# William Fisher Medical Centre PPG

# Meeting Minutes

14th Sep 2016

**In Attendance: Apologies:**

Lynne Pettegree-Blake, Chairman Val Stevens

Philip Davies, Vice Chairman Sharon Champness

Mary Davies Michelle Plummer

John Lynch

Mary Dover

Debbie Morley

Dr Morrison

1. WELCOME TO MEMBERS

Lynn opened the meeting thanking members for attending. Unfortunately, two new committee members that we were expecting were not present. One had not responded to various e mails and texts inviting her and the other was unable to attend due to family problems and sent her apologies.

2. APOLOGISE FOR ABSENCE

Apologies for absence were received from various members and these were recorded.

3. APPROVAL OF PPG MINUTES FROM 11th MAY MEETING

Minutes from the last meeting were approved and signed. No amendments were noted.

4. TREASURERS REPORT

The current Treasurer gave a report of the finances of the Group.

Following the PPG awareness week and proceeds from the raffle which amounted to £379, the current bank balance for the PPG stands at £466.10

5. CHAIRS FOR THE WAITING ROOM

Following discussion it was agreed that the PPG would donate a total of £400 towards the purchase of two chairs for the waiting room. These would be high back, raised chairs suitable for patient who might have problems with the current seating as discussed at previous meetings.

Debbie to arrange purchase of the chairs and Phil to organise a cheque for the agreed amount to be presented to the surgery.

6. CQC INSPECTION FEEDBACK

Debbie gave feedback from the CQC inspection that took place on Tuesday 11th August:

The surgery was given just 10 days notice of the inspection which looks at all aspects of the how the surgery is run. All the staff worked extremely hard in preparing for the inspection to ensure that the surgery was presented at its best.

On the day there were two inspectors who arrived at around 8.15am. They spent their day speaking to staff, patients and PPG representatives and generally looking round the surgery. They looked at lots of associated paperwork and asked lots of questions. At the end of the day they gave general feedback which was very positive.

Since the inspection we have received a draft report that gives the surgery an overall ‘GOOD’ rating. The breakdown was GOOD in all areas with an ‘OUTSTANDING’ for looking after patients with long term conditions.

The surgery is awaiting confirmation of the final report after which time it will be posted on the practice website and a copy placed in the surgery waiting room.

The PPG expressed their agreement with the report and asked that their thanks for all the staffs hard work be passed on.

7. LATEST AMBULANCE PERFORMANCE FIGURES

After much chasing around, Lynne finally managed to get some updated performance figures from the Ambulance Service. These were passed on to Phil who produced a hand out which was presented at the meeting.



The two main points of discussion were the % target figures for the R1 (life threatening conditions) and R1+R2 (R2, serious but not life threatening) in the 8 min and 19 min categories.

It was noted that the 8 minute targets had got worse whereas the 19 min target had slightly improved. There was much discussion around the 8 minute target, some members of the committee felt that living in such a rural area this was not always going to be achievable. It was simply not possible to get from Burnham to Bradwell or Tillingham in 8 minutes assuming that that was where the ambulance was. However, other members of the committee felt that this was simply a resourcing issue and if there were more ambulances stationed around the Dengie the target was achievable. There was also a query raised about the missed 8 min targets – no detail was given as to how far away from target the missed calls were. We had no idea if they had just been missed or were missed by miles. It was agreed that this information was probably not recorded.

Some members of the committee felt that with the limited resources available, the ambulance service was doing OK. However, other members felt that a promise had been made to meet these targets which were not being met and in fact were getting worse.

Following this discussion it was agreed that Phil would arrange a meeting with John Wittingdale, our local MP to discuss the matter

8. UPDATE ON PATIENT LIST SIZE

Debbie produced a graph showing the increase in patient numbers over the past year. There has been a steady slow growth with numbers picking up in the last three months. This sudden increase has been put down to patients moving from the surgery in Burnham to the Southminster surgery rather than the local development.



The registration policy has been strictly adhered to: patients can only register if they live within the practice catchment area. This is clearly shown on the practice website and you can do a postcode check which tells you if you are in the area.

The capitation figure currently stands at 6200. There was discussion around the surgery possibly closing its list to protect the patients it has. The surgery is monitoring the situation and will review the situation which is dependent on recruiting more staff.

The new Theedhams Farm development which was recently passed is unlikely to affect the surgery for a number of years. Attached to this plan is the commitment for a new, bigger surgery. The practice is in contact with NHS England to start the ball rolling but this is seen as a long term plan.

9. RECENT SURVEY RESULTS

Phil reported that there had been 134 respondents to the on line survey asking patients about the on line facilities now available at the surgery. He produced a hand out showing all the responses.

The main points raised by respondents were:

* Lack of information about the system in general – how to register, what it can do etc.
* Little information on using the system – a ‘how to’ guide
* Suggestions on improvements to the system

Phil reported that as a result of this he had now updated the PPG website to include SystmOne guides for the online system.

Debbie agreed to look at ways of informing more patients about the system – more notices in the surgery, article in the newsletter etc. Also to look into adding phlebotomy appointments to the on line booking

It was agreed that Phil would now close the survey and the results would be posted both on the surgery and PPG website. It was also agreed that Debbie would draw up a response to send out to all virtual patients detailing what had been done/any changes that had been made, as a result of the survey.

10. ON LINE PATIENT RECORDS

A query was raised as to when full patient records would be available on line. Debbie responded that this was something the surgery was working towards providing but currently there were concerns as to its appropriateness for all patients and what controls the surgery would have about controlling this. She would keep the PPG updated regarding any updates.

11. ACTION PLAN UPDATE

The Action Plan was again reviewed and updated:

1. Paramedic and ambulance response times.  
   As documented under point 7. – information received and actions agreed by PPG
2. Virtual Participation Group  
   update numbers for members of the virtual group. Action to still look for committee members
3. Planned Development and patient concerns  
   As documented under point 8

Action Plan to be updated by Debbie and placed on the surgery website. Copy to Phil for inclusion on the PPG website

12. ANY OTHER BUSINESS

* Lynne announced that she would be stepping down as chairman at the next AGM for health reasons
* A suggestion has been put forward that a diabetic finger prick test is included in the NHS and New Patient Health Checks - Debbie to investigate
* A query was raised regarding the Aortic Aneurysm Screening test that can be undertaken. See below information taken from NHS Choices website:

***Abdominal aortic aneurysm (AAA) screening is a way of detecting a dangerous swelling (aneurysm) of the aorta****–****the main blood vessel that runs from the heart, down through the abdomen to the rest of the body.*** *This swelling is far more common in men aged over 65 than it is in women and younger men, so men are invited for screening in the year they turn 65.*

* A query/suggestion was raised regarding the use of text reminders – this is something that the surgery is looking at. The stumbling block at present is that although the surgery holds a number of mobile telephone numbers on file, it does not have expressed consent to use them to send text reminders
* Another suggestion was that there should be a pre-recorded message on the front of all calls to the surgery asking patient to inform the receptionist of any changes to their contact details.
* Lynne gave details of a meeting being organised by Paul Gilham to explain the Medicines Management Toolkit that is soon to be made available. All PPG members are invited to the meeting which is being held at Powers Hall End, Witham,13th October, 2.00 – 4.30pm

**DATE OF NEXT PPG MEETING: Wednesday 16th November 2016**