

## **PATIENT PARTICIPATION GROUP MEETING.**

### **The Laurels Surgery.**

**12th January 2017.**

Members Present :- Vanessa Benson, Alan Harrison , Ann Martin, Mick Dawson, Bob Farrell, Joyce Stringer.

Surgery Representative(s) Beverley Jones (PM), Dr Tom Cunningham

### **APOLOGIES FOR ABSENCE**

John Galley, Claire French, Theresa Matthews, Barbara Carr, Ray White.

I have since been told that Lester Firkins presented his apologies prior to the meeting, I apologise for the omission.

In the absence of and at the request of John, Vanessa Benson kindly agreed to act as Chair. Vanessa welcomed everyone to the first newly formed Committee Meeting.

### **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were distributed and one matter arising was up-dated by BJ.

At the October Meeting RW had made everyone aware of a problem with some Pts experiencing confusion over pick-up location of prescriptions. Clinicians/Dispensary staff are required to repeatedly ask a patient for their preferred pick up site when in Consultation or collecting items from Dispensary/Reception. The system default has been addressed and hopefully problems should be alleviated.

## **PRACTICE UPDATE.**

The installation of the new telephone system is giving much more Management data information which should enable the Practice to plan adequate staffing numbers at peak times. It also provides comparative information which allows the practice to gauge its performance in line with national averages. As time goes by Beverley is confident it will allow the practice to improve the overall telephone service. The introduction of on-line services for appointments, repeat medication etc has considerably reduced the strain on the telephone system.

**AM** asked for clarification about staffing levels at peak times which appears to be Monday morning, BJ stated that the new system should enable more effective planning. Currently the Practice has one additional member of staff enabling incoming calls on a Monday morning. It might be that a member of the administrative staff also be brought in to cover at times of high volume, this is because there is no money for extra staff. Beverley also stated that the system allows for a historical investigation into calls when complaints are received, particularly where a call has been cut off.

**MD** asked if there was some way that patients could be made aware of the need to prioritise their calls; for example, non urgent requests for information? It was pointed out that not all patients had a reasonable outlook on what is an immediate problem and what can wait. Maybe the PPG can help with this via a news letter.

## **CLINICAL COMMISSIONING GROUP (C.C.G.) AND CONTROL OF SURGERIES.**

**TC and BJ** clarified future change re funding and that the **C.C.G.** will be responsible for their own Budgets w.e.f. 1<sup>st</sup> April 2017. For years the practice provided such a core service but also enhanced this basic provision with added services in the form of specialist nurses and extra services.

The government decided to withdraw PMS funding from practices such as ours which were providing a "Gold Standard" service. The withdrawn funding now goes into a central pot to which even poorer-performing practices may make a claim. The result is that this practice now has to compete for the funding which has been taken away.

## **LOCAL PLANNING REVIEW**

**VB** reported that 145 houses are to be built on land behind Plantation Road and **BF** also stated that there is outline planning for a further 250 homes in the village. The question was asked about the coping capacity of the practice and whether the list would be closed and if the practice did so would a penalty be incurred. BJ informed the Committee that there are prescribed procedures to be followed before any huge step such as this could/would be taken. TC also pointed out that the practice have to be governed by "Safe Practice" BJ stated that at the moment the practice has 12,400 patients but should it rise to 12,700 then, at present staffing levels, the situation would become uncomfortable.

There is also a problem with patients who move out of area (and should immediately transfer to another practice) but continue to obtain services at this practice. Once they are identified, as a matter of courtesy such patients are currently being allowed one month to find another doctor (the practice do not have to do so).

## **NEWS LETTER.**

BJ and VB are going to visit a practice where they are further on with their PPG to gain some ideas that we might use, The News Letter is seen as a way to get the message out to the population and encourage younger people to participate in the group. VB has said she will attend the baby clinics to attempt to recruit younger members.

Members were asked to identify someone with Desk-top publishing skills.

## **ANY OTHER BUSINESS**

### **Fund Raising**

Fund raising was discussed. VB was keen to buy for the practice a machine to detect Skin Cancer, TC pointed out that he had experience with such a machine and whilst it was working it was a useful tool however, when it goes wrong the cost of repair is prohibitive.

Members were asked to think about ways to fund raise.

### **Access at Sidney House**

JS pointed out that the double door entrance to Sidney House was problematic for anyone with a disability, mothers with babies and toddlers. BJ will look into the cost of electrically controlled doors.

**VB** proposed a Hand Sanitizer in the entrances to the practices.

### **Patient Transport**

Transport for the elderly without cars to be addressed and considered; It is believed that JG is looking into this.

## **PROPOSAL FOR FUTURE MEETINGS.**

Sidney House & The Laurels Surgery

BF stated that Thursday was not a good day for him however on this occasion he was willing to fit in with the arrangements made.

Next Meeting : **Thursday 23rd March 2017 at 7pm**

Thanks were given for their attendance of the members present.

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