

**12. Patient health record –**  – would flu days be a good time to engage with patients? It was felt that forms could be given out but there wouldn’t be time to discuss them with patients. Forms need to be available in both waiting rooms.

**13. Possible merger of Ipswich and Colchester hospital trusts** – Kathy attended a meeting about this on 24th August. Currently Nick Hulme is the Chief Executive for both hospitals. This was a joint meeting – in public – of the two hospital boards. Nick Hulme said that “medium sized hospitals would be a thing of the past”. He reassured members of the public that A & E and maternity would continue at both sites. New arrangements still a long way off. Patients can currently choose which hospital to go to. And that should continue. More to come on this.

**14. Next PPG Network meeting:** Coast & Country Primary Care – Wednesday 27th September at Hadleigh Health Centre, IP7 5DN – Mike Huard attending, Anyone else available? – Yes! Liz will go too.

**15. Date of next meeting:** October 16th at 5pm.

**16. Issues raised on comment cards and with individual members** – Issues that came up – no children’s books in WR at EB, no toys, no music, too long a wait to be acknowledged by reception staff, refusal to put up a notice about an exercise class in Capel, no response following a formal complaint. Confusion with patients being told phlebotomy not available at surgery.

Also complaints about the pharmacy at Capel. **ACTION: Frank** writing to the pharmacy on behalf of the PPG about this. Negative comments about the pharmacy reflects badly on the practice.

**17. Any other business** –

**Clinical Pharmacist** – has started now and this going well. He has a phone clinic started. Wednesday and Fridays at EB, Mondays at Capel

**Joint local plan** – Mike wondering if someone from PPG can go along ;

All events from 2-7pm

Monday October 2 in Elmswell

Wednesday October 4 Stowmarket

Thursday October 5 – Eye

Monday, October 9 – Tattingstone

Wednesday, October 11 – Hadleigh

Thursday, October 12 - Sudbury

**AGM –** As per recent discussion, we agreed that we would no longer have an AGM, as attendance was poor. Andrew has revised the terms of reference and this was approved by meeting. “The Group will produce an Annual Report in June which will be made available to all patients through communication channels currently used by the Group/ Practice”.