**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 8 FEBRUARY 2023**

**Date:** Wednesday 8 February 2023

**Meeting Commenced:** 5.30 pm

**Members Present:** LV

GM

JM

Dr RP

**Introduction:** This was once again a 'virtual' meeting conducted via Zoom.

LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. Apologies were received from NP. BW and HW were unable to participate in the meeting due to computer issues, but they were able to view and hear much of the discussion. GM gave a brief resume of the previous meeting; matters then proceeded to hear an update from Dr RP.

**Flu vaccination situation:** Dr RP said that the surgery's flu vaccination programme was continuing to go well. Some 90% of the over 65's had now been vaccinated along with 86% of the 18 to 64 age group. 78% of 2-3 year old children had been given flu inhibiting nasal spray. Dr RP said all that was comparable to or better than other local surgeries. Members welcomed that success.

**Patient List:** At the previous meeting, Dr RP had said that the patient list of the surgery was now in excess of 3300 patients, having grown recently from 3000 and that consequently the surgery was under considerable strain. He had said the surgery had requested permission of the Integrated Care Board (ICB – successor to the CCG) to close the patient list for six months in order to bring matters under better control. He had said the ICB were questioning the surgery about their request.

It had been agreed at the previous meeting that HW would draft a letter to go from the PPG to the ICB to endorse the request to close the patient list.

Dr RP was grateful for that support and for HW preparing the letter. He said discussion with the ICB was continuing. They had some specific queries and had sought additional clarification. Dr RP hoped that agreement would be forthcoming within the next couple of months or so to close the patient list for a six month period.

In the meantime, the surgery was explaining to prospective new patients that the surgery was a single GP surgery which was currently under pressure due to the burgeoning patient list. They were being told they might better consider applying elsewher to register. Staff had been asked to check to see whether new applications were from prospective patients within or without the surgery's catchment area. The catchment area was, however, very large and consequently there were a large number of potential applicants.

Members hoped that the ICB would accede to the surgery's request and that the very considerable pressure on the limited resourses of the surgery might be eased.

**Improvement to surgery premises:** DR RP had said at the previous meeting that plans were underway to convert the room at the back of the surgery, adjacent to the nurses' room, into an additional consultation room with direct access from the waiting room. An application for a building grant had been agreed in princple.

Although three quotations had been sought for the purposes of the grant application, only two had been received thus far. It was hoped that that would suffice and that a positive decision would soon be received.

Inevitably, there would be difficulties in getting the work done without disrupting the work of the surgery. One of the firms who had provided a quotation had said they would do some of the work at weekends. If that could be done it would obviously help. It was estimated that the work might be capable of being completed in two to three weeks – but that might prove optimistic.

In any event, there would be a need to arrange matters so that the surgery could function, minimising disturbance to patients and staff, while the work proceeded. Accordingly, when the doctor was absent, the nurse would use the doctor's room. It might be necessary to have a movable curtain screen in the waiting area so that the screened area could be used to take bloods for testing from patients. A notice would explain to patients what the work was about and ask for their forbearance of any inconvenience they might experience – which the surgery would try to keep to a minimum.

**Extended Access:** Dr RP said arrangements were in place for the nurse prescriber to to take appointments of a Monday evening between 6.30 and 8.00 pm.and for him or her to take some appointments of a Saturday morning between 9.00 and 1.00. Funding was in place from the 'Winter Access' grant for those arrangements until the end of March 2023. Additinally, as had been mentioned at the previous meeting, there were arrangements in place for a mental health nurse and a physiotherapist to take appointments at the surgery.

Members appreciated all of that.

**Paper Records:** The additional 300 /400 patients the surgery had recently accepted meant that the storage space for patients' paper records (in the reception staff working area) was under pressure. Dr RP said this had contributed to a decision to move the paper records off site. He explained that commercial firms provided a rental service to hold securely patient records and retrieve specific records promptly when required. Many surgeries already used this service. LV said that similar arrangements had been in place for solicitors' practices for many years. Dr RP explained, as of now, that nine times out of ten there was no need to look at a patient's paper records before an informed consultation – everthing relevant was on the patient's electronic file (five years of correspondence and notes having now been scanned for electronic access). There were situations, however, where it would still be necessary to access the paper record – in oder to write a formal report for example – and the commercial record storage firm would undertake to courier the required records to the surgery within two to three days.

Members appreciated the advantages of off site storage both in order to free up space and to provide greater security.

**Patient questionaire**  Dr RP said the surgery had done well in the nationally organised survey of patient satisfaction – some 82% were very satisfied. LV said there had been a newspaper report to that effect – he would pass that to Dr RP for reference. Dr RP said that the surgery was also running its own survey of patient satisfaction. He would advise later on any matters arising from that.

**Next Meeting:** Unless issues arose (from the building work for example) the next meeting would be 'face to face'. GM felt it would be helpful if that could coincide with an effort to recruit additional members to the group. That was agreed. A notice of the next meeting could go up in the waiting area (and perhaps on the web site) to invite prospective new members to come along.

The next meeting was agreed for Wednesday 3 May at 6.00 pm (the later time to allow late afternnon surgery appointments to clear).

The meeting concluded at approximately 6.05

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