

**The Sunbury Health Centre
Patient Participation Group**

**Minutes of the Core Group Meeting held on
Tuesday 15 March 2016
At Sunbury Health Centre (SHC)**

Present:

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

PPG Core Group: Brian Catt (BC), Roz De Lord (RdL), Wendy Doyle (WD), Diana Huntingford, secretary (DH), Neil Huntingford, Chair (NH), Dorothy Linter (DL), Jan Palmer (JP) and Paul Thompson, Vice-Chair (PT).

1. Welcome and apologies for absence

NH welcomed everyone to the meeting and it was noted that Polly Healy had sent her apologies.

2. Minutes

The minutes were accepted as an accurate record of the Core Meeting held on 19 January 2016.

3. Be a voice in the community

- **Matters arising from the Open Meeting**
 - New Virgin Health Care (VHC) Coordinator - RF confirmed that Chanda Modi had started in this role.
 - Appointments system (*see agenda item 5*).
 - Dropping off samples - it was agreed that was a very good idea and that it would be borne in mind when the new reception is being created.
 - Opening Hours - PT shared with the meeting that buses in the local area are displaying advertisements for an extended GP service in Richmond and asked if the Practice was considering something similar. RF explained that Richmond, Kingston & Teddington have formed a federation and through the use of government funding they have developed a shared IT platform that enables them to provide a weekend service via a series of hubs (that are used in rotation). Whilst there is currently nothing similar in this area RF has attended meetings (and was attending one that evening), with the other 42 practices in the area, to see if a similar federation could be established that could then consider initiatives such as that provided in the Richmond, Kingston & Teddington federation. RF stressed that SHC is one of the keenest practices to move this idea forward into a reality!
RF added that if this doesn't happen then something else is

likely to be established due to the government's priorities in this area.

Action: DH to ensure that is placed on the agenda of the next Core Meeting.

WD alerted the meeting to a similar idea that has been established on the Isle of Wight (NH subsequently shared a link to this in *The Guardian*)

- Way forward with Polly's presentation
It was agreed that this is now ready to be shared with patients.
- Lower Sunbury Residents' Association (LoSRA) Annual General Meeting, 22 June 2016.
RF is to be the key note speaker at this meeting. It was also noted that the front page of the recent LoSRA newsletter is devoted to an encouraging and supportive article about SHC.

4 Provide support and challenge

- Update from Dr Gill:
 - It is now year end, a busy time for the Practice.
 - The targets for both chronic disease management and flu vaccinations have been achieved - which is very encouraging.
 - Dr Chapman is retiring on 31st March , although currently he is working as a locum!
 - Dr Guppy is still on maternity leave and a locum is covering for her until she returns.
 - Dr Patel, the next Foundation Doctor joins the Practice on 6 April 2016.
 - The staffing in the nursing team remains stable although a maternity leave is pending. The Practice is keen to continue to expand this team and its role to help decrease the demand for doctors.
 - Two new receptionists have been recruited to help add capacity particularly during a forthcoming maternity leave.
 - Sasha Thurgood, who has been supporting RF for the last nine months, has been appointed to the new role of Assistant Practice Manager. Sasha will be attending future PPG Core meetings.
 - SHC continues to provide a phlebotomy service, although not contractual, and a new Phlebotomist has been appointed to work in this service. There was discussion about the variation in the length of time it can take to get an appointment for a blood test - from one day to four weeks was the experience of those present at the meeting.

Action: RF & JS to follow up and report back to the next meeting. DH to place on the agenda of the next core meeting.

- One secretary is on long term absence, however due to the software system that enables the outsourcing of letters, referrals have not been affected.
- All of the computers (18) that were not 'refreshed' during the last computer upgrade will be replaced during the forthcoming week. It was acknowledged that IT support is improving.
- Dr Jopling is starting a similar course to that taken by Dr Gill which will enable a second Foundation Doctor to be placed at SHC.
- Dr Gill is continuing with his studies to establish SHC as a Training Practice.
- Dr Barnett has now left the Practice and therefore the care of the residents in Ashton Nursing Home is now being shared by Dr Jopling and Dr Perinparajah. These additional responsibilities will not impact upon SHC.
- A member of the nursing team is training to be able to prescribe certain medicines - this will impact positively on the workload of the GPs.
- Dr Canniff has reduced her GP sessions to enable her to fulfil her role as the Clinical Chair of the NW Surrey Clinical Commissioning Group (CCG). This is very good news for her and also SHG.
Action: DG was asked to pass on congratulations to Dr Canniff on behalf of the PPG.
- A member of the Reception staff is being released one day a week to work on a number of key issues:
 - Insurance claims (medicals, reports, etc)
 - The screen in the Waiting Room
 - The texting service (see agenda item 5)

PT asked that whilst it is encouraging that new staff are being appointed, if SHC, given the accommodation situation, could accommodate them? RF confirmed that they could be housed but also acknowledged that this was a challenge that has to be approached creatively!

RF updated on the premises:

- RF confirmed that the funding for the short term project, the refurbishment of the entrance, reception and waiting room, has been resolved. As a consequence the Waiting Room has been painted and the Phlebotomy room is soon to have a new floor. A new reception area will also be created, relocating the notes remains an issue, but RF is confident that this will be resolved. The contractors specialise in Health Centres and schools. Since the bulk of school renovation is completed in the summer holidays the

contractor is keen to complete the work at SHC before the school holidays begin.

It was agreed that it would be very helpful if the plans were available at the LoSRA AGM meeting. (Action: RF)

The meeting last month that NHS Properties were holding with NHS England to discuss the proposal for the Portakabins was cancelled, without explanation, at short notice. It is unclear if a meeting will take place in March. However RF & DG remain optimistic about this project.

