**Newtown Surgery**

**PPG Meeting minutes**

**07/03/2016**

**Members in attendance:**

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| Name | Role |  |
| Dr A. Arain | Newtown Surgery - Senior General Practitioner partner |  |
| Heidi Pegnam-Mason | Newtown Surgery - Nurse Clinician - chair |  |
| Jane Buckley | Newtown Surgery – Administrator - minutes |  |
| Dave Ross | PPG Vice-Chairman |  |
| Maurice Dawson | PPG Member |  |
| Des Chow | Visiting – Engagement & Involvement Manager - CCG |  |

**Notified apologies:**

| Name | Role |  |
| --- | --- | --- |
| Peter Murray | PPG Chairman |  |
| Rob Polhill | PPG Member |  |
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| Minute | Agenda Item | Action |
| **Item No 1** | **PPG Member Information, introductions, apologies and previous minutes**  Signing in sheet passed round and introductions were made within the meeting. Heidi thanked everybody for attending and apologised for the delay holding a PPG since the last meeting. A copy of the last meeting minutes were handed out to the members. |  |
| **Item No 2** | **PPG Constitution**  Heidi informed the attendees that unfortunately, due to other commitments, Peter Murray is stepping down as PPG Chairman.  We need to look at re-designing our PPG and how to attract more patients to attend. Des Chow did confirm that on a whole PPGs are up and down and the best way to advertise this is by word of mouth and advertising signs within the surgery and on noticeboards. Informing that PPG meetings can help towards the running of the practice with their feedback, ideas and general involvement.  Heidi felt we should wait for more PPG members before voting takes place for a new Chairman. Des informed surgeries that have good PPGs tend to have good quality PPG members getting involved with emailing, surveys and becoming more involved with the surgery.  Heidi suggested PPG members may wish to attend other surgery PPG meetings for an idea on how they are ran.  Des reiterated to the members about PPG + meetings that take place and for anyone to attend should they so wish. This is a good way to share information.  Maurice informed the members that he wasn’t too impressed with PPG + that he felt there was a lot of talking but due to hands being tied, not a lot was being actioned/achieved. | Wait for more members before chairman is selected. |
| **Item**  **No 3**  **a.**  **b.** | **Current staffing status**  Heidi informed members that a new Practice Nurse called Rebecca Currie is due to start employment at Newtown Surgery. She comes from a District Nurse background. She will have a 2 week induction before beginning to see patients. Her rota will cover Mondays, Thursdays and Fridays to ensure there is a Practice Nurse on site during the week.  Practice Nurse Susan Burgess is now working part-time within the surgery.  Dave felt it would be much more beneficial to be able to see a Practice Nurse when required.  Dr Arain confirmed we have a lot of patients who have chronic diseases and need to be seen by the Practice Nurses for reviews. There will be extra chronic disease sessions added to the appointment system temporarily until we have a full complement of Practice Nurses.  Dr Dooley and Dr Malik, our locum GPs are continuing to offer locum sessions. The locums we use are very good; however agency locums charge ridiculous amounts of money and in most cases they won’t complete any administrative duties i.e. blood results, paperwork, e.t.c.  There is a national shortage of GPs who are being drawn overseas to work for a better life and less responsibility. Des confirmed this is a national problem and finds that only common wealth GPs are willing to fill our positions.  Patient’s expectations have changed over the years; the number of home visits is up, putting pressure on surgeries. Newtown Surgery will only use locum GPs who are willing to complete home visits. Home visits are extremely demanding. The surgery will continue to advertise for GPs.  No date has been set as yet for the return of Dr Mohan from maternity leave.  Paramedics, and Physician assistants have also been looked at to complete work within surgeries but again it would come down to ensuring workloads were completed fully/correctly.  An advertisement has gone out to recruit a Pharmacist to the surgery. The Pharmacist must be an independent prescriber. This is hoping to look more in-depth at the prescriptions being completed in the surgery and take some pressure of authorising the prescriptions from the clinicians. There is currently a government initiative to recruit to surgeries; however it  would be less restrictive if we were able to recruit ourselves and develop the roles within the surgery to fulfil surgery requirements.  The Newtown Surgery book will be re-opening on the 1st May 2016. It was found that closing the book didn’t make much of a difference to ratios and the process to request the book continue to be closed is too much of a long process. | Newtown Surgery to continue to advertise for GPs. |
| **Item**  **No 4** | **On line medical records access**  Currently, patients are only able to order repeat prescriptions and book on line appointments. However, they are able to request to see more information held on their records, i.e. results, problems, allergies. This is quite a lengthy process whereby the patient would had to complete a new form requesting this and the form would then be passed to Dr Arain or Heidi to be risk assessed and way up the benefits to the patient being able to access their information.  It has been queried as to why anyone would want to see their records. Heidi confirmed they wouldn’t be able to access all information or see any free text within their records. It was also highlighted how certain firms request to see patients full notes when not always necessary. |  |
| **Item**  **No 5** | **PPG meeting frequency**  Andy suggested the 12th September 2016 as the next PPG meeting; however Heidi and Dr Arain both felt one should take place before then. Des advised that some PPG meetings take place monthly, some 2 monthly, 3 monthly and some quarterly. It’s about managing them proactively. A virtual PPG may be something to think about. This appears to be a good tool also to obtain feedback.  This is something for everyone to think about. |  |
| **Item**  **No 6**  **a.**  **b.**  **c.**  **d.**  **e.**  **d.** | **AOB**  An extended GP service is to be held within Widnes Urgent Care Centre. This is called Widnes GP Extra. These are extra GP sessions to run across Monday – Friday between 18:30 and 21:00 with Saturday and Sunday between 09:00 and 15:30. Each surgery is allocated 2 appointments per day.  The GP Extra service does not supply sick notes. If a patient requires a referral or any investigations, this is sent back to the main surgery to be actioned.  The current feedback from patients who have used the service is positive.  Des informed the members that Centre Stage in Riverside College was holding a drop in session on the 21st April 2016. This is aimed at young people and to help develop their understanding of the NHS. Various stalls will be available such as: Sexual Health, CAMHS and Halton People’s Health Forum. Currently it’s felt that the younger generation lack an interest in the NHS. PPGs will also be highlighted during this event.  Dr Arain informed members about federations that are being implemented to provide better services. There will be a federation in both Runcorn and Widnes. Dr Arain has decided that Newtown Surgery will become part of the Halton federation based in Runcorn, feeling that there will be more support within this. There are a couple of other Widnes surgeries choosing to become part of Halton federation.  Maurice asked what the difference was between CCG and federation. Des confirmed that the CCG is the commissioning bit within NHS England; federations will be made up of buyers setting up local contracts and efficiencies. To ensure there is no conflict of interests, clear roles and mechanisms would have to be set out.  The big NHS plan is to look at merging surgeries together to reduce financial overheads, set up better contracts and services and to enable the larger surgeries to tailor services to their requirements and have more power.  The NHS has been looking at preventing diseases. Evidence shows that 10% of the population is at high risk of becoming diabetic. Health promotion will be a high priority for CCGs to implement within surgeries.  **NEXT PPG MEETING TO BE HELD –** |  |