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West Street Surgery

Patient Participation Group

Minutes

Tuesday 24th January 2017 start time of: 18:00hrs to 19:30hrs

	Item	Action																				
	<p>Present:</p> <table border="0"> <tr> <td>Trevor Evans</td> <td>TE (Chair)</td> <td>Carole Cook</td> <td>CC</td> </tr> <tr> <td>Lizzy Burraway</td> <td>LB (Secretary)</td> <td>Peter Leid</td> <td>PL</td> </tr> <tr> <td>Diane Beaven</td> <td>DB</td> <td>Lorraine Nuttall</td> <td>LN</td> </tr> <tr> <td>Peta Reynolds</td> <td>PR</td> <td>Chris Jenkins</td> <td>CJ</td> </tr> <tr> <td>Rosemary Jenkins</td> <td>RJ</td> <td>Jacky Hockey</td> <td>JH</td> </tr> </table>	Trevor Evans	TE (Chair)	Carole Cook	CC	Lizzy Burraway	LB (Secretary)	Peter Leid	PL	Diane Beaven	DB	Lorraine Nuttall	LN	Peta Reynolds	PR	Chris Jenkins	CJ	Rosemary Jenkins	RJ	Jacky Hockey	JH	
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1.	<p>Apologies Received:</p> <table border="0"> <tr> <td>Sylvia Johns</td> <td>SJ</td> <td>Kenneth Johns</td> <td>KJ</td> </tr> <tr> <td>Joong Chin</td> <td>JC</td> <td></td> <td></td> </tr> </table>	Sylvia Johns	SJ	Kenneth Johns	KJ	Joong Chin	JC															
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2.	<p>Conflict of Interest: No member present declared any potential conflict of interest that undermined their impartiality.</p>																					
3.	<p>Previous Meeting Minutes: All members agreed the minutes were an accurate record of the meeting.</p> <p>Actions:</p> <p><u>Item 3:</u> LB apologised that she had not yet circulated a date / time to discuss the 'Patient Survey', this will be discussed later in the meeting.</p> <p><u>Item 4:</u> LB has spoken with Dr Quartly regarding other patients hearing his telephone conversations. He appreciates this is a breach of confidentiality especially if he is talking to a patient.</p> <p><u>Item 5:</u> CC asked how many have we received and whose are we still waiting for? LB clarified the content of the profile required and that we are only waiting on four, with three of them present tonight.</p> <p><u>Item 11:</u> LB stated that she had forgotten to ask, but will do and circulate the outcome.</p>	<p>LB</p> <p>LB</p>																				

4.

Core Updates:

Resources – GP's and Nurses:

LB informed the group that:

- Dr Berry will be retiring at the end of May.
- Dr Thomas has accepted Partnership, which will commence when Dr Berry leaves.
- LB informed the group that we have raised our interest here at West Street for a partially funded Clinical Pharmacist. The question was raised as to what are they able to do or see? LB explained that yes they can complete all of the medication reviews and anything to do with prescriptions; however, they do usually have a specialism i.e. Respiratory, CHD, poly pharmacy, etc. so it's just wait and see who applies.

GP's current working week:

- Dr Quartly 9 sessions – Mon, Tues, Wed (am), Thur, Fri
- Dr Berry 4 sessions – Mon (am), Thur, Fri (am)
- Dr Price 9 sessions – Mon, Tues, Wed, Thur (am), Fri
- Dr Scott 3 sessions – Wed, Thur (am)
- Dr Thomas 4 sessions – Mon, Tues (am), Fri (am)
- Dr Farah 6 sessions – Wed, Thur, Fri
- Dr Hussain 4 sessions – Mon, Tue
- Dr Lewis 2 sessions – Tue

Nurses: LB reported nothing has changed.

Reception Services & Call Responses: LB reported that Cheryl Blanchard has been made permanent Reception Team Lead.

Did Not Attend (DNA) Policy: LS reported that the DNA rates are lower than they have been for a few months and considerably lower than this time last year:

- December: GP: 94 appts. Nurses: 93 appts = 29.5 hours wasted

Patient List Size: LB informed the group that this stands at 12354, the data cleanse exercise continues for those that are registered here but live outside of our geographical boundary.

BCCG Update: TE circulated the minutes from the last PPN group meeting (14/12/16), he requested they be reviewed and any feedback / questions regarding them be sent back to him by the end of February, so that he can feed back at the next meeting.

CC raised a question as to how / who gets invited to this group as she would be interested in attending. CJ explained that both Trevor and he were the first to accept the invite from the BCCG when it very first commenced and have been going ever since.

Action: LB to email Beth Collins to ask if CC could also attend.

