**Sunbury Health Centre (SHC)**

**Patient Participation Group (PPG)**

**Minutes of the Core Group Meeting held on**

**Tuesday 16 January 2018, 3.30 pm at SHC**

**Agenda**

**Present:**

**SHC:**  Richard Fryer (RF) and Sasha Thurgood (ST).

**PPG Core Group:** David Butler (DB),BrianCatt (BC),Polly Healey (PH), Diana Huntingford (DH), Neil Huntingford, Chair (NH), Dorothy Linter (DL) and Paul Thompson (PT).

1. **Welcome** and **apologies** for absence

NH welcomed everyone to the meeting and it was noted that Dave Gill, Jan Palmer and Jackie Sheehan had sent their apologies.

**2. Minutes of the last meeting**

DH apologised that the agenda should have read ‘last meetings’ since there has been an Open Meeting since the last Core Meeting.

It was agreed that the minutes from the Core Meeting on 21 November 2017 and the Open Meeting on 4 December 2017 were accurate records of the meetings. Apologies from BC to be added to the minutes of the Open Meeting.

**3. Be a Voice in the Community**

* The Action Plan following the outcomes of the Patients’ Survey Report

RF confirmed that a meeting had taken place before Christmas (8 December). He reported that the meeting had been robust and that they had also considered the feedback from other sources. The main areas for improvement are:

* Improving the telephone answering times. RF explained that a system has been purchased that will enable telephone call information to be displayed and responded to; however this has not yet been installed. Once the system is ‘live’ staff will be trained to use it and it will be implemented as soon as possible.

RF added that now the renovations are complete the telephones are in need of reconfiguration. This is being addressed, as is the installation of a card payment machine.

NH asked it the new system could provide a report, RF confirmed that it could.

In response to a question from PT, RF explained that there are enough staff to fully utilise the system. In addition, a new Receptionist is to be appointed and administrative staff will be temporarily diverted for short periods when the number of telephone calls waiting to be answered is high.

* Improving the quality of the Reception. This has been addressed by the recent works.
* Managing non-attendance to appointments. Since 1st January 2017 there have been 103,000 appointments and 2,796 of these appointments did not take place because patients failed to attend (DNAs). Whilst this is under 3%, with a national DNA rate of approximately 5%, the Practice will continue to work to reduce the number of DNAs even though the issue is not out of line with that experienced by GPs nationally.
* Developing the Appointments System. This will be achieved through a focus on capacity planning; this is discussed further in Agenda item 4.

It was agreed that the 2018 Patients’ Survey will take place after Easter.

Actions: *RF to produce a summary sheet of the actions agreed and place it on the web*-site.

*DH to include ‘2018 Patients Survey’ on the agenda for the next Core Meeting (13 March 2018).*

* Feedback from the Open Meeting on 4 December 2017

It was agreed that the presentation on Minor Surgery was well received, however some patients sat at the back of the room did experience difficulties in reading the information that was displayed on the screen.

If it is helpful to SHCGP colleagues, members of the PPG offered to help prepare PowerPoint presentations for future meetings.

Action: *RF to discuss with DG*.

Now that most patients at Open Meetings have attended a previous meeting, it was felt that there is no need to explain the context within which SHCGP is working. Instead this time can be used to update patients on current developments.

A number of patients had expressed a concern regarding the efficiency of the repeat prescription service. RF confirmed that he was stilling working to address the issues raised.

Considering the very positive response from the audience DB expressed his disappointment with the one very vocal patient who had a very negative view of the Practice.

RF explained that currently the size of the patient population remains stable and therefore the Practice is working hard to improve provision. RF did stress that there are enough doctors for the number of registered patients; the issue is the size of the building and in particular the number and size of consultation rooms available to be used. According to the NHS space estimator calculations, in order for SHCGP to deliver a service for the current patient population, 14 rooms are required. In recent months CSH has relocated a number of services, previously based at SHC, to new premises. This has created the opportunity for the Practice to utilise additional rooms. Consequently SHCGP is now using 14 rooms. RF therefore stressed that the Practice is not full; rather it is working at capacity. The Practice is working with NHS Property Services and CSH to review space utilisation in SHC and in due course to formalise space allocation.

Therefore the focus for the Practice is on Capacity Planning with an aim to increase the number of appointments that are bookable in advance.

The way forward is to work with NHS Properties to demonstrate that as the size of the patient population increases (with all the current housing being created in Sunbury this will continue to happen) so does the need for more space. The CCG is also involved in the discussions with NHS Properties, who are being quite supportive. The next meeting is on 30 January 2018.

**4. Provide support and challenge**

* Update from Dr Gill

Since DG had sent his apologies for this meeting RF led on this agenda item.

RF explained that the Practice is recruiting a salaried doctor to replace Dr Guppy, but that the recruitment market is proving to be very difficult, The Partners considered increasing the number of Nurse Practitioners rather than recruit a GP but decided against this, although they will review the Nurse Practitioner team size.

There has been a very encouraging response to the advertisement for a Clinical Pharmacist who will work alongside GPs managing the prescription process, medication reviews and hospital discharge medications. To date 16 applications have been received, several of whom appear to be very strong candidates.

The Work Flow Team is beginning the project to review the clinical correspondence. This initiative is being funded by the CCG and has already been implemented in over 200 practices nationally. One of the Partners (SHCGP) will be the Clinical Lead and monitor the project. The outcome will be for administrative staff to filter out correspondence that Doctors do not need to deal with and hence improve Doctors’ capacity to deal with patient issues.

