**Constable Country Medical Practice**

**Patient Participation Group**

**Minutes of meeting held 15.01.2018 5-7pm**

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| **Present** | Frank Wells (Chair in absence of Kathy Pollard)Andrew Ravassio Richard CavanaghGill JonesKirsty NicholsNancy CohnJanice ChengPete Keeble Francis Casey Dr. Victoria |  |
| **1.Apologies** | Kathy Pollard, Mike Huard, Peter Wright, Liz Digby. |  |
| **2. Declarations of Interest** | Gill Jones is employed by Healthwatch Suffolk |  |
| **3. Minutes of last meeting** | Agreed as a correct record |  |
| **4. a.****4. b.****4.c** **4.d****4.e** | **Patient satisfaction research project.** Frank reported that he and Pete met with Anne Killett, course director at the University of East Anglia. They discussed designing a course project or dissertation aimed at getting a clear project to elicit pts. views on the service provided by CCMP. It would be an 18month long project but there will be feedback during the course of it which the Practice will be able to take action on. Further discussions will take place between all parties. Meanwhile CCMP needs to take action on the recent results. They plan to undertake the survey they developed last year.**Training issues.** A discussion took place about recent communication regarding the planning of a training package for clinicians on communication and consultation with patients in the light of feedback that this could be improved. It was agreed that there had been misunderstandings which had resulted in AR not being involved in the planning of the training. The first session is due to take place tomorrow. Dr. Victoria asked specifically that AR attends as CCMP are very keen to involve a patient. AR agreed to attend the teaching session. AR agreed to attend on 16.01.18 12-2pm. **Toys in waiting area.** Pete announced that CCMP had decided that toys will be provided in the waiting area after all and they will have a protocol for weekly cleaning. This was warmly welcomed by the group.**Public talks initiative.** The sub-group have met once and discussed some principles and ideas. A 2nd meeting is planned in February. Further feedback will be available at the next PPG meeting.**PPG Xmas get together with staff.** FW suggested that the Christmas get together over the staff’s morning coffee period was more successful than previous evening gatherings. PK and Dr. Victoria both agreed with this statement. A similar event will be planned for next Christmas. | **Action****PK/FW****Action****AR****Action CCMP** |
|  **5** | **Update from Practice Manager and Partners.**PK announced that a valued member of staff, Kaye Goodiluck died suddenly earlier this month. All staff are shocked and saddened by this. A service will be held on 31st January in the afternoon. The Practice’s activity will be reduced on that afternoon to enable as many staff as possible to attend. Frank offered the condolences and sympathies of the PPG be passed to Kaye’s family and to all staff. **Refurbishment of Capel St Mary Premises**PK reported that the plans for the Capel surgery refurbishment have been approved and are due to start in the next few months (no firm date yet). This includes the installation of automatic doors, a ramp, a larger waiting area, levelling of floors on thresholds and a general sprucing up of decor. There will be some disruption while the works are undertaken but no closure. This may involve asking all patients who could get to EB to use that surgery instead for this period only, leaving Capel for those who cannot travel. The public and patients will be informed when a firm date is known. It was suggested that this information is included in the Parish magazine article Kathy has drafted and by Pete in his article once the dates are known.**Staffing**A HCA and a receptionist are leaving. At the same time, the Clinical Commissioning Group are rolling out a system for improved processing of clinical correspondence. Research has shown that 80% of correspondence does not need to be seen by a Dr. CCMP are looking at recruitment to the vacancies in the light of this system. Dr. Paric will be the clinical lead for its introduction and audit.**Flu season**CCMP have met the target for vaccination of the eligible population. Dr. Victoria reported that the Practice had not seen a lot of flu and no-one had needed hospital admission.Next year, vaccination days will be more complicated to manage as there is vaccine for three different age groups, ie 0-18, 19-74, and over 75 as well as those entitled to shingles and pneumococcal vaccines. | **Action FW/KP/PK** |
| **6.****7.** | **Suspension of transport schemes**It has been discovered that all volunteer drivers have to have a Disclosure and Barring check (to ensure they do not have a criminal record). The checks are currently ongoing and the schemes will restart once these have been completed. It was not clear if these checks need to be paid for.**Potential member of PPG**. A young person had contacted the practice and had expressed an interest. PK had given her the PPG contact details. FW agreed to send her the application form when she contacted the PPG directly. | **Action FW****Action FW** |
| **8.**  | **PPG network.**No further information is available about the £1000 potentially available for PPGs. PPGs can club together if they want a larger sum. FW offered to make enquires about when this scheme is to be launched.FW also suggested that a speaker he had heard from ‘One Life Suffolk’ at a PPG network meeting would be very interested in speaking at one of our public meetings. FW will forward details to the Talks Sub Group to take this forward.FW will attend the next PPG network meeting on 06.02.18. 4-6pm. He asked if anyone else would also be able to attend. | **Action FW****Action****Sub group****FW** |
| **9.**  | **PPG newsletters**Comments were invited. It was agreed that these newsletters were useful and informative |  |
| **10.** | **Practice Website Update.** FC asked if a request for a summary of the role of the PPG for inclusion on the web-site, had been received. It was suggested that taking that bit from the ToR and the application form.JC took a photo of Dr. Richard Cavanagh was taken for inclusion on PPG information and will forward to FC. | **Action JC** |
| **11.** | **Comment Cards.** These included * ‘a big thank you for Dr. Paric for his prompt and accurate response to a situation which resulted in urgent surgery.’
* ‘very pleased with the new phone and appointment system’
* A verbal comment had also been received. A pt had been advised to see a nurse practitioner by a GP. The pt was very reluctant, thinking they definitely needed a Dr. The NP consultation was such a positive experience that they are now totally converted!
* The CCMP article in the Parish Magazines was seen as defensive by some. CCMP were asked gently, to be mindful of this when feeling under siege and that it could be helpful to ask someone else’s opinion if feeling ‘got at’

Comments had also been received about the pharmacy service at Capel. It was agreed that as the pharmacy was a separate service from CCMP and also a private business, it was not within the remit of this group to take action. The comments received are to be passed on to the CCMP clinical pharmacist for information. FC had also looked into this complaint and was clear that it was a dispensing issue, not a prescribing one so was the responsibility of the pharmacy, not CCMP. FW will forward email to PK for follow up with clinical pharmacist.  | **ActionFFW/PK** |
| **12**  | **Any other business**It was asked if there was any scope to inform a pt by text if their appointment was cancelled for any reason. A case was described when a pt had taken a half day off work, travelled back from London only to arrive at the surgery to find the appointment had been cancelled. A message had been left on the home landline earlier but not picked up as all members of the family were out. No conclusions were agreed. |  |
| **13.**  | **Date and time of next meeting** **19.03.18 (3rd Monday of the month)**Minute taker - Liz Digby. |  |