**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 8 February 2017**

**Date:** Wednesday 8 February 2017

**Meeting Commenced:** 5.00pm

**Members Present:** LV

 BW

 HW

 GM

 JM

 MN

 DN

 Dr RP

 NP

**Apologies:** NP said she had an apology from MJ, who had told her she hoped to attend the next meeting.

**Introduction:** LV chaired the meeting. GM said the principal matter arising from the last meeting was the outcome of the CQC inspection. Additionally, there was the issue of on-line registration of patients and updates on issues discussed at the October meeting.

**CQC inspection August 2016:** At the November PPG meeting, members had welcomed the news that the CQC had recognised 'significant improvement' and had decided that the practice should come out of special measures. However, the CQC had initially concluded that the overall rating for the practice should be 'requires improvement'. The practice had taken the opportunity to correct factual errors. Dr RP said he had now received the final report from the CQC. The CQC had given a revised overall rating of 'good'; and given a rating of 'good' for the aspects 'safe', 'effective', 'caring', and 'responsive'. The aspect 'well-led' was flagged as 'requires improvement'. Specific services ('older people', long term conditions, etc) were all assessed as 'good'. Dr RP thanked the PPG for their assistance in helping the practice reach this welcome conclusion. Dr RP said there would be an action plan to address the matters which still required some improvement. Members welcomed all this and that the positive news had been well publicised by notices in the waiting room, on the practice web-site and reports in the local newspaper. Dr RP said he had received letters of congratulation, which he circulated, from Amber Rudd MP and the Chief Inspector of the CQC, and also from the CCG. Members asked whether there would be a further inspection or follow up by the CQC? Dr RP said he would expect to update the CQC on progress with the action plan but he was unsure when they would inspect again.

**On-line registration:** At the November meeting, Becky Gayler (BG), from CCG, had talked about on-line services for patients. She had said that 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. At the time of the last meeting only10 patients had been registered. Dr RP said that number had now increased to 389 – well in excess of 10% of the patient list. Members felt that that was a great achievement by the practice, reflecting the efforts staff had taken to bring this to patients' attention and the support that patients had given. Dr RP said that he had heard further from the CCG, who were now suggesting that to satisfy them the practice needed to show that the on-line registrations were being used by 10% of patients. Dr RP said there was a problem with that because despite the success with patients registering for on-line services, currently only some 4% of patients were actually using the on-line service to book appointments or arrange for repeat prescriptions. Members said they were quite clear that the target BG had specified was for registration rather than for use. (JM had asked a specific question of BG about what BG had said was a contractual obligation of the practice.) Members saw the discrepancy between registration and use as largely due to the practice offering the very much appreciated facility of walk in morning appointments. There was no facility to book those on-line; and often, when a patient needed to book an afternoon appointment, that was done face to face as a follow up to a morning appointment. Additionally, the area served by the practice was urban, with many older patients, many patients in close walking distance to the practice and many without internet access. Members were clear: these factors often made it more convenient for patients – even those who had registered – to simply call in for their repeat prescriptions / make afternoon booked appointments. Hopefully, at 31 March, the CCG would accept that the practice had done what was required of it. However, if it were otherwise, and if Dr RP saw it as useful, LV and GM would write to the CCG making the above points.

**Flu jab:** Dr RP reported on this winter's flu jab programme. The special Saturday opening event had not seen a huge take-up. Some 12 to 13 people had attended in a 3 hour period. Circumstances had led to the event being later in the year than was ideal. Next winter, the intention would be to hold the event in early October and review beforehand how the event (and flu jab take up generally) might best be promoted.

**Opening hours:** There had been recent media reports about GP practices potentially having to face financial sanctions if they did not open for longer hours, including at weekends. Members were concerned about that creating an unreasonable burden for a single doctor practice. Dr RP said there was no need for immediate concern as his contract specified a five day service with defined hours.

**Duty of Candour Policy / Significant Event Policy:** There was discussion of these matters which had featured in the CQC's report. Members understood the need for the practice to be compliant with all policies as required by the CQC. However, members saw it as appropriate for the practice to exercise reasonable judgement in deciding whether or not an event was 'significant', or a complaint was one which needed to be formally recorded.

**Lifestyle workshops:** Dr RP said he had received an approach from 'East Sussex Better Together' for one of their speakers to address the next meeting on Lifestyle Workshops. Members said a 20 minutes or so presentation at our next meeting would be useful.

**Meeting ended:** At approximately 6.05 pm.

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