

**Minutes of PPG meeting**  
**Wednesday 2<sup>nd</sup> August 2017 7 p.m**  
**Long Furlong Medical Centre, Abingdon.**

**There were seven members present at the meeting.**

**Apologies** were received from another seven members.

**Items:**

1. LJ was thanked for her offer to take notes of the meetings.
  - i. Notes from the last meeting – It was interesting to hear from Richard Sale, medical student on placement,
  - ii. **Practice news**, HCA recruited, joining 22.08.17 limited appointments until training complete.
  - iii. Stevie back from mat leave. One morning on reception and two mornings offering blood test appointments. Training is being organised for ECGs, hearing screening and ear irrigation.
  - iv. Premises – automatic doors installed and working. More security on internal doors which are locked down individually.
  - v. Patient call system – expensive over £4.5K. CCG may do bulk purchase.
  - vi. Music system bought following feedback from friends and family test. Radio 2 for now but plans are to download playlists so that soft background music can be played.
  - vii. Roof over consulting rooms needs to be replaced. Work to be completed in the next few weeks.
  - viii. Bumpers in car park have caused some trips, these will be replaced by posts in the parking bays.
2. Extended hours – working OK. Practices are encouraged to increase amount of appointment types offered particularly for nurses but this is difficult to organise when they have different skills. Discussion ongoing.
3. Patient survey
  - i. Tom, office junior, is in post to support the receptionist working during the extended hours' periods. His first project has been to develop the patient survey which he has achieved to fit on one side of A4. This form, if agreed will go out to all patients. Feedback / comments to Diana by 26 August. Suggestions from members at the meeting included:
    - ii. Q 1 - Tannoy in addition to visual display? What health campaigns will be advertised? Include an example such as Flu clinics.
    - iii. Have "any other comments" boxes after each question
    - iv. Discussion on the tannoy followed. Diana is to ask clinicians to repeat names when calling patients to the consultation rooms. DD to contact telecoms company for advice on cutting out music when a patient is called.
4. **Patient Forum Locality meeting** – feedback from South West Locality Forum (SWOLF) circulated. Practices were asked to

**Action:**

All

DD

encourage representation at the meetings as only 5 practices out of 12 were represented at the June meeting.. Diana to get future dates and circulate. RA to email if she is unable to attend and ask for a representative, usually held at Didcot Civic Hall.

DD  
RA

**Dates and venue of next SWOLF meetings:**

- 19 September 10.00 – 1230 – Northbourne Room, Didcot Civic Hall
- 21<sup>st</sup> November 10.00 - 12.30 – All Saints Room, Didcot Civic Hall

5. **New housing impact on practice.** 900+ houses granted planning permission. No mention of health centre in preliminary plans, but the partners are prepared to run a branch surgery. There is a care home, community facilities and primary school but no secondary school. Cycle/foot path provision. LF has capacity for a max of 10K patients (currently at 9.3K) increasing to 12K if a branch surgery is provided.

New GP joining in September Dr Wai-Ming Tang (female) 3 mornings per week – permanent post.

Also advertising for 6 session (3 days per week) GP.

Dr Allan retiring at the end of January 2018.

Additional skill mix is being considered e.g. paramedic Vs nurse practitioner. Does this model fit our practice? Pros and cons with both.

The aim is to keep outreach clinics within the current building but it may also be possible to offer these at a branch surgery.

**AOB**

- i. Patient contacted the surgery offering to run patient driver service to bring patients to the surgery. Training would be needed and demand could be quite difficult to manage for 2 volunteers. Diana will explore the legal aspects and if practical, will put article in the next newsletter to see if others would be willing to join the list of volunteers. Once housing development starts, hopefully new bus stops and a bus service will be created.
- ii. Flu clinics – no dates planned yet, but vaccines expected week ending 23<sup>rd</sup> September. We discussed the benefit of clinic times and agreed that Saturday clinics work well as elderly can be brought in by family members. Diana to discuss with the partners the option of holding the clinic at the community centre again as this worked well. Opportunistic vaccination will also be provided when patients attend routine appointments.
- iii. On-site pharmacy - Good feedback for on-site pharmacy. Diana to suggest that the staff consider text messaging to alert medication is ready for collection.
- iv. Well done on the CQC award. 'Good' in all areas. One recommendation: to add an alert to the records of unpaid carers and those patients who have carers. The practice has a register of carers / cared for but has now tasked the office junior to add an alert to those patients records.

DD  
DD  
DD

- v. This year the CCG has asked practices to develop a register of patients with autism and then at the end of the year review the public health profile across all ages.
- vi. Diana thanked everyone for their feedback and contribution.

**Date of Next Meeting:** Dates and times of future meetings discussed. Members preferred afternoon meetings (which seemed to attract bigger attendance) but does make it an exclusive rather than inclusive group (i.e. prevents those who work from attending). It was agreed to alternate but aim to hold afternoon meetings during the winter to avoid dark nights!

**The next meeting - please note change of date and time - will now be held on Wednesday 11 October at 2pm**

Minutes typed by LJ

Meeting concluded at 8.30