**The Sunbury Health Centre**

**Patient Participation Group**

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

**Tuesday 10 March 2015**

**At Sunbury Health Centre (SHC)**

**Present:**

**SHC:**  Dr Dave Gill (DG), Richard Fryer, Strategic Business Manager (RF), Jackie Sheehan, Office Manager (JS) and Varsha Mandalia, Practice Manager (VM).

**PPG Core Group:** Neil Huntingford, Chair (NH), Paul Thompson, minutes (PT), Brian Catt, Roz De Lord, Wendy Doyle, Dorothy Linter and Nick Mercer.

**Observers:** Ian Robinson (IR) and Alan Gifford.

**1 Welcome and apologies for absence**

Alan and Ian were welcomed as observers. The five local & one County councillors had been invited - five had responded and asked for minutes. One mother from the Bumps & Babes group who had expressed an interest in joining the Group had withdrawn as she anticipates returning to work and is unable to make daytime meetings.

An apology was received from Diana Huntingford (DH).

*Actions:* *DH to send minutes to Councillors who request them. All - Continue to seek representation from mothers with young children and other minority groups*

**2 Minutes and Action Points**

 The minutes were accepted and actions are covered below**.**

**3 Be a voice in the community**

 Review of Standing Orders: NH referred to the template Standing Orders on the PPG website & explained that they had never been formally adopted. Following discussion, it was agreed that they should be amended to allow for more than one member of a family to serve at any one time and for Officers to serve simultaneous terms. The Standing Orders also need to be amended to reflect the structure of the SHC PPG i.e. all patients are members and a maximum of 12 may serve as Core Group members.

*Action: NH to draft amendments for agreement at the next meeting.*

 Election of Vice Chair and Secretary: PT was elected Vice Chair and DH was elected as Secretary.

 Feedback on the recent Open Meeting: This was attended by approximately 40 patients, the majority for the first time. Feedback was very positive. IR commented that speakers should be called by the Chair, however it was noted that this is difficult to consistently achieve when patients are agreeing with/adding to what has been previously said.

**4 Provide support and challenge**

Update from Dr Gill: Two doctors are leaving – Dr Smith in April and Dr Chapman, in July. SHC are recruiting presently for two replacements – good response to adverts.

SHC are almost through completing Chronic Disease (e.g. Diabetes, Chronic Obstructive Pulmonary Diseaseetc) reviews. SHC had a high take-up of Flu vaccinations this winter.

Training – a Healthcare Assistant is gradually taking on more responsibility; one of the nurses has completed additional qualifications; in April SHC will take on a foundation year doctor who will be mentored by DG for four months - another may follow.

\*Premises: SHC plan to relocate the phlebotomy room to free up space for another clinic and re-jig other rooms to further improve productivity.

Staffing: SHC are looking for more receptionists and possibly to bring in secretarial staff from other practices.

 \*Property: Several funding bids have been submitted; for short term improvement grants and also for a feasibility study into new/improved premises. Improvements envisaged are with the reception area, and to relocate the medical records to free up space. Four contractors have been selected to quote for the feasibility study by 21 April 2015.

Enhanced Services bid: The first priority area is complete and the second and third priority areas are in process. Documenting the actions taken is in course of completion. The submission needs to be in by the end of the month.

Outcomes of the Primary Care Foundation (PCF) review: SHC has a high proportion of doctors’ time spent on consultations – 80% vs 60% nationally. The PCF is working with the CCG (Clinical Commissioning Group) to support larger practices. SHC has received input on systems and recommendations have been made. Initially, internal changes to processes will be trialled & reviewed before fully implementing – these include altering the balance between booked and available appointments ‘on the day’, a project to look at opening times, reviewing the release of appointments and interspersing consultations with outbound calls to patients to build in a buffer to minimise overrunning/extended appointments.

*Action: RF to provide progress report at the next meeting.*

Use of volunteers: some discussion took place on what volunteers could usefully do without breaching patient confidentiality or DBS requirements. IR volunteered to run training courses for patients who wanted/needed help with Patient Access and also awareness about what else the appointments system could be used for e.g. cancelling appointments to reduce DNAs – this was welcomed by SHC.

*Action*: *SHC colleagues will give this further thought for discussion at the next meeting.*

**5 Help disseminate information**

Patient Survey: 417 responses vs 200 last year. Over 200 verbatim comments have still to be analysed – probably approximately six to seven main themes. Headline results as expected – high satisfaction with clinical care but concerns about getting appointments and the suitability of premises.

Friends & Family test – low response so far but is now being promoted more actively.

*Action:* *Place* *holding message on PPG and SHC websites re survey publication and full review of results at next meeting. (PH and VM)*

Electronic Prescriptions: Going live on 12 March 2015. Patients will need tonominate their preferred pharmacy for prescriptions to be sent direct to.

*Action: VM to provide an update on progress at the next meeting.*

**6 Develop a communications strategy**

Activities on our website:

*Action: PH to circulate after the meeting*

Spring newsletter: SHC are planning a– publication date tbc.

*Action: Discuss at next meeting (DG & VM).*

**7 Improving the physical environment**

GPs ‘in-out’ board’: Some discussion on the relative merits of this and/or a Practice senior staff board with names and photographs to enable identification of key people, in Reception and on the website.

*Action:*  *SHC colleagues to consider and report back to next meeting.*

Update on Feasibility Study and Refurbishment grant: See \* 4 above.

**Date of next Core meeting: 14 April at SHC 3.30pm**