

# **SIDNEY HOUSE AND THE LAURELS SURGERY**

## **PATIENT PARTICIPATION GROUP MEETING**

### **MINUTES OF A MEETING HELD AT THE LAURELS SURGERY, 28<sup>TH</sup> MAY 2019**

**Members present:-** John Galley (Chairman, JG), Ann Martin (AM), Vanessa Benson (VB), Peter Elkington (PE)

**Surgery representatives:-** Dr. Tom Cunningham (TC), Ally Jones (Practice Operations Administrator, AJ), Katrine Brewer (Practice Services Administrator, KB)

#### **1. Apologies for absence**

Apologies were received from Bob Farrell, Beverley Jones, Barbara Carr, Dr Siddiqui.

#### **2. Minutes of last meeting / Matters arising**

The minutes of the last meeting were signed as a true record, and there were no matters arising.

#### **3. Practice update**

(a) TC reported that the practice had had a CQC inspection in February, which had resulted in an overall “Good” evaluation. In respect of the five key areas of a CQC inspection - safe, caring, responsive, effective and well-led - the practice was found to be good in all areas except responsive, in which it was rated ‘requires improvement’. TC explained that this marking arose from a GP patient survey (undertaken by MORI, chartered by NHS England) held in 2017, when the practice was going through profound changes including the new telephone system. This survey placed the practice second from bottom of all Essex surgeries, and because there has not been another GP patient survey done since then, which would indicate the progress which has been made, the 2017 survey underlay the CQC inspection. Better results are hoped for from the next GP patient survey. TC commented that an annual paper-based CQC inspection system is to be used from now.

(b) It was thought that there had been no complaints regarding the telephone system recently, although VB gave details of her personal experience of poor treatment over the telephone. Statistics were produced showing that during 2019 the “longest wait” time had steadily decreased.

It was stated that a telephone call to the surgery is the first means of contact and can be escalated if it relates to an emergency.

(c) The chairs in the waiting area of Sidney House have been replaced with new chairs which have a weight limit of 17 stone. Each chair has a visible sticker confirming that weight limit. Enquiries have been received about the provision of chairs for some patients exceeding that limit. The meeting discussed how this provision might be introduced, and made evident, without causing embarrassment or feelings of discrimination. One suggestion made was that one or two chairs with an increased weight limit could be bought and placed in the confidentiality room.

(d) Statistics were produced showing that DNA’s in 2019 have been massively fewer in 2019 so far than in 2018 and 2017. The reasons for this welcome drop in DNA’s were said to be, firstly, the text reminders sent to patients in advance of their appointments, and secondly, the measures adopted by the practice towards patients regarded as “repeat offenders”.

Patients who do not turn up for an appointment receive a letter from the practice confirming the DNA, and the practice reserves the right to remove them from the patient list following two DNA's within a six month period, without a valid reason. There is the right of appeal against the practice's decision to exclude. Anyone excluded is advised to register at another surgery. AJ described this process in detail.

Following a query recently raised by AM a fault had been found in the text reminder system. When new clinical members join the Practice the user settings need to be proactively updated. This has now been addressed.

(e) TC said that the patient register may be re-opened when Dr Hall returns and when a new salaried GP joins the practice in July, but this decision has not yet been taken. TC also said that an attempt would be made to reduce the practice boundary but no one has succeeded to date.

#### **4. Primary Care Networks (PCNs)**

TC commented that three or four years ago, NHS England promised 5,000 new GP's. In fact the current position is that GP numbers are down by 1,000.

TC introduced the concept of Primary Care Networks, by which a number of surgeries are encouraged to work together to provide shared services. The other surgeries with which our practice will work are Douglas Grove (Witham), Great Notley and Little Waltham. These surgeries and ours will pool resources to provide patient care.

A feature of this system is that the surgeries will work every day, 8am to 8pm. More money will come from NHS England to pay for this, and practice employees have it in their contracts of employment to work 7 days per week if required.

#### **5. Sharing information**

A point under this heading had been brought up by a committee member, but there was no discussion of it because the committee member was not present.

#### **6. Newsletter**

AM proposed that an article be included in a forthcoming Newsletter on the subject of when to telephone the pharmacist, 111 or the surgery. Since the meeting KB has provided AM with some NHS produced literature on the best healthcare provider to help with which problem.

#### **7. Committee membership / recruitment**

The Committee agreed that there is a need to extend the membership of the Committee and of the virtual group. AJ said that she was aware of someone who might be willing to become a member. An action was raised to check if the virtual group are still receiving the minutes.

Since the meeting, BJ has confirmed that it is not the duty of the Practice to circulate the minutes; it is the Committee Secretary who would do this after the minutes have been agreed. The Practice upload the 'signed off' minutes retrospectively onto the surgery website so all patients can read them. If anything has been missed during BF's absence it can be arranged for the minutes to be sent to virtual members, however, we would encourage them to be read on-line.

## **8. Date of next meeting**

In order to try to attract new membership, it was decided that the next meeting would take place during the day, and would include a 20-minutes public participation session. Tuesday July 16<sup>th</sup> was chosen, at 1.30 pm, with the actual PPG meeting starting at 14:00.

## **9. Any other business**

(a) VB asked, when mental health is an issue, what courses of action are available. TC replied that a face-to-face appointment with a doctor can be arranged, although perhaps not on the day, and so long as the doctor has the time available - a doctor's time is not infinite. Alternatively there is the Crisis Team, but they are not always available. Patients can telephone the Crisis Team themselves, which is a point to be covered in a forthcoming Newsletter.

The Samaritans were said to be an excellent resource. They can be contacted by calling their free helpline on 116123.

(b) JG said that he had heard from some patients that they had reported at the surgery at 8.50 am for an appointment and had seen the staff through the locked door, but had not been able to sit anywhere. He asked if the door could be opened so that they could sit in the waiting area. TC said that were that to happen, the patients might talk to the receptionists, which would affect the promptness with which incoming telephone calls were answered. JG acknowledged that and asked the practice to consider the matter.

(c) AM suggested that a message be sent to patients advising them that their repeat prescriptions are available to collect.

PE

6/6/19