**The Sunbury Health Centre (SHC)**

**Patient Participation Group**

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

**Tuesday 24 January 2017, 3.30 pm at SHC**

**Present:**

**SHC:**  Richard Fryer (RF), Sasha Thurgood (ST) and Jackie Sheehan (JS).

**PPG Core Group:** Polly Healey (PH), Diana Huntingford, secretary (DH), Neil Huntingford, Chair (NH), Dorothy Linter (DL),Roz de Lord (RdL), Jan Palmer and Paul Thompson, Vice-Chair (PT).

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

NH welcomed everyone to the meeting. It was noted that Brian Catt, Wendy Doyle, and Dave Gill had sent their apologies.

The meeting was delighted to learn that Dave Gill is now the proud father of Arjun, who was born very recently. NH asked RF to pass on congratulations from the Core Group to Dave and his wife.

1. **Minutes** of the last Core meeting

It was agreed that the minutes were an accurate record of the meeting.

1. **Be a voice in the community:**
* Patients’ survey 2017 update

As agreed a small group met (19 January 2017) to discuss the questionnaire in advance of the 2017 survey. Some smalltweakings were agreed to reduce ambiguity whilst ensuring consistency in the questions to ensure that year on year comparisons can be made.

There appears to be difficulty in locating a workable version (not PDF) of last year’s survey to make the agreed changes.

Action*: JP to check if she has a PDF converter. PH to retype survey if necessary*.

It was agreed that the 2017 Patient Survey will take place 24 April – 14 May and that it will be available on line and in paper copy. Members of the Core Group will upload the paper surveys onto Survey Monkey.

Actions: *Once the survey has ended DH will analyse the data and produce a headline report for RF to share at the Open Meeting in June.*

*DH will produce a timetable for the uploading of data by PT, JP, DL and RdL. BC to confirm availability.*

RF will produce a written report and place on the website by the end of September 2017.

At the next Open Meeting (27 February 2017) this year’s Patient Survey will be advertised and the progress against the outcomes of last year’s survey will shared.

It was agreed that the progress against the outcomes of the 2017 survey will be monitored by providing an update at each Open Meeting.

Action: *The text messaging service will be used to advertise the Patients’ survey and to provide a link to the online survey. (RF/ST)*

PH added that she has received requests from other Practices asking to use the SHC Patients’ Survey. It was agreed that is good to share practice with other Practices/PPGs.

* Preparation for the Open Meeting on 27 February 2017

It was agreed to maintain the usual format and that there are a number of matters to share at the meeting:

* Advertising the 2017 Patients’ Survey
* Progress against the outcomes of the 2016 survey
* A reminder that it is not always necessary to see a doctor
* Clarity about the services nurses can provide
* The improvement to the car park – raised at the previous Open Meeting.

**4 Provide support and challenge:**

* Update from RF
* Staffing is stable, Linda Scurr has recently joined the Practice as a Receptionist.
* Emma Rao begins her role as the Nurse Practitioner on 27 February. She will be working for three days a week. More information about this role will follow. Sister Budkiewicz will be undertaking a similar role in September, she can already prescribe for certain illnesses and ailments.

In response to a question from PT, RF confirmed that this role will mean that in the future a filter will be in place to, where appropriate, divert patients to a Nurse Practitioner for minor illnesses rather than a doctor.

* In the next few months Sister Boshoff and Michelle Gerard(Healthcare Assistant) will be returning from maternity leave.
* Sister Porter will soon be going on maternity leave.
* Changes are beginning to happen to the information displayed on the screen in the Waiting Room; Mandy Matthews is taking the lead on this. A recent addition has been detail about how on time doctors and nurses are with their appointments. The forthcoming Open Meeting will also be advertised on the screen.
* Good progress is being made on achieving the national target of 10% of patients signing on to the online system.
* The Practice is also making good progress to achieve the Clinical Targets.
* Texting is being used to target patients for particular services.
* Texting is proving to be a very effective and quick form of communication. It is also cost effective – both monetary and also in staff time.
* It is hoped that, in time, it will be possible to book appointments with Nurses online. It is currently not possible because online appointments are all of the same length of time but the services the Nursing Team offer vary in length.
* The decision on the planning application (portacabins) will be made by mid - February.
* RF has had a good meeting with Kwasi Kwarteng’s new assistant. The MP is visiting SHC on 10 March to discuss the issue regarding the increased service charges.
* Feedback on the new appointments system

RF reported that the new system is working well. The queue has virtually disappeared, if patients do appear first thing in the morning aiming to queue SHC staff have shown them how to use the new system.

