**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 07/09/2016**

**Date:** Wednesday 7 September 2016

**Meeting Commenced:** 5.00pm

**Members Present:** LV

GM

JM

MN

DN

Dr RP

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

**Introduction / Minutes:** LV chaired the meeting. GM and JM agreed to prepare draft minutes, as for previous meetings.

**Matters brought forward from June Meeting:** LV invited GM to outline the matters arising from the last meeting. GM said many of the action points mentioned in the minutes of the last meeting had clearly been accomplished. All staff were now provided with name tags and staff details had been put on the practice website. GM said he did not yet see an e-mail address for the surgery on the 'home' or 'contact details' page of the website. That would be looked at again. LV had looked at the wording of the PPG page on the website and had a revised compact wording. That was welcomed. All were very pleased with the way the website was developing.

**On-line booking for appointments:** Dr RP outlined the arrangements which were just getting underway. A requirement was that patients had to register on-line. So far, only two had done so. Members said they would have a look at the procedures on the web-site and offer any suggestions for improvement at the next meeting.

**Electronic processing of prescriptions:** Dr RP said the arrangements for electronic processing of repeat prescriptions was separate for that for on-line appointments – there was not a requirement for on-line registration. Patients needed simply to discuss what suited them best with Reception. The prescription could be sent electronically to the pharmacy chosen by the patient. The prescription would be with the pharmacy within 48 hours. The prescribed medication could either be collected from the pharmacy in person or, if the patient wished, delivered to the home address. DN said there could be problems around Bank Holiday time and home delivery was not suitable for all because of the need for the patient to receive the prescribed medication personally – for security it could not be put through the letterbox or left with a neighbour. JM said it would still suit many to receive paper prescriptions in the traditional way, so that they could collect from whichever pharmacy suited them best on the day.

**Confidentiality / Sound proofing:** Members noted that patient records in Reception were now behind sliding doors. Patient names on the record folders were no longer visible from the waiting area. That was a positive step. On sound proofing, MN and DN mentioned that there had been an occasion when they had been in the road by the bus stop and could hear the sound of conversation (but not words) from the consulting room. Dr RP said the consulting room was double glazed. It was agreed that no replacement windows or other sound proofing measures could provide a perfect solution, particularly given the limitations of the practice premises. One particular matter was noted – the practice retained the traditional 'window' from the waiting area to reception. Members did not see that as negative – it allowed patients to lean through the window to talk to the receptionist without being readily overheard. Also, as noted previously, broadcast music in the waiting area was an effective measure to provide a measure of confidentiality.

**Healthwatch East Sussex:**  MN and DN had attended the presentation of the Healthwatch East Sussex annual report 2015 / 2016. Unfortunately, due to other commitments, they had been unable to be present, at the end of the event, when matters to do with PPGs were discussed. They brought to this meeting a copy of the annual report which would be circulated among members.

**CQC inspection:** Dr RP explained that the practice, in 'Special Measures' since a CQC inspection in December 2015, had been re-inspected on 31 August 2016. The practice had prepared a presentation document. Dr RP ran through the salient points of that document, which led to a general discussion. Members agreed that the practice was entirely right to highlight the particular issues which the practice faced, arising from the social composition of its patient base in Hastings. (2711 patients; with an above national average representation of under 18's, of those with long-standing health problems, of those with disabilities, and of those who were unemployed – the latter twice the national average.) Members welcomed the actions which the practice had already taken to meet the CQC's concerns.

Dr RP said the practice had done well in the national GP patient survey. (94% of respondents reported it was easy to get through to the practice on the phone – national average 73%; 98% of respondents reported they found the practice's receptionists helpful – 87% national average; 96% of respondents reported they found it convenient to obtain an appointment – national average 92%.) Members were not at all surprised by these results. It was consistent with their own positive experiences of the practice and with that of anecdotal accounts passed on by other patients.

Dr RP said the presentation document set out how the practice had sought to meet the concerns the CQC had identified in their 2015 report. Various aspects of that were discussed.

GM said he and JM had met one of the CQC team, on 31 August. They had explained how the PPG was alert to how it might best assist the practice to consolidate what had already been achieved and to take matters further in the future. One issue the CQC inspector had mentioned to GM and JM was the low incidence of recorded complaints. GM had told her the PPG was confident the practice was well placed to understand the need to have a robust complaints procedure and to to learn from any complaints made. While the PPG was not involved in the specifics of individual complaints, it had already assisted on some general issues arising, as previously minuted.

One issue, while not necessarily the subject of formal complaint, was a matter of some recurrent dissatisfaction: - on some mornings at the 'walk-in clinic' patients could be waiting for quite a while. The great majority of patients appreciated that this was inevitable, particularly when there was very high demand or a medical emergency. Most patients understood that few other local practices offered this very valuable 'walk-in' facility. Some 'grumpiness', however, arose from time to time. LV had drafted a note to be displayed in the waiting area which explained the practice's policy regarding the (morning) walk-in clinic and the (afternoon) appointment clinic and apologised for occasional significant delay. That was welcomed.

Dr RP said the results of the CQC's recent inspection would be given in a few weeks. It was agreed that the PPG would meet again in early October to consider matters arising from that. Members said they would be ready to assist in anyway which might be helpful before the meeting date, should that be necessary.

**Action points:**

Prior to the next meeting:-

* Members to look again at the developing practice website.
* RP to check whether the website provided an e-mail address for the practice.
* Members to look at the 'on-line' registration procedure.
* Update of PPG page on web-site to reflect wording suggested by LV.
* Notice drafted by LV re. the walk-in clinic waiting time to be finalised and displayed.

At the next meeting:-

* Dr RP to report on the outcome of the CQC inspection.
* Matters arising from that.
* Outstanding matters arising from the September meeting.

**Meeting ended:** At approximately 6.00 pm.

**Date of next Meeting:** Wednesday 12th October at 5.00pm.