**The Sunbury Health Centre**

**Patient Participation Group**

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

**Tuesday 15 December 2015**

**At Sunbury Health Centre (SHC)**

**Present:**

**SHC:**  Dr Dave Gill (DG), Richard Fryer (RF) and Jackie Sheehan (JS).

**PPG Core Group:** Roz De Lord (RdL), Wendy Doyle (WD), Polly Healy (PH), Diana Huntingford, minutes (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 in particular Jan Palmer (JP) who has applied to join the group. Jan is a carer, patient of SHC and has professional experience of working in the health service.

Apologies were received from Brian Catt.

**2 Minutes**

The minutes were accepted as an accurate record of the core meeting on 22 September 2015.

**3** A shortpresentation by the **NHS NW Surrey** **Primary Care Pharmacy Team**

The team have not approached RF to present to this meeting.

Action: *Item to be removed from further agendas, until the team contact RF*.

**4. Be a voice in the community**

* **Polly’s presentation to the Healthwatch and Public Involvement Association**

PH was congratulated on the quality of her presentation. PH explained that it was used to address an audience of 35 health care professionals.

It was agreed that the presentation should now be adapted for the PPG web-site.

Action: *PH to amend, the presentation will be considered at the next core meeting before placing on the web-site*.

* **Updates on initiatives to recruit new members including**:
* Local Primary Schools Book Bag – leaflet drop: RdL and PT both contacted two local primary schools - St Ignatius, Hawkdale, Springfield, Chennestone (which is federated with Beauclerc). The headteachers had all preferred to include information about vacancies on the PPG in their newsletters rather than through a ‘book-bag drop’.
* Invite students studying Health & Social Care courses to attend meetings. DH had discovered that the only local secondary school offering Health & Social Care is St Pauls Catholic College. DH reported that she has contacted the Head of Sixth Form with an offer to meet and discuss further how students could be involved in the PPG. Unfortunately DH has received no response.

Action: *At the beginning of next term DH will contact the Headteacher.*

* Working with the Voluntary Sector: PT & NH have both recently met with a manager of ‘Voluntary Action in Spelthorne’ and the outcome of which was very encouraging. As a consequence the service will support us in finding a match from their many volunteers for the vacancies in the PPG Core Group.

Action: *NH to complete the online form registering the PPG vacancy.*

* **Matters arising from the Open Meeting on Monday 19 October 2015**

It was agreed that this had once again been a very successful meeting. The only matter was the issue of texting and emailing patients in an attempt to reduce the number of patients who fail to attend their appointment. RF confirmed that this is being investigated further and asked that it be put on the agenda of the next PPG core meeting. (*DH to action*).

JS added that the cake sale had been very successful, raising over £600 for the premature and sick baby unit at St Thomas’ Hospital. It was agreed that the PPG would actively support selling cakes for charity as a regular event at the annual flu clinics.

**5 Provide support and challenge**

Update from Dr Gill:

* Staffing is stable; the new doctors have settled in well, as have the new nurses who are busy completing professional development pertinent to their role.
* Dr Guppy is still on maternity leave and the locum doctor who has been covering for Dr Guppy has a new position and will therefore leaving at the end of the year. A new locum is currently being recruited.
* The second Foundation Doctor has successfully completed her placement. The next Foundation Doctor, Dr Patel, will take up his position on 1 April 2016.
* The three new receptionists are working well, unfortunately one secretary is absent on long-term sickness leave (although her position is being covered).
* The long term sickness absence necessitated the outsourcing of letters (a system we have previously discussed). This was very successful and the back log is quickly being rectified. RF stressed that the amount of letters doctors generate is 200 – 300 per week which is a significant undertaking. RF added that the systems within the NHS are unlikely to lead to a decline in ‘letter writing’ in fact it could generate a further increase. At present 10-15% of all referrals are able to be made electronically, the remaining 85-90% have to be posted! Fortunately the recent updating of the computers did bring new and appropriate software and therefore a greater efficiency.
* A vacancy for a further Receptionist is currently being advertised, this is mainly due to the success of the HCA in her role.

Dr Gill concluded his update by informing the group that the recent six – eight weeks had been busy, mainly due to issues related to unplanned admissions (and the NHS’ poor data management system) and the recent Care Quality Commission (CQC) visit.

The recent CQC inspection

RF explained that the Practice had received the usual amount of notice and that all of the staff were involved in the inspection, NH was also interviewed in his role as Chair of the PPG. Virgin Health Care (VHC) were not involved in this inspection, they will be inspected at some point as they are a different organisation and not linked to the practice.

There were four inspectors, compared with one at the last inspection, which enabled the inspectors to look in far greater depth at the practice. The inspection has five Key Lines of Enquiry:

* + Is the service **safe?**
  + Is the service **effective?**
  + Is the service **caring?**
  + Is the service **responsive?**
  + Is the service **well–led?**

The initial feedback the Practice received was not a surprise; no major issues were raised although the areas for improvement were in line with what they had been expecting. The inspectors were also very positive about the PPG and its relationship with the Practice.