Members of the Core Group confirmed, from personal experience and from feedback on Facebook, that the new system is working very well.

RF, ST and JS continue to check the automated system on a daily basis.

There are usually appointments available at 8 am when Reception opens and, in response to patient feedback, several appointments for each doctor are held back and released at 8am.

It was agreed that one of the reasons the changes have been so successful was that the changes were very well communicated to patients in advance. RF thanked the PPG for their help in launching and communicating the new system.

RF and ST continue to work with the Doctors and make tweakings to the system to ensure it continues to work well.

* Revising the Self-Referral for entry into mental health support

Unfortunately CK has not been able to attend meetings and therefore this issue has not been addressed.

Action: *NH to contact CK.*

**5. Help disseminate information:**

* Feedback on ‘Critical Friend’ walk of the building

RF, ST and NH recently completed a walk of the building and two main

issues were identified.

1. The quality of cleaning; the entrance lobby in particular is extremely dirty. RF has contacted the cleaning contractor only to be informed that the area is “*not on the cleaning rota*”.

This is a very frustrating situation and RF has contacted both VHC and the CCG for support to improve the situation. In desperation RF and ST have even cleaned areas themselves!

RF has asked the CCG to ensure that the cleaning of SHC is discussed with CSH Surrey, the new provider. In the meantime RF will continue to monitor and follow-up the cleanliness of the building.

1. The disparity in the displaying of information. A lot of important information is displayed in different ways, this does not look good and this is not always effective. Currently there are numerous ways in which the Doctor using each Consulting Room is identified. A more professional method to displaying this important information has been agreed.
* The future of Kempton Park

PT provided a very succinct and informative summary about this issue. PT managed to quash a number of rumours and explained the situation has arisen as a consequence of Spelthorne Council reviewing their Local Plan, which requires them to establish the need for housing and what land is potentially available to meet this need.

PT explained that the Jockey Club have submitted the whole of Kempton Park as a site that is available for houses (3,000) to be built on. This has caused an adverse reaction from a large proportion of the racing fraternity and the Leader of the Council.

The meeting then debated at length the implications for SHC from such a high number of potential new residents.

**6**. **Communications strategy**

* Use of PPG website

PH had previously emailed the current data to the members of the group.

PH confirmed that the website continues to get a consistent number of ‘hits’.

* Developing a corporate identity an update

As part of the drive to improve professionalism, NH and RF have been developing a corporate style. NH shared the logo he has drafted for the Practice to use on its communications. RF confirmed that this is currently being discussed with the Partners.

PT suggested a change in emphasis in the wording.

Action: *NH to email the logo to RF.*

PH praised the new style of the newsletter and offered to proof-read future editions.

**7**. **Improving the physical environment**

* Update on improvements to the Reception area

Once planning permission has been received it will take six weeks for the container to be made.

It has been a slow, frustrating process but gradually progress is being made. It is hoped that this matter will have been finalised by the end of the summer.

In addition the car park has been repaired and the notice board with out of date information outside SHC is in the process of being removed. Up to date information is on the practice website and displayed on internal notices.

* Improving the chairs in the Waiting Room

It was agreed that not all of the chairs are in need of improvement; however the lack of consistency in the quality of the chairs undermines the overall quality of the Waiting Room.

Actions: *RF to research the cost of updating the chairs to ensure a consistent style. DH to place on the agenda of the next Core Group meeting.*

**8**. **Action Points** of the last Core Meeting (not covered in the agenda)

 None

**9. AOB**

NH confirmed that the pictures in the Waiting Room will be changed in time for the next Open Evening. NH reported that three new local artists have offered their work and he hoped that this will stimulate others to offer their work for future displays.

RF offered to advertise for future artists via the screen in the Waiting Room.

NH reminded the meeting of the need to advertise (in w/beg 13 February) the Open Meeting and he will as usual will email posters to be displayed.

RF reported that the Practice is investigating using Facebook as a further means of communicating with patients. It was agreed that this is a good idea but that it will need to be very regularly updated to maintain its effectiveness.