**Sunbury Health Centre (SHC)**

**Patient Participation Group (PPG)**

**Minutes of the meeting held on**

**Tuesday 6 January 2015**

**At SHC**

**Present:** Brian Catt (BC), Roz Dominic de Lord (RD), Wendy Doyle (WD), Richard Fryer (RF), Dr Dave Gill (DG), Polly Healy (PH), Diana Huntingford (DH, Minutes), Neil Huntingford (NH, Chair) Dorothy Linter (DL), Nick Mercer (NM), Jackie Sheehan (JS) and Paul Thompson (PT).

**Apologies for absence:** None

1. **Minutes and Action Points from the last meeting (11 December 2014)**

There were two corrections to the previous minutes:

* Item 2 - Minutes and Action Points from the last meeting should read 13 November *2014* not 2013.
* Item 4 – Provide Support and Challenge, Update from Dr Gill, the final sentence should read “The council *is considering* commissioning Ashley House ...... Adult Learning Centre.”

Deaf Awareness Training and Loop System – RF reported that he had met with the representative from The Institute for the Deaf and as a consequence the existing Loop System is going to be reviewed by an expert and will be repaired accordingly.

Training for SHC staff is going to be included in the annual professional development programme to ensure that all staff are able to support patients who have a hearing impediment.

PPG grant - NH confirmed that he and PT had met to discuss this matter. They have concluded that SHC is able to claim the grant which could provide an additional income of approximately £7,000. In order to be eligible for the grant SHC needs to create an ‘action plan’ consisting of a minimum of three targets, based on patient feedback, which SHC will develop over the year. Progress against the action plan is regularly reported to the PPG, who then verify that progress is being made.

DG & RF confirmed that this something they are very interested in undertaking and that before the Practice Manager’s current absence it was something she had begun.

It was agreed that the PPG meeting to discuss progress did not need to be a core meeting; rather it could be an ad hoc meeting attended by NH and members of the group that were available to attend.

*Action: RF to contact NH to arrange a verification meeting when appropriate.*

The need for improved medical services to be part of the Council’s Local Plan -

BC had looked into the matter and reported that unfortunately there is no legal requirement for the council to consult the practice when considering developments within the local area. However BC did discover that “*something is happening*” with regard to the Community Infrastructure Levy, (a planning charge, which came into force on 6 April 2010 as a tool for local authorities in England and Wales to help deliver infrastructure to support the development of their area). Developers may be liable for a charge under the Community Infrastructure Levy, however the money generated, which may/may not be spent on health care, can be spent anywhere in Surrey where there is thought to be a need and this may not necessarily be in the area where the development is taking place. BC reiterated that it is the role of NHS England to maintain a dialogue with SHC to ensure that its needs are reflected in the local infrastructure.

SHC’s Mother and Toddler Group – RF informed the group that there is a Baby and Toddler Clinic at SHC on Thursdays 1.30 – 3.30pm and that there is Mother and Toddler Group that meets at St Ignatius on Fridays 10.30 – 12 noon.

 PT agreed that the later group seemed the appropriate group for him to visit with a view to recruiting a new member for the core group.

The many different ways to get an appointment – It was agreed to discuss this action point in the ‘Provide Support and Challenge’ section of the agenda.

It was agreed that the remaining action points would be covered within the agenda and so were not discussed at this point.

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

**The Patient Survey** – DG confirmed that the survey will be conducted for two weeks commencing 26 January 2015 and that, following discussions at our previous meeting, SHC would like to also use Survey Monkey this year. It is hoped that by providing patients with the opportunity to take part in the survey either by paper or on line that it would generate a response more reflective of the demography of the patient population. It was agreed that the survey needed to be advertised as widely as possible.

*Actions: PH will support the implementation of the software.*

*DH to collect the paper surveys from RF on 9 February and to arrange an appropriate time for PPG members to meet and analyse the paper responses.*

*BC offered to advertise locally. RF to advertise on the screen in the Waiting Room. RF to provide information on the demography of the patient population to help the PPG recruit members that reflect the demography.*

**Friends and Family Test –** RF confirmed that this is being implemented but the response rate was currently very low. It is hoped that the introduction of questionnaires in the Waiting Room might increase the response rate.

**The Open Meeting, Monday 9 February 2015 –** It was agreed that due to the anticipated number of people for the meeting that the Waiting Room would need to be the venue for this meeting. It was acknowledged that this may lead to some logistical issues if there are patients waiting to see the Emergency Doctor at the time of the meeting.

*Action – RF to discuss with Emergency Doctor and make appropriate arrangements.*

It was agreed that the format used at the previous Open Meeting had been very successful and would therefore be replicated at the forthcoming meeting. NH reinforced to DG how the audience would be extremely pleased to hear from him the very positive manner in which SHC has responded to the recent adverse publicity and learn about the many developments currently taking place.

1. **Provide Support and Challenge**

**Update from Dr Gill** – After DG’s very productive meeting with NHS Properties he submitted, on 23rd December, a Project Initiation Document (PID) that Glen Tiffin will take, on behalf of SHC, to a NHS Properties meeting at the end of the month. If the PID is successful then a feasibility study on SHC will be undertaken.

DG reported that Surrey Council and NHS Properties are now in direct communication with one another about the future of SHC (building). He added that now Ashley House has also spoken with NHS Properties, therefore all the stakeholders are finally in action to agree the situation in both the short and long– however it is important that these dialogues keep moving forward!

NH suggested that a request for a statement for the forthcoming Open Meeting might help to focus their actions!

DG is hoping to meet with Cllr Evans in the near future to update him on developments.

DG also informed the group that the Practice Manager remained absent, it had been a very busy Christmas period and that the SHC was actively pursuing its flu campaign with additional clinics. The recent article in the Daily Mail had led to a lot of media interest and this has made daily working life for those working at SHC more difficult. DG commented that he was concerned about the negative impact the article in the national press will have on recruitment, which is already difficult due to the nature of the building.

There was common agreement within the group that good new stories were beginning to emerge and it was important that these are also shared in time with the media.

1. **Help disseminate information**

RFinformed the meeting that there was a lot of work being undertaken to improve the **appointment system.**  RF explained that last year a report ‘Managing Access and Urgent Care in your Practice’ (in SHC) had been completed by The Patient Foundation. Dr Carson, from the Foundation is returning to SHC on 16 January to see how the SHC has developed since the report and in particular to help review the appointment system which RF and DG both acknowledge is in need of adjustment.

BC had made two suggestions with regard to the Appointments System to be discussed under AOB, but it had been agreed that it would be more helpful to discuss during this part of the agenda. One of BC suggestions was to help improve the situation for those who queue in the morning and RF’s response was that removing the queue was high priority and therefore it is hoped there would not be a need to implement the suggestion. The second suggestion was with regard to ICT (Information and Communication Technology) and RF confirmed that it would be considered as part of SHC’s forthcoming strategic planning session on Saturday (10 January) which would be considering ICT developments.

RF stressed how committed SHC is to making improvements to the service, a recruitment campaign is planned to increase capacity, the use of space will be revisited, although funding remains tight, finances will be allocated and additional sources of funding sought and a review of staffing will be undertaken to ensure that staff are working to their strengths.

1. **Develop a communications strategy**

**Activities on our web-site –** PH provided comparative data for November and December 2014. It was very interesting to note the changes in the users of the website.

*Action: PH to investigate if it is possible to produce the statistics graphically to enable grater comparisons and interrogation.*

1. **Improving the Physical Environment**

It was agreed that is an ongoing concern and that it will be discussed in more depth at future meetings.

1. **AOB –** discussed during main agenda.