

Sidney House and The Laurels Surgery
Patient Participation Group Meeting

Action

Minutes of a meeting held at The Laurels Surgery
28th June 2017

Members Present.

John Galley (**JG**) chair, Ann Martin (**AM**), Theresa Buck (**TB**), Lester Firkin (**LF**), Ray White (**RW**), Dr. Siddiqui (**WS**) (Practice Representative), Joyce Stringer (**JS**), Beverley Jones (**BJ**) (Practice Manager).

1. APOLOGIES FOR ABSENCE

Barbara Carr, Mick Dawson, Alan Harrison, Vanessa Benson, Bob Farrell, Claire French.

2. MINUTES OF PREVIOUS MEETING.

The minutes were read and approved by the committee and JG signed them as a true representation of the meeting which took place on April 27th 2017.

3. MATTERS ARISING

The brief overview of the new telephone system mentioned in last month's practice update is still in preparation

BJ

The sample newsletters from other practices were provided by **BJ** and circulated by **JS** as agreed at the April meeting. A summary of comments received from members of both the PPG and the Virtual Members, was circulated to members. Action completed and **CLOSED**.

LF had collaborated with **AM** and **BJ** in the production of a Practice Newsletter as agreed at the April Meeting. Action completed and **CLOSED** (see item 5, this meeting).

At the April meeting it had been agreed to publish common dispensary queries in order to educate patients about the working of the 48-hours system. This is still in preparation.

BJ

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At the April meeting it was agreed that **JS** should circulate meeting minutes to members of the virtual group. Action completed and **CLOSED** .

4. PRACTICE UPDATE.

BJ At the last meeting, Dr. Cunningham had explained to the committee that patient numbers were exceeding the "national" required safety limits with the practice numbers standing at 13,100 patients. This exceeds the safe limit which is 1,800/2,000 patients per GP. He had also explained that there was no further funding available to the practice to cope with the excessive numbers and the only alternative was to make an application to close the list to new patients in order to maintain safe practice. He had asked the PPG for its approval and support to make an application to close the list to new patients, to which request the committee gave their full support.

Subsequently an application was made and the practice received an acknowledgement of the application, which is to be considered at the next CCG meeting on 19th July 2017

BJ. Reported that most practices work in co-operation with other practices within their locality. This benefits all patients. However, it is felt by the Partners that it would be more beneficial for the practice to work alongside practices in Witham, who are innovative, proactive and more advanced with their plans to improve patient care. This will not affect the way the patients are cared for within the practice but down the line, it could have positive beneficial effects for the patients.

Given the locality change **JS** asked how this would affect Claire French's role as the "Patient Champion" within the Chelmsford locality.

BJ explained that she had spoken with the communications lead at the CCG and was advised that Witham already has a "Patient Champion". Given the Practice withdrawal from Chelmsford, Claire therefore can no longer represent the Practice in Chelmsford. Claire can apply for a post in the Witham locality if one becomes available. She may remain a member of the PPG but she no longer represents our interests as a Patient Champion now that we are not part of the Chelmsford locality.

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JG is to contact the communications lead at the CCG on this subject.

Dr. Cunningham has taken on the task of trying to educate patients in general when making appointments so that they are made appropriately. He is also keen to encourage patients to plan their prescription requirements so that they order in good time and do not run out of their drugs.

5. PPG NEWSLETTER

AM/LF/BJ John Galley congratulated and thanked Lester and Ann for their effort in producing our first Newsletter.

BJ reported that she had shown the draft Newsletter to members of the Practice staff who were pleased with its contents and for the information that patients can access for their benefit.

The format was discussed and generally approved, however, **JS** introduced the same document with the individual articles in a box format intended to highlight the different topics. Again, it was generally approved however RW was not enamoured of the box presentation.

What has emerged from the whole exercise is that the Newsletter is a huge commitment for just two people and we therefore ask everyone in both the Actual Group and the Virtual Group to volunteer their services to enable us to produce a quarterly Newsletter. There must be people out there with the skills and talent to help with this task.

ALL

LF is happy to address the ongoing problem we have with those people who "Do Not Attend" (DNA) for booked appointments.

