**Sunbury Health Centre (SHC)**

**Patient Participation Group (PPG)**

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

**Tuesday 18 July 2017, 3.30 pm at SHC**

**Agenda**

**Present:**

**SHC:**  Dave Gill (DG), Jackie Sheehan (JS) and Sasha Thurgood (ST).

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

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

NH welcomed the Core Group to the meeting and it was noted that Richard Fryer (RF) had sent his apologies. NH introduced David Butler who was attending the meeting as a potential new member.

**2**. **Minutes** of the last Core and Open Meetings

DH thanked JP for kindly taking the minutes at the recent Core Meeting.

Both sets of minutes were agreed to be true records of the Core Meeting held on 8 May and the Open Meeting on 19 June 2017.

**3. Be a voice in the community:**

* Patients’ survey 2017 up date.

NH thanked the group for their support inputting the data into Survey Monkey.

DH confirmed that she had used the information collated on Survey Monkey to produce a draft analysis of the qualitative data. DH explained that this report had been sent to RF and since he was currently on holiday RF had not yet had a chance to read the draft report. DH highlighted a few key findings:

* There continues to be a year on year increase in the number of questionnaires completed by patients; 660 this year, 555 in 2016 and 417 in 2015.
* The opportunities for free text had lead to 784 comments being received, providing helpful suggestions for the development of services and improvements.
* The responses were very positive about the changes to the appointments system. Making an appointment by telephone is now the most common way of making appointment and booking in person is now the least popular way and yet last year it was the most common.

Action*: The report to be placed on the agenda of the next Core Meeting.*

* Issues raised at the Open Meeting on 19 June 2017
* Placing a strip of wood on the walls to prevent the chairs damaging the recently decorated wall. NH and DG agreed that this was a very good idea.

Action: *RF to be asked to action.*

* Having a blood pressure machine available for patients to use at SHC. DG expressed his concerns about having this facility available:
* Guidelines suggest that having a machine at home is more reliable than a one off measurement taken in a public space.
* It can lead to an increase in demand of GP appointments because patients are concerned about the outcome of the measurement.
* There is the cost of purchasing, cleaning and regularly calibrating the machine.

Action*: RdL offered to ask the staff at the GP practice she works at for feedback on the impact of the blood pressure machine that is available at the surgery*.

PH asked if there was a defibrillator available at SHC. DG confirmed that there was and added that it was a legal requirement. ST informed the meeting that all staff have been trained on how to use the equipment.

NH added two new agenda items at this point:

* Feedback from the CCG Stake holder Reference Group Meeting

NH reminded the meeting that the local CCG is continuing to involve patients in the development of their five year Sustainability and Transformation Plan, not a common feature of all CCGs. Three key issues arising from the meeting:

1. An acknowledgement that mental health issues are not being dealt with effectively either locally or nationally. 1 in 3 GP appointments are for mental health related issues. NH raised the issue previously discussed at a PPG Core Meeting of young people falling between the age ranges for ‘children’ and ‘adults’. This was agreed as being an important matter that would be discussed further.
2. Better Births – a bid has been successful that will rationalise digital data inputting for midwives. It is hoped that this will eventually be accessible by expectant mothers.
3. The group has asked the NHS to devolve funding to enable the group to run certain aspects of NHS provision for themselves, in particular more control of NHS properties. NH asked those leading the meeting if they are aware of the increase in service charges facing Practices. Response to his question had been very limited although NH was approached after the meeting by Sarah Parker, Director of Transformation, Surrey Heartlands,who agreed that the situation was outrageous and reassured NH that talks were taking place *“at a higher level”.*
* Feedback from the CCG meeting for chairs and Vice-Chairs

After the success of the initial meeting PT was very disappointed that he was the only representative of a PPG at the meeting and that no other PPG had sent apologies. Discussions revealed that the CCG claim not to know which Practices do/do not have an active PPG. (Subsequent discussions and post-meeting actions revealed that this was very easy to ascertain).

However PT was able to learn about the proposals for a new 111 and out-of-hours service. The consultation had received 700 responses (SHCGP Patients’ Survey had 660 responses!) which is a representative sample. The outcome is that patients are in favour of the proposed locations for out of hours provision and these have therefore been accepted. In our area positive feedback has been received and therefore they are optimistic about moving forward.

PT had previously suggested to RF that a presentation at a Practice Managers’ Meeting to show the benefits of having a PPG would be a good idea. PT added that RF had been responsive to this suggestion. DG thought that it would be very useful to have such a presentation and that it would be better received if was delivered by a patient.

Action*: PT to take this forward with NH.*

**4**. **Provide support and challenge:**

* Update from DG

Staffing:

JS has appointed two new Receptionists – Kelly Lowe and Kirti Shingadia. The induction of the new colleagues has gone well. A further Receptionist is also to be recruited. Elaine Hickey has left the Practice and therefore additional administration support is being provided by the Reception Team.

Michelle Gerard,the Health Care Assistant (HCA), and Sister Boshoff have both returned from maternity leave. They are both working part-time, Michelle two days a week and Sister Boshoff three days a week.

Dr Varma will be returning from his sabbatical in September. Dr Mann, who covered Dr Varma’s absence, will be moving on.

