**Constable Country Medical Practice**

**Patient Participation Group**

**Minutes of meeting held 10th September 2019**

**Present:** Kathy Pollard (KP) (Chair), Gill Jones (GJ), Frank Wells (FW), Andrew Ravasio (AR), Mike Huard (MH) (Vice Chair), Nancy Cohn (NC), Dr Parikh (Dr.P) Pete Keeble (PK) Lyn Matthews (LM) Kirsty Nichols (KN) Jan Cheng (JC) (minute taker)

1. **Apologies:** Richard Cavanagh, Peter Wright
2. **Declaration of Interest:** Gill Jones Healthwatch

1. **Minutes of meeting 17.06.2019 and ongoing issues.** The minutes of the last meeting were accepted as an accurate record.  There were several on-going issues arising from these minutes:
2. **PPG pound and Sub-group (LM, MH, KP, KN)**

The group met twice and have arranged a First Aid talk at East Bergholt School on 11th Oct. Gryphon will provide basic training or an ‘insight’ into first aid on children and babies. The St. John Ambulance Brigade and the Red Cross had also been contacted for written info. The Red Cross had more available and its information was linked to an app.

**Action: Report back on outcome of meeting**

1. **Staff Photo board -update.** No progress has been made in persuading staff to have their image on the notice board. PPG members pointed out that their pictures had been there for several years, along with home phone numbers with no adverse consequence so it was difficult to understand the staff concerns. Staff had agreed to have their image on the website. This was accepted positively as some progress and this subject will be re-visited in the New Year.

**Action: For discussion at a future date**

1. **CQC Inspection**. - the complaints process. Kathy sought confirmation that the policy is standardised. Pete said the practice policy was that an acknowledgement was sent within three days and every effort was made to make a full response after 28 days, however this can be difficult when the complaint is complex. He said there were very few written complaints received that are not complex or historical. Dr P asked if there was any evidence of recent problems with timings. Kathy provided evidence of one instance. This will be looked into by the practice. PK also said he would check that the complaints policy is on the Practice website.

**Action: PK to investigate why the policy times were not applied in the complaint details provided by Kathy. PK to ensure complaints policy is on website**

1. **Water Dispenser and toilet seat at EB – update** PK reported that the water dispenser had been relocated downstairs behind reception. Pts will need to ask at reception. It was accepted that it could not be piped into the patients waiting room. PK also asked about style of raised seat for the disabled toilet. FW agreed to look at the information provided by PK and give an insightful opinion

**Action: FW to advise PK**

1. **Practice Update** (see below)
2. **New appointment system**

PK asked if items 4 and 5 could be taken together. FW said he had heard from staff booking appointments that patients had not been reading the written information provided and that it was early days yet. PK explained that the message patients hear when they phone was changed today to explain how the system works, i.e. a doctor led, on the day call back service and that bloods and reviews can be pre-booked. It also reminds people to tell the receptionist if the situation is urgent so that she can forward that information to the doctor. It was agreed that some patients find it difficult to hear on the phone. It was suggested that doctors always seek confirmation from the patient on what they understand. MH said he had been invited to participate in the tele-consultation training and it was excellent in his view. Receptionists can access information easily to signpost patients to other services. AR asked if the call back time window was working. At the moment it is a 4 hr slot. If a patient has only a specific hour, for example, there is usually enough flexibility in the system to accommodate their needs. The Practice have been giving thought on how to assess the impact of the changes in both a qualitative and quantitative way. The 40 call backs give an accurate database to assess resource need. All calls are recorded. JC asked about confidentiality and who can access the recordings. The practice has a data sharing agreement with the server provider. The server is in a locked cupboard on the premises. Only PK has the password. Recordings are kept for 4 months

1. Flu day - availability of PPG members to help. This year there will be four sessions. Members were asked to indicate when they would be able to help.
2. **Romeo Meeting –** AR and MH met with the group. The comments about the practice were generally positive this time.
3. **Babergh local plan consultation.** It was agreed that KP should officially comment about the safety of the Four Sisters junction on the A12 as patients need to use this to travel between surgeries and the increased planned housing will add to the safety issues.
4. **Issues raised on comment cards**

There are a lot of negative comments about the pharmacy service at Capel St Mary Surgery. Gill can ask if the LPC can come and help. Although it is not a part of the practice, people connect the two and it is adversely affecting the perception of the  CCMP. If the LPC emails, PK will respond positively.

1. **AoB.** It was regretted that the young mother who had shown such interest in joining the group had not attended as suggested. Concern was raised as we had changed the date of the meeting but as we didn’t have her contact details, we could not get in touch with her.
2. **Next meeting October 21st.** at 5pm.FW to take minutes and LM volunteered to be minute taker at the November meeting