LF

The CCG are collecting data from across the Essex area which demonstrates that in excess of £1,500,000 is wasted on DNA's, which is a dreadful expense in these financially challenging times.

In the practice there is going to be closer monitoring of persistent offenders and if these people DNA three times within twelve months then they will be given 28 days notice to find another GP surgery.

BJ

AM thought that the three strikes and you are out should be enforced, and we should publish the figures, it was agreed that, because of confidentiality, it is not possible to name and shame, but a statement

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of numbers "removed" should be provided for publication in future editions of the Practice Newsletter.

BJ

LF asked if there was a mechanism to monitor persistent offenders and if anyone has been asked to leave. It was discussed whether or not to implement the three strikes and you are out policy. Closer monitoring needs to be implemented.

BJ

TB asked if there was an age group who were the greatest offenders and **BJ** said that it appeared to be the younger demographic rather than the elderly. It was also asked if there was an identified offender would all the family be asked to leave and **BJ** said they would not, only the offender.

Another problem with which the practice have to cope on an on-going daily basis is caused by those people who fail to plan for their prescriptions and, whilst **LF** said he would also drive forward initiatives to educate people to plan more effectively, he would very much appreciate help from anyone else who can have some input. It is a rewarding exercise. Volunteers are requested

LF

ALL

JS Has offered to address Health Education issues.

JS

BJ Reported that our On-line Booking System and On-line Prescription System is currently running below the required numbers as directed by NHS England and the CCG. By the end of March 2018 we must reach our target of 25% of the practice list for online service booking requests and on-line prescriptions.

BJ

BJ Also stated that there remain patients who complain that they did not know of the necessary new Practice arrangements, which have been in place for eighteen months. This is despite the numerous ways that this information has been published.

The Newsletter can be yet another source of information for patients and its distribution was the subject of discussion. **BJ** is to obtain "newsstands" which will display the Newsletter (one in each surgery). Coupled with this, those people who are registered for on-line services will receive the letter by email.

BJ

It is ever-more important that we increase our numbers for on-line services in order that we can disseminate Practice news and

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information more effectively and quicker.

JS asked how we intend to deal with any questions put to the PPG as a result of the Newsletter. The committee felt that if we intend to use an email route then a dedicated email address should be used however, it was felt that this might generate a high number of remarks and questions, possibly more than one person is able to handle. It was therefore thought that anyone wishing to make a comment, ask a question or ask for help should be invited to submit such remarks by letter, placed in boxes which will be located in both surgeries.

BJ

Those letters that are received will be submitted to the next PPG meeting for consideration by the Groups.

BJ

LF re-iterated the need for other members of both groups to volunteer their services to take ownership of helping to compile the Newsletter and **AM** stated she is willing to edit the next issue but another person needs to be identified. She asked if there is anyone in the Virtual Group who has **Microsoft Word** skills to help publish our quarterly Newsletter.

ALL

6 ANY OTHER BUSINESS.

BJ stated that, because of financial constraints in 2016, the practice phlebotomy service had reduced by 50%. **BJ** said that the Practice is one of the few surgeries that still offer this service.

AM Brought up the question of transport for patients between the villages of Boreham and Hatfield Peverel that arise from boundary constraints among the people who provide community transport.

WS Brought up the topic of the next **Flu Vaccine Campaign** which will be in the planning pipeline in the next week. It is important that our patients attend the surgery for their vaccination so that the information is logged onto the patient record to provide a record of continuation of care. The information is not available to the practice when patients access other -outlets for their vaccination services.

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BJ Thought that we should be compiling a list of those people who are carers for the elderly, for they too are at risk and should be offered vaccination too.

BJ

TB Asked about staffing levels and whether an apprentice type scheme had been considered? **BJ** responded saying this had been tried but no one applied for the post. It was also suggested that the volunteer path might be tried however, **BJ** stated that, if considered, recruitment would have to be of a mature person.

The date of the next meeting will be held on:

THURSDAY 7TH SEPTEMBER 2017 AT 19.00 HOURS

Venue. The Laurels Surgery

All participants were thanked for their contribution and the meeting closed at 21.00 hours.