One secretary is emigrating to New Zealand, recruitment is in place to find a replacement.

An additional Receptionist has been recruited to increase capacity in the morning.

RF stressed that the overall aim is to release time for the Doctors to focus on their patients; however more services continue to be moved from Secondary to Primary Care, which adds more pressure to the overall service at SHCGP.

The 2017 winter Flu vaccination campaign has been successful. To date 3,085 adults and 240 children have been vaccinated, in line with the NHS target.

PT asked if vaccinations are still available. RF confirmed that they are and that this is being kept under review.

The amount of money raised by the selling of cakes at the Flu Clinics has yet to be confirmed.

A new Ultrasound service, provided by *Health Harmonie*, will begin on 31 January 2018.

The building programme has almost been completed. RF thanked NH for his help to install new signage at Reception.

Actions: *PH to ask Dennis (Van Wonderen Flowers) for his kind offer of weekly flowers for the Reception to begin.*

*ST to ensure that a thank you to Dennis is included in the information displayed on the screen in the Waiting Room.*

It was very disappointing to learn that the trellising on the container housing patients’ notes has been destroyed by a group of young people who used it as ‘a ladder’ to gain access onto the SHC roof. This incident took place whilst Doctors were still working. The police were called to the reprimand the group of boys who claimed to be “*looking for their ball”*! All of the trellis has subsequently been removed – a waste of £1,000.

RF & PH have met to discuss the website and agree the actions that need to be undertaken. RF is currently working on policies and procedures to be included on the website.

Despite three visits from BT unfortunately the WiFi is still not ready for use. It is hoped that the matter will be resolved asap.

* Feedback on how SHCGP is coping during this peak period

RF reported that the Practice was coping very well because it had prepared for this period based on last year’s experience and therefore didn’t drop in capacity. The opening up of appointments to ‘on the day’ booking only for a few weeks did help with capacity. RF explained that the extra funding provided by the CCG for additional Winter Pressure Clinics in Staines did help meet demand for appointments.

After the New Year break, demand for appointments was high and it was very difficult to get locum cover at this time. In response to this situation two Doctors cancelled their holidays and a further Doctor came in for an extra period. Next year locum doctors will be booked well in advance of this period.

Action: *The PPG asked RF to thank, on their behalf, the Doctors who came in and provided the additional support*.

**5. Help disseminate information**

* Patient access to PPG via the SHCGP website

NH repeated the request for a better link to the PPG web-site to be included on the website. The current link is via ‘Have Your Say’ and the link to the PPG is not apparent.

Action: *RF to improve the link.*

**6. Communications Strategy**

* 2018 publication dates for the Newsletter

Now that there are two Open Meetings a year is was agreed to publish the Newsletter at different times to those produced previously. It was agreed to produce the next Newsletter at the beginning of March.

Actions: *Within the next two weeks* *RF to send DH matters he would like included in the next Newsletter.*

*DH to draft a Newsletter for publication at the beginning of March.*

* **Update on Patients’ Leaflet**

RF has not yet sent BC the information to draft a leaflet.

Actions: *RF* *to provide examples of Patients’ Leaflets and forward to BC to begin to draft a similar leaflet for SHCGP.*

**7. Improving the Physical Environment**

* An update on the impact of the recent works and improvements to signage

Some information had been shared earlier in the meeting. It was also agreed that the Receptionists’ uniform made them, and SHCGP, look more professional.

NH reported that artists are beginning to get in contact with him to ask if their work could be displayed in the Waiting Room. In addition a local artist, Daphine Clement, has donated one of her paintings to SHC.

Action: *NH to install*.

PH asked if there are plans to install a further display board in the Waiting Room, on the wall where there used to be an entrance into the main admin office. RF agreed that this would be a good idea, but the funding for this was an issue.

RF asked NH for his support to improve the signage once patients move from the Waiting Room to the Consultation Room.

Action: *RF to send NH further details.*

* Progress on improving the quality of the cleaning at SHC

RF reported that before Christmas he raised a number of issues and sent supporting photographs to CSH regarding the poor quality of the cleaning. Unfortunately he has yet to receive a reply. If a response is not forthcoming RF will send a complaint and contact NHS Properties.

RF has sent the flooring specification to CSH to enable them to source quotes for improved floor cleaning.

In an attempt to maintain a good first impression for patients both ST and JS have themselves vacuumed the new carpet in the main entrance. This is not a long term solution since it is diverting colleagues away from their role and improving services for patients.

* The use of a wall protector, similar to that used in Ashford Hospital, for the Waiting Room

Action: *RF to consider further*

**9. Action Points**

None**.**

**10. A.O.B**

PH asked for ‘before’ and ‘after’ photographs of the improvements to the Reception to use on the website.

RF requested that this does not happen until the cleaning issue is resolved.

ST was congratulated for persisting and succeeding in getting ‘the’ picture of the queue removed from Google!

DB brought in further bottles for the ‘Message in a bottle/wallet’ campaign. It was agreed that information about this initiative will be displayed on the screen in the Waiting Room and on the noticeboard in the foyer. Bottles will be available from Reception.

PT reported that he had heard positive feedback about the new in-house phlebotomist.

**The date of the next PPG Core Meeting is Tuesday 13 March 2018.**