**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON WEDNESDAY 10 APRIL 2024**

**Date:** Wednesday 20 April 2024

**Meeting Commenced:** 5.30 pm

**Members Present:** LV

HW

BW

GM

Dr RP

**Introduction:** LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. GM gave apologies from JM and then gave a brief resume of the previous meeting; matters then proceeded to hear an update from Dr RP.

**Building work:** Dr RP was pleased he was able to report that the buliding work to create the additional ground floor consulting room was 80% complete. What remained to be done was to ensure that there were computer connections in both rooms, placement of furniture, etc and final signing off the work as complete.

Members were shown the new facilities by Dr RP. Leading off from rear of the waiting room was a hallway leading to a well proportioned spacious room which would principally be used by the nurse practitioner for consultation with patients. A passageway to the side of that led to a smaller room which would principally be used by the nurse for blood tests, stitch removal, etc. Access to both rooms was easy and sufficiently wide to allow for wheelchair access. A key reason for the creation of the rooms was to allow patients with mobility problems better access to the nurse practitioner; avoiding the steep stairs to the upstairs room she presently used.

Members thought the work looked to have been done to a good standard. Dr RP said he had been pleased that the builders had worked well to minimise disruption to the operation of the surgery. They had done a lot of the work at weekends outside of surgery hours and that had been very helpful. LV said he (as a neighbour) had not been aware of undue noise.

GM asked whether funding for the work from the ICB had yet been received? Dr RP said the expectation was that ICB would fund two thirds of the cost. Nothing had yet been received, the practice had met the builders interim costs thus far. Members hoped that the financial aspect of the project could be concluded swiftly and without problems arising. LV said it was important to get everything checked out, a completion certificate in place before final payment was made.

Dr RP said he had hoped everthing would be complete with the rooms in use before 1 April. That obviously had slipped, but he was hopeful the rooms would be in use within the month.

**Surgery telephone system:** At the previous meeting, Dr RP had said the surgery telephone system had not been working properly. There were still problems to date. However, the system providers – Louiscom – were coming to the surgery on 17 April to upgrade the system and correct faults.

The upgrade would allow callers the option of waiting in the queue for their call to be answered or exiting the queue with a promise of a call back after having left a message.

Members thought that useful, but noted that there was already a feature on the surgery's website – 'Engage / Consult' – which allowed messages to be left. Dr RP said messages on the 'Engage / Consult' feature were checked regularly by the reception staff.

Members saw it as very important that when the Louiscom techician came to the surgery that the reception staff who had to operate the system were able to explain the problems they had had and test out the system while the technician was in attendance.

**Complaints:** Dr RP said the surgery had not heard further about the complaint he had mentioned at the previous meeting. Nothing had been heard from the Safeguarding Team at the Local Authority.

Dr RP said another seperate matter had arisen where a patient had requested information about the practice's complaints procedure. The information had been given but a formal complaint had not yet been made.

The issue was that the patient concerned had been admitted to hospital with a condition (not cancerous) which generated considerable disabling pain. They had been treated by specialists who, on the patient's discharge, had provided a course of morphine. However, the discharge letter specified that morphine was not to be continued beyond the initial course, The patient telephoned the surgery when their supply of morphine had been exhausted saying they were in considerable pain and asking for more morphine to be prescribed. Dr RP had said he could not do that. The patient hung up. Dr RP attempted to call back – there was no pick up. He tried again an hour later, but reception staff told him the patient had already requested details of the complaints procedure.

Dr RP explained to members that the current NICE guidelines made it clear that opioids were not to be prescribed for non cancerous pain and the discharge letter was consistent with that.

It was not for members to decide a complaint, should one be made, but they did not see how Dr RP could have acted otherwise on the substantive matter – he would have been in breach of the terms of the NICE guidelines and discharge letter had he prescribed morphine. Hopefully some alternative medication might be available to provide relief for the patient – perhaps following liasion with the hospital specialists.

**Next Meeting:** The next meeting was agreed for Wednesday 26th of June at 5.30 pm at the surgery.

The meeting concluded at approximately 6.10