LB

5.	<p>Communication: TE requested that feedback is given when documents have been circulated and within the timescale given, i.e. PPN minutes by end of February.</p> <p>LN asked if there was any further feedback from CQC and as to when it will be published on their website. CC Commented that having read the report in her opinion recommendations made were achievable and some had already been actioned. LB explained that she not received anything further and it is already on there, with actually hardly any improvement recommendations.</p>	
6.	<p>Patient Survey: LB apologised for not sending out a time/date for us to meet, and asked if CC and LN could be patient with her as she is extremely busy at the moment.</p>	
7.	<p>Newsletter: PR circulated a number of other Practices newsletter that she had identified, ranging from dull and boring to really quite eye catching; pick me up and read me. The question was raised as to how are we going to circulate them?</p> <ul style="list-style-type: none"> • Website • Copies in the waiting room <p>PR asked if we can identify how many visits we have to the website and if that can be broken down by: booking appointments, prescriptions, etc?</p> <p>Action: LB to gather information and feedback.</p> <p>We need to ensure that all members of the group are participating in content of this and not just a couple doing all of the work.</p> <p>It was agreed by all that we need to decide on the basic subject areas and set a timescale to work towards for the first edition; 1st April.</p>	
8.	<p>This Year's Programme / Dates: <u>Programme:</u></p> <ul style="list-style-type: none"> • Newsletter – two editions per year? • Patient Survey <p>DB informed the group that Mental Health Services based at Weller Wing Hospital, Bedford are moving to Central Bedfordshire, location unknown at present. This could have an impact on the local health services, therefore believes this should be communicated and perhaps we could do something to help this once we know the finer details?</p>	

	<p>All members were in agreement.</p> <p><u>Dates:</u></p> <ul style="list-style-type: none"> • 4th April 2017 • 4th July 2017 • 3rd October 2017 • 9th January 2018 	
9.	<p>NAPP: LB informed the group that she has received the annual registration paperwork to NAPP which she will be completing and returning.</p> <p>CC has finally been able to complete the set-up for online access; this has taken a number of weeks but is now complete. The website is useful and very interesting, you don't need to login to access the website.</p> <p>The question was asked to the group if they all wanted access to the login details or not? There is only one login and password per PPG, therefore if anyone loses, forgets or locks it out; it could take some time to reinstate.</p> <p>Therefore, the group agreed that CC would be our 'communicator' for information from the NAPP website.</p>	
10.	<p>AOB:</p> <p><u>E-bulletin:</u> CC asked the group if any of them had taken the time to read the 'Rise and Fall of the GP' in the e-bulletin had circulated on the 12/01/17? As she had felt it was very interesting. A few members stated that had thought the same.</p> <p><u>CQC Feedback re. Children Not Attending Hospital Appointments:</u> CC asked LB how we have responded to this point? LB responded by explaining the process they have now put in place:</p> <ul style="list-style-type: none"> • Letter received from the hospital • This is passed to the Medical Secretary for documenting <ul style="list-style-type: none"> ○ Should it be a child on the Safeguarding / Child at Risk register then we would notify Social Services immediately • Copy given to Usual Doctor • Parents are telephoned to establish any problems or assistance they may require for them attending appointment • Should a trend appear i.e. numerous appointments missed, then we contact Social Services for them to follow-up <p><u>NHS Choices:</u> CC noticed that one of the comments placed on NHS Choices was that a patient had booked an appointment with a doctor (10 minutes) and then when she got to see the doctor it was only for 5 minutes. Does this happen? LB explained that yes this can happen if we have had to squeeze an</p>	

	<p>urgent appointment in between. However, it is extremely rare that they will only be seen for 5 minutes, as you well know most 10 minute appointments last 15 through to 25 minutes with some doctors.</p> <p>LB also explained that most of those comments on NHS Choices although they are anonymous we know exactly what patient wrote them. We cannot please everyone all of the time, so when one of them doesn't get what they demand they vent their frustration out on there.</p> <p>PL gave his very recent personal experience of his visit to the Practice; he thought he had a DVT in the back of his leg. The receptionist was able to get him seen virtually immediately by Dr Thomas, who whilst he was sat there telephone through to the L & D Hospital where he was having a scan within half an hour of seeing her. Cannot fault the Practice on how they deal with urgent cases.</p> <p>JH agreed and stated that this Practice deals with every patient that needs to be seen very well.</p> <p><u>Sponsor Money</u>: CJ asked TE what has happened with the sponsor money he raised last year? How much was it in the end and what are we doing with it?</p> <p>TE responded that it was just over £200.00 and at the time it was felt that it was not really enough to do anything with.</p> <p>It was then suggested perhaps it could go towards the printing costs of the Newsletter?</p>	
10.	<p>Meeting Dates :</p> <p>Tuesday 4th April 2017 @ 18:00 hrs</p> <p>Tuesday 4th July 2017 @ 18:00 hrs</p> <p>Tuesday 3rd October 2017 @ 18:00 hrs</p> <p>Tuesday 9th January 2018 @ 18:00 hrs</p>	