Recruitment is in place to find a permanent replacement for Dr Guppy’s previous role.

Dr Felicia Oei joined the Practice in May as the first GP registrar; she has had a successful induction and is providing additional capacity Tuesday – Thursday each week. Dr Oei will be with the Practice until September 2018.

The Foundation Year (FY2) Doctor finishes her placement in August. A further FY2 Doctor will be placed at the Practice.

It is hoped that Sister Budkiewicz will be operating as a Nurse Practitioner in September/October.

CSH Surrey

Unfortunately the new provider of community services is creating some issues for the Practice:

* The Health Visitor clinics have been removed from SHC.
* The Practice has minimal contact with the Manager who works three days a week, operating from a different building on the other two days of the week.
* The removal of the Family Planning Clinics earlier this year, has led to an increase in demand for contraception advice from GPs, which impacts on the number of appointments available for patients who are unwell.
In response to question from NH it is unclear if the new provider has also experienced the large increase in service charges that the Practice is experiencing.
* The cleaning remains sub-standard. DH added that this had been a frequent compliant within the Patients’ Survey. The cleaners’ hours have been cut further. The charge for this extremely poor service is £14K per year and the Practice is not satisfied with the cleaning specification and has no sight of the cleaning contract.

Property

DG & RF have recently met with NHS Property Services; this was a second meeting to discuss the 700% increase in service charges. Whilst some progress is being made, the Practice is being denied access to important information.

Examples of the frustration the Practice is facing include receiving high charges for grounds maintenance when this only involves minimal grass cutting. They have also received a bill for the cutting down of a tree with no notification of the necessity or subsequent high charge for this. The main door has rotted away and has been replaced and the Practice has received a bill for 100% of the replacement cost.

The Practice is being asked to sign a 25 year full repairing lease, without seeing the full content of the lease the Practice is not prepared to sign such a commitment.

PH recommended that Practice demand such information via a Freedom of Information request.

The works on the Reception were in their second week and good progress had been made until it became apparent that knocking through a wall was an issue because it was a load bearing wall! Consequently the works are on hold until a structural engineer has reviewed the situation.

Patients have been very interested in the Reception works. NH stressed the importance of keeping patients well informed and maybe displaying the contractor’s timeline?

NH asked if the consultant, appointed by the Practice, was helping with the lease. DG confirmed that he was but the progress was slow. Shepperton Practice has been able to reach an arrangement but they were two months ahead of SHCGP and the article in The Times helped to focus the NHS!

The Practice has now been informed that they actually rent 47% of the building, not 45% as thought previously, because when the original measurement took place it didn’t consider the thickness of the walls!

The support from the local MP has not been forthcoming.

PT suggested that the Practice could consider joining together with other practices to create a joint force that will ‘not put up with this’.

DG replied that he thought this was too difficult due to the different positions practices are in, some are only just getting their letters which places SHCGP ahead of many others.

PT also reminded DG of his contact with the BBC Health Correspondent. PT is confident that he would be very keen to get involved. DG acknowledged that this local support was available but that he was reticent about involving the BBC. DG stated that he would prefer to continue with the NHS meetings because he is confident that he and RF are now talking to the right people.

Other Services

The Nurse Practitioner role is going well.

The Minor Surgery provision continues to be a success with the 100th referral having just been made. Due to the success the Practice is going to open for additional days to catch up on the backlog.

* Dates of Core and Open Meetings September 2017 – July 2018

The proposed dates were agreed to be appropriate.

Action: *PH to update the version already on the website.*

**5**. **Help disseminate information:**

* SHCGP Facebook Page

Mandy Matthews had made good progress on this but has since left the Practice.

Action: *ST to discuss this with RF how to move this matter forward.*

DG added that now was the time to update the SHCGP web-site since it looks tired. In particular the website is now a key feature in recruitment of staff, since potential candidate will look up a Practice’s website prior to applying for posts. DH added that the recent responses to the Patients’ Survey revealed that SHCGP website is where most people go to find out information about SHCGP.

DG asked if anyone on the Core PPG group could assist with this development.

Action: *PH agreed to help improve the website. JP offered to help PH*.

* Response to the current Newsletter and suggestions to widen distribution

There was positive feedback about the Newsletter and it was agreed to discuss suggestions for widening distribution at the next meeting.

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

* NHS Shingles Campaign

DG confirmed that SHCGP is part of this campaign and information is displayed on the screen in the Waiting Room.

Action: *ST to discuss with RF the possibility of using Mjog to target the intended recipients of this winter’s campaign and running this adjacent to the flu campaign.*

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

* Use of PPG website

PH reminded the meeting that she had already distributed the most recent information and confirmed that there was nothing further to discuss.

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

* Update on Reception Works

It was agreed that this had been covered in DG’s update.

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

NH did contact WD and he hopes to meet her informally before the next Core Meeting.

**9. AOB**

DG reminded the meeting that the flu campaign begins again in September. It is important the Practice can continue to provide this vaccination whilst facing strong completion from local pharmacies and supermarkets. It was agreed to make this an agenda item at the next Core Meeting, when the days of the vaccinations, booking procedures and the involvement of PPG can be discussed further.

Action: *DH to place on the agenda in September.*