**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 30 November 2016**

**Date:** Wednesday 30 November 2016

**Meeting Commenced:** 5.00pm

**Members Present:** LV

BW

HW

GM

JM

MN

DN

Dr RP

NP

**Apologies:** There were no notifications of apologies.

**Introduction / Minutes:** LV chaired the meeting. Members welcomed BW and HW, who were attending the group for the first time.

**CQC inspection August 2016:** Dr RP said he had now received the draft report from the CQC, following their inspection in August. Their principal draft conclusions were that there had been 'significant improvement'; that the practice would no longer be rated overall as 'inadequate'; and that it would be taken out of 'special measures'. The practice thereafter would be able to comment on the factual detail of the CQC report. Dr RP said there were some particular matters he would ask the CQC to look at again. (For example, a 'vulnerable adult' policy was in place.) That would not, though, affect their main conclusions. Everyone welcomed this. Members expressed their appreciation for Dr RP and the practice. Dr RP was grateful for the support the PPG had provided. The CQC's final report was expected early in 2017. Members suggested, when the report was received, that the practice should ensure that the positive news was well publicised.

**Patient list:** Dr RP said that the practice patient list had been approximately 2,700. The list was currently capped until February / March 2017. NHS England might be reluctant to extend capping beyond a year. Dr RP was anxious that the practice should maintain and improve its service level; a high patient list created pressures. BW asked what was a typical number of patients for a GP? Dr RP said around 2,200. Members were fully supportive of the practice taking the steps which were needed to reduce the patient list to the number Dr RP, in his professional judgement, considered appropriate. In response to questions, Dr RP explained that there was not an absolute ban on new patients – babies born to existing patients would be accepted as a matter of course; and an application for an elderly relative who was coming to live with existing patients would be treated sympathetically, etc.

**Becky Gayler:** Members welcomed Becky Gayler (BG), from CCG, who had come to the meeting to talk about on-line services for patients. Becky gave her presentation, explaining how on-line services were intended to reduce the burden on practices and provide a more efficient service for patients. Initially, the facility would enable appointments to be booked on-line and repeat prescriptions ordered; subsequently, patients, if they opted, could access their records on-line. There was a general discussion. MN raised the potential issue of patient records being hacked. BG said, although the NHS took many steps to maintain security, there could be no absolute guarantees; rather, it was a matter of benefits in relation to risks. BG said GP practice records were held on-line by an NHS approved systems supplier (of the GP's choice).That was more secure than having all records in paper – there could be no return to that. However, patients would still be able to access GP services face to face. BG said GP's were expected to ensure that 10% of their list was registered for on-line services by the end of March 2017. For our practice, that amounted to 269. Currently 10 patients were registered. JM asked what would happen if a practice failed to meet their target? BG said it was a contractual obligation. The practice would be required to explain to the CCG that it was making progress and following an action plan. Members raised various questions; including whether appointments could be booked on-line on someone else's behalf (they could not), the position of children, etc. Members said they were anxious about the burden falling on the practice of meeting the March 2017 target. They would do what they could to assist. Reception staff would have registration forms ready at reception. Patients needed to fill in the form. They would then be given a code to enter the on-line section of the practice's web site. BG offered to attend the practice for a day, at a mutually agreed time, to help recruit patients to sign up and also to help train the surgery staff on related matters.

**Actions / matters for the next meeting:**  Members would do what they could to assist with the promotion of on-line registration. The significant matters for the next meeting would be to review progress on that matter and to hear of the final outcome of the CQC inspection. Other matters, referred to at the October meeting (review of the flu jab program, etc), would be picked up then.

**Meeting ended:** At approximately 6.15 pm.

**Date of next Meeting:** Wednesday, 8February 2017 at 5.00pm.