William Fisher Medical Centre PPG

Meeting Minutes

8th February 2017

**In Attendance: Apologies:**

Philip Davies, Vice Chairman Babs Owers

Mary Davies Val Stevens

John Lynch Lynne Pettegree-Blake

Angie Message

Debbie Morley

Dr Morrison

1. Welcome to members

Phil welcomed everyone to the meeting and introduced a new member Angie Message to the rest of the group

2. Apologies for absence

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

3. Approval of minutes from last meeting, 16th November 2016

Minutes from the last meeting were approved and signed.

4. Treasurers report

It was reported that there was no change from last month. The current balance of the account is £66.10

5. Feedback from Pump House surgery visit

Since the last meeting Phil and Mary have attended a meeting at the Pump House Surgery in Earls Colne to discuss the running of the PPG. The Earls Clone group has been running for over a year but it has no virtual group. They have never undertaken a survey and it seems there is no communication between the group members and the rest of the registered patients. Setting up a virtual patient group was discussed. It was difficult to see how the PPG group represented the practice as a whole if there was no communication between them and the rest of the patients. Overall there was very little that was gained from the meeting.

6. Matters arrising from the previous meeting

* Waiting room chairs – Debbie was pleased to report that the two new waiting room chairs paid for by the donation from the PPG were on order and awaiting delivery.
* Phil meeting with the MP John Wittingdale – on 21st January Phil met with the local MP John Wittingdale to discuss the problems with the local ambulance service. His report to the PPG stated:

*At the meeting with our MP John Wittingdale on 21st January I presented the response time data that we had received since July 2014 up to July 2015. The graphs that I had prepared showing the trends were discussed in detail. He, like us, was deeply concerned about the poor overall performance of response times for Red 1 and Red 2 calls which were below the required 75% within 8 mins and the continuing deteriorating trend of the Red 1 calls.*

*He committed to me that he would contact the East of England ambulance Service and will get back to me.*

*I did take the opportunity to politely mention his commitment to improve the Ambulance response times, which was stated on the flyers posted to the electorate at the time of the last election.*

Phil has also made another Freedom of Information request to the Ambulance service for data about response times up the end of January this year

* Finger prick blood tests – at the last meeting it was asked if the glucose finger prick blood test could be included as part of the health check. After discussion with the doctors Debbie fed back that their overall opinion was that unless this was a fasting test the reading was not worth very much as it covered such a wide range and therefore was not really worth doing. Debbie did speak to the HCA that carries out the health checks and could confirm that if during the health check there were any indications for diabetes then a normal fasting blood test was arranged as a matter of course.
* Text reminders – The practice is now in the process of setting up text reminder service. The new e mail account that is needed to start the service is being set up and the surgery is waiting on the IT department to come in and configure the computer system.

In order for patients to be sent text the surgery has decided on an ‘op in’ system. Patients will actively need to give consent to receive reminders by text. A consent form has been drawn up and once the system is up and running this will be included in all new patient packs, will be available on the practice website, will be e mailed to all virtual patients and there will be a big advertising campaign in the surgery.

7. Discussion on PPG events for coming year

* Date for this year’s AGM was agreed as Wednesday 10th May at 7.00pm at the surgery. Phil stated that he would not be standing as chairman as he felt that it needed ‘new blood’ however he would be happy to stand as vice-chairman to help anyone else that took on the role
* It was suggested that the PPG undertake another survey. Phil asked for suggestions as to what the PPG would like to ask/find out. Suggestions to be discussed at the next meeting with a view to undertaking the survey in late October. Phil suggested that it should be an exclusive on-line survey to cut down on the amount of work that would be needed to be undertaken by the surgery.
* PPG awareness day/week – it was decided to run the usual PPG awareness sessions to coincide with the national PPG awareness week which is usually around June time. We would also look to run a raffle. To be discussed in more detail at next meeting.
* Talks on health issues – organising talks on health issues was discussed. It was decided that there should be a short note in the next practice newsletter asking patients if there any particular topics that they would like discussed. Also a note out to all virtual patients. Angie said she may be able to find out some information on someone from the Alzheimer’s Society coming. To be discussed again at next meeting.

8. Update Action Pans

There have been no changes to the action plan. All the plans shown on the practice website are up to date

9. Replacement staff for Dr Morrison and Judith

In anticipation of Dr Morrison retiring at the end of March the surgery advertised for another doctor. The response was very poor. In response to this the surgery is now advertising for a prescribing nurse practitioner.

With the responses/feedback we have received we are quietly hopeful that we will be able to find appropriate cover for Dr Morrison.

We have been much more successful in recruiting a replacement for Judith. Kirstin Hardie, our new nurse, is already in post so that we can be sure that she is fully up to speed by the time Judith goes at the end of June.

9. Any other business

* Dr Morrison asked if there had been any mention by patients as to problems they may have encountered due to poor communication from the hospitals. Letters are arriving at the surgery a long time after patients have attended the hospital meaning vital information is not always available when the patient then attends the surgery.
* Change of address notification – Angie asked about the change of address notices in the surgery waiting room. The notice advises that if you move to an address outside the practice area you will now have to register with another more local surgery. Angie asked how the surgery is notified about a change of address.

Debbie responded that the surgery usually relies on patients telling them if they move so that their records can be updated. The surgery is well aware that some patients are deliberately not informing the surgery when they move so that they don’t have to re-register elsewhere. Unfortunately, this can backfire and cause problems. If the patient is referred anywhere all correspondence is sent to the address registered with the surgery and the patient will not receive their appointment. If the patient informs the hospital of their change of address this is then notified back to the surgery so that we can then update the patient record and the patient will then be informed they are living outside the practice boundary and asked to re-register.

* New patient notes – Mary asked about problems with receiving notes for new patients registering at the surgery.

As from April last year the process for receiving notes for newly registered patients was changed. The new system that was put in place has proved to be very problematical with lots of delays. The surgery is still waiting on about 100 sets of notes from last year. Patients that have registered in the last 6 months are more lucky, these and new registrations are now coming through. Where you are transferring from makes no difference – all notes, even if you are registered to a practice just round the corner, are sent back to the central store before being forwarded to the new surgery.

This delay in receiving notes is not ideal and in some cases can represent a clinical risk. However, for patients transferring from another SystmOne practice (as is the case for most transfers within the Mid Essex area) the electronic record is transferred automatically to the new surgery once the registration process is complete.

**DATE OF NEXT PPG MEETING AND AGM: Wednesday 10th May 2017**