The overall judgement is expected to be Requires Improvement (the four possible judgements are similar to those used by Ofsted when inspecting schools – Outstanding, Good, Requires Improvement and Inadequate). It is hoped that the overall judgement will also include some outstanding features. The report will be received in four to five weeks after which the Practice will be required to prepare an Action Plan to show how the issues raised will be resolved.

Premises

* RF reported that there is still no VHC coordinator. A job offer had been recently made but it was declined. RF shared his frustration about the situation (he also did so with the CQC inspectors) since the receptionists have become the receptionist for VHC by default! This of course only adds to the queue! . VHC is continuing to try and recruit – although this doesn’t resolve the current situation.
* The previously discussed Short term Improvement Grant would enable the following to be achieved – remodelling of the Reception and thereby creating more privacy, relocating the large notes storage area, repainting of the Waiting Room and reflooring the reception and phlebotomy rooms. Whilst 66% of the funding has been allocated from NHS Properties, the Practice has to source the remaining 34%.
* The plans to convert the District Nurses area into additional consultancy rooms are still in place. The additional portacabins will not impact upon car parking space. Unfortunately the funding will not support the new administrative and telephone infrastructure – so alternative funding will have to be found.
* The long term feasibility study is still being pursued with NHS Property Services with whom there is now a good relationship. There are now regular meetings and progress is being made – slowly but surely!

PT stressed the importance of managing patients’ expectations with regard to the possible future developments.

RF added that the flu campaign had been very successful and that the Practice had received very positive feedback from the patients. It was agreed that the reception staff had worked hard to create a very positive atmosphere for all the patients.

**7 Help disseminate information**

* ‘Meeting and Greeting’

It had been agreed to revisit this after the flu vaccination period. RF and DG agreed that this is a very good idea; however it is not currently feasible to introduce it, due to other issues that need to be resolved. The number of patients using electronic prescriptions has increased dramatically and this has had a very positive impact on workloads, therefore RF asked that this remain an agenda item.

Action: *DH to place this item on the next Core Meeting agenda.*

* Structure Chart of SHC personnel

Whilst it had not been possible to produce this chart for the recent Open Meeting RF did prepare something similar for the CQC inspectors. It was agreed that NH would adapt this into a chart that could be shared with the patients via the web-site and the next Open Meeting (8 February 2016).

* Action: *RF to send the information to NH who will draft a chart for the next Core Meeting.*

**8 Develop a communications strategy**

* Update on our website

PH tabled information on the number of visits made to the website in October and November 2015. It was interesting to note the areas of the website that people were accessing and it was particularly encouraging that so many were reading the minutes of previous meetings, which includes the most recent Open Meeting.

It was very encouraging to see that there was an increase of over 500 visits to the website compared with this time last year.

* Way forward for our communication strategy

NH reminded the meeting that we had agreed to wait for the CCG to produce their strategy, which we would then use as a template for ours. It was agreed that this was a long time overdue and therefore NH offered to draft our own strategy.

Action: *NH to prepare a draft for the next meeting*.

**9 Improving the physical environment**

* Further painting of the public areas

RF reminded the meeting that the redecoration of the Waiting Room is included in the plans for the Short term Improvement Grant. It was agreed that redecoration of the Waiting Room would be an ideal opportunity to reconsider how information is displayed/shared with patients.

Action: *An agenda item for a Core Meeting once the renovation is scheduled. (DH to action)*

* Facilities for young children in the Waiting Room

NH suggested that redecoration of the Waiting Room is also an ideal opportunity to look at things differently for young children. The volunteer group that he and PT had recently met with (see agenda item 4) had offered to engage children in small scale art projects, the outcomes of which could be displayed in the Waiting Room. RF and DG thought this was a good idea and preferable to the provision of toys which necessitate demanding hygiene management. It was agreed that NH should pursue this further, in particular provide details of the projected on-costs, longevity of project and not raising patients’ expectations.

Action*: NH to report back to next meeting and provide a proposal.*

It was suggested that members of the PPG should undertake ‘mystery shopping’ at other Health Centres to ascertain other strategies being for young children visiting the centre.

Action*: PH, PT and NH offered to visit another doctor’s surgery/health centre and report back to the next meeting.*

**10 Action Points of the last meeting (not covered in the agenda)**

All points were covered during the main meeting.

**11 Other Business**

* DG encouraged JP to share any issues pertinent to carers that may arise in the future. He made a commitment to share this feedback with all the staff at SHC.
* JS thanked everyone who helped selling cakes at the flu clinics.

As we were leaving the building JP suggested that when the Reception is remodelled the hand sanitizer should be placed adjacent to the on screen booking in facility. JP stressed that this facility (whilst definitely not be removed) is a very easy way for germs to be shared.

**Date of next Core meeting: 19 January at SHC 3.30pm**

**Date of next Open meeting: 8 February at SHC 6.30pm**