It was agreed that it would be very helpful to enlist the support of the local MP to help ascertain if a further meeting is going to take place this month.

Action: PT to contact Kwasi Kwarteng

RF added that the CCG are now co-commissioning services and therefore this could be of benefit to SHC. The CCG are also getting more involved with the property strategy which could again be to the benefit of SHC. The Local Medical Committee is also being helpful in pushing forward the property issues.

BC suggested that there is also potential funding from Surrey Transition Partnership.

PT stressed that it is important to manage the patients' expectations and recommended using the forthcoming AGM and PPG Open Meetings to help with this matter.

- CQC Inspection report

The report following the Care Quality Commission (CQC) inspection in December is now in the public domain and is also available on SHC's website. The action plan, explaining how the Practice will respond to the outcomes of the report, has been submitted although no feedback on the action plan has yet been received. The SHC has a number of actions that they *must* undertake and others that they *should* undertake.

The 'musts' include:

- Carry out regular fire drills. ✓ *planned*
- Tracking prescription numbers ✓ *in place*
- Update staff training and record more effectively ✓ *organised*
- Appraisals for all staff need to be brought up-to-date ✓ *planned*
- Implement a robust system for learning from significant events ✓ *in place*
- Distribute medicine and health information to all staff ✓ *in place*
- Referrals need to be sent out in a timely manner ✓ *in place*

- Ensure that DBS (Disclosure & Barring Service) ✓ *completed* checks are carried out on all staff.

The 'shoulds' includes:

- Improving patient access to non-important appointments.
- Concerns regarding the quality of cleaning (the contractor is managed by VHC).
- Sharing appointment information with the ambulance and out-of hours service.
- Reviewing the system for monitoring health and safety risks.
- Identifying in letters and on the web-site how patients can complain to the ombudsman

RF reiterated that overall the inspection had been a positive experience, the Practice had learnt a lot and there had been very few surprises. The Practice is very pleased that the inspectors reported that it is well run, caring and with very good relationships between staff (and also the PPG). It was also very helpful that the lack of space was also mentioned in the report.

PT asked if at the next inspection the expected judgement would be at least 'good'. RF confirmed that this is the aspiration and the inspection would not occur until July at the earliest. PT suggested that the Practice may wish to consider asking for an earlier reinspection to ensure that the current inspection grading is improved as soon as possible.

Action: RF to investigate if this is possible and if there is a cost involved.

- Patients' Survey Update

It was agreed that the survey is now ready to be implemented and this will take place after Easter, the week commencing 4 April 2016.

Patients will be able to complete the survey either on line (Survey Monkey) or by paper.

Actions: RF and PH to liaise regarding the formatting of the survey and placing it on Survey Monkey.

DH to email PPG members to ask for volunteers to enter data from the paper surveys onto Survey Monkey.

- LoSRA meeting with Kwasi Kwarteng, MP of Spelthorne

The meeting had been arranged at the request of Kwasi Kwarteng (KK). PT & NH agreed that KK was very well briefed and he therefore appeared to be very knowledgeable about local issues. It is hoped that the meeting is the beginning of a better working relationship.

- VHC representative and the PPG

NH suggested to the meeting that representation from VHC at PPG core meetings could help to improve relationships? It was agreed that since

the core meetings were very focused on the Practice it might be more appropriate, and therefore successful, to invite a representative to attend only for the agenda items that are relevant to them.

Action: NH to invite a representative to join the audience at the next Open Meeting to gain a better understanding of the PPG and then follow up with an invitation to join Core Meetings (as agreed above).

5 Help disseminate information

- Texting and emailing patients trial

RF updated the meeting that a provider had been appointed and that this one of the issues that member of reception staff released for one day a week is working on. It was agreed that thought will need to given to the number of different ways in which patients can be asked to provide SHC with their email and mobile telephone details. RF assured the meeting that there is capacity on the landline to contact those patients without either email access or a mobile telephone.

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

- SHC personnel Structure Chart

RF confirmed that this in progress and that he hopes a draft will be ready for the next core meeting.

Action: DH to include on the agenda for the next Core Meeting.

- CCG Public Engagement Forum

NH explained that he and PT had recently attended a NW CCG meeting, the aim of which was to engage with service users regarding the new Health Care contract for the area. The contract is currently held by VHC and is due to expire in 2107. The CCG is finalising a new contract which will soon be going out to tender and this was an opportunity for suggestions to be made about how the new contract could improve services.

- Appointments System

RF acknowledged that there is a need to make some changes to the appointments system, in particular the releasing of appointments at two points in the morning. He proposed that there was limited value in saving appointments to release at 8.30 am when in reality there were very few actually still available. RF explained that he was considering releasing all the appointments at 7 am and that they could be booked via the telephone or internet. There followed a lengthy discussion on personal experiences (and frustrations) of using the appointments system.

Action: DG, RF & JS agreed to review the effectiveness of the current system.

It was also agreed that there remains an issue regarding educating patients on using the range of services the Nursing Team provide, which if fully utilised would release many of the doctors' appointments.

Action: *To discuss how to take this further at the next core meeting.*

6 Develop a communications strategy

- Communication strategy

NH previously circulated an updated draft strategy. No negative comments had been received and therefore it was agreed to adopt this strategy.

7 Improving the physical environment

- Plans for the Waiting Room

It was agreed that RF & NH will meet with the contractor to discuss the proposed changes.

Action: *RF to arrange the meeting.*

8 Action Points of the last meeting

There were no outstanding action points.

9. Any other urgent business

None

Date of next Core meeting: 3 May at SHC 3.30pm (PT to chair)

Date of next Open meeting: 6 June at SHC 6.30pm