**Brook Lane Surgery**

**Patient Participation Group (PPG)**

**Notes of Meeting: Wednesday 5 August 2015 at 18:30**

**Present**:

Susan Barton (SB) – Chair

Geoff Townley (GT)

Lawrence Jackson (LJ) – Minutes

Jean Gange (JG)

Carolyn Hill (CH) – Practice Manager

**Apologies**

Geoff Mason

Jill Sadler

Carole Bagley

**Absent:**

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| **Item** | **Subject & Discussion** | **Actions** |
| 1 | Welc**ome & Apologies*** Apologies from Geoff Mason, Jill Sadler and Carole Bagley
* Tracey Plumridge has not responded to emails and is assumed to have left. Richard McKenzie has not attended for a year, or responded to meails so is assumed to have left.
* The meeting approved the Terms of Reference circulated by SB, who has been developing them and agreed/adopted.
 | SB to contact Members who have been absent for over 12 months. SB to send TORs to Michele Sharpe to display on PPG board in surgery waiting room.**Completed** |
| 2 | **Previous Meeting Minutes and Matters Arising**Minutes from the meeting of 6 May were agreed. No matters arising.  | **Actions C/F*** CH to redesign recruitment poster

**(Outcome?)*** SB to email young people who are potential new members – details needed from Surgery first **Outstanding**
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| 3 | **Patient Survey and Action Plan – Next steps*****Choosing a telephone system**** A number of people wanted to select the ‘Choose’ option but were inexplicably concerned that there would be queue jumpers
* GT said that ‘Choose’ would only work if different people were taking responsibility for the various options. JG said that ‘Queuing’ would be the best if only one person were taking all calls. CH confirmed that more than one person would be available. She said that the options would probably be Appointments, Prescriptions, Visits and Test Results.
* SB commented that ‘Choose’ was the most popular and asked if the surgery could afford to implement it. CH felt that the current (rather old) system would have to be replaced and she will compare the costs of leasing and owning a new system.

***Extended Opening Hours***CH believes it is inevitable that the surgery will have to open at weekends at some point. It was interesting that 60% of respondents selected the weekend option even though it could mean transporting their own swabs and/or urine samples to QA.If weekend opening is not mandatory, the same number of patients will be seen over 7 days as are currently seen over 5. If it becomes mandatory then additional staff will be required.SB said she would not like to see weekend opening at the cost of losing extended weekday opening.CH felt that a group of, say, 4 surgeries could combine to provide weekend opening, working on a rota basis.The meeting felt that Fareham Hospital is very under-used and its services could be expanded. CH agreed that SB should share the results of our Extended Hours survey with the Area Group. If other surgeries carry out the same survey we could revisit the subject when their results are known. | CH to look at the costs involved in installing a new telephone system.**(Update at Nov meeting)**SB to raise a question at the next CCG meeting about adding to services.SB to share the results of the survey with the Area Group.**Completed: raised as part of the discussions and other surgeries thought that sharing cover was a good idea.****Raised and shared. Next meeting November**  |
| 4 | **Suggestions for Improvement (GT):*** ***Clearer communication when a patient is called by a doctor.***The audio system’s lack of clarity has been discussed previously but GT and his daughter suffer from a hearing disability and cannot understand what is being said when they sit in certain parts of the waiting room. CH said that the simplest remedy when a patient has such a problem is to tell reception and a permanent message will be added to the patient’s record. The doctor will see the message on his/her computer and come into the waiting room to call the patient.
* ***The waiting room can get hot and a water fountain would be welcome.***CH said that a water bottle has been trialled in the past but children created problems with it. If a patient asks a receptionist for a glass of water, one will be provided.

GT had to leave the meeting at this point. It was agreed that two further points should be included in the next meeting’s agenda. |  |
| 5 | **Surgery update (CH)*** Dr Hall has now left. The surgery is advertising for a new partner but there has been no response so far. Doctors tend to avoid becoming a partner because it involves a great deal of responsibility.
* Sue Bryant has also left, although she will be doing some work at the surgery over the next few months.
* Dr Tyrell, one of the surgery’s registrars, will be qualifying shortly and it is hoped that she will become a salaried doctor.
* Dr Thompson, the surgery’s other registrar, has now qualified as a GP. She will be working at the surgery as a locum over the next few months but is unable to become a salaried doctor.
* Dr Savage has left as her husband has moved with his job to another area.
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| 6 | **Any other urgent business**Carolyn asked that the group meet in September/early October to consider revising the Patient Questionnaire before it’s next issue. | Susan and Carolyn to agree suitable date and arrange additional PPG meeting. **Met 30.9.15** |
| 7 | **Items for next agenda**1. How Brook Lane fits in to the CCG’s plans for “Better Local Care “ as outlined in their ideas for multi-speciality community providers – MSCPs.  How about someone coming to update us at the next meeting?  Brook Lane and Fareham Community Hospital are ideally placed to become one of their Primary Care Hubs as outlined in a recent presentation given at the CCGs Governor’s meeting.  (Proposed by Jill Sadler)
2. Feedback Area Patient Group next meeting 20 August – Susan Attending
3. Further suggestions for improvement (GT)
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| 8 | **Date and time of next meeting**4 November 2015 at 18:30 |  |