

## EAGLE HOUSE SURGERY

### Patient Participation Group Steering Group

Notes of meeting 11.06.15 5.05 pm

Present: Mike Lofthouse, Sarah Dummer-Wade, Lynn MacGrath, Hilary Over, Adrienne McIntosh, John Imber, Val Imber.

Apologies were received from Keith Harrison, Sylvia Hixson Andrews.

#### 1. Matters from previous meeting's minutes:

ML apologised for there not having been a poster in Reception for the Nepal appeal. SDW commented it had not been a problem, as there had already been quite a lot of publicity for the appeal anyway.

The letters regarding Boots pharmacy monopoly had not been done (apparently due to a misunderstanding between ML and LM). There was a discussion about the pharmacies' opening hours: SDW explained that appointments for the late surgeries (18.30-19.15) were of a non-urgent nature so should not require a prescription to be filled the same day. Between 17.00-17.30, urgent appointments can be fitted in before closing; if necessary, the surgery can call down to the pharmacy and ask them to stay open a little longer, in order to complete an urgent prescription. SDW had met with the Area Regional Manager from Boots regarding the apparent crisis at the branch which was ex-Gracey's. It seems the staff training in the new electronic prescribing had been inadequate and this is being addressed. VI also commented that she had had a discussion with the duty pharmacist at this branch, regarding the amalgamation with Walgreens last December, but she was assured that this had not caused any problems.

One of the problems the pharmacies have had is that Care Agencies' Policies do not allow their workers to administer medication direct from a bottle or packet, so these have to go into dosit boxes, which has taken a lot of pharmacy resources. In future, all this will all be done in Dorchester and the boxes delivered locally.

AM commented that Dorchester branch of Boots had been very helpful in her recent dealings with them.

2. ML attended the PPG Chairs' meeting and North Dorset Health Network meeting. This was a top-up of routine, and, although nothing new was covered, useful as always. Two carers commented at the end of the meeting that it had been "time well-spent". The CCG apologised for the unfortunate handling of the press release regarding CSR; it was poor communication and will not happen again. ML said he now feels he is more at ease in the meetings and is contributing.

KH's notes are attached to his email, circulated to the group with his apologies.

North Dorset Hub not covered.

VI and JI have attended a short course, run by the Osteoporosis charity and they found it very informative and helpful.

3. PPG Awareness week was thought to be very successful, with 33 new members in total. ML and HO reported some of the patients younger than our usual age demographic! Some young mothers from the Camp completed CQC forms and said the waiting room was seen as a "calming" area. They queried the possibility of more surgery hours at the Camp. However, the Families Medical Centre is currently closed and, although an offer is available for transport to Eagle House, no-one has taken this up as yet.

There was a discussion regarding GP appointments running later, but there seems to be a general understanding on the part of patients that this is sometimes unavoidable and the view of the GPs is that they are prepared to spend extra time with a patient as necessary.

PPG badges are available – see SDW if needed.

The health checks on the Friday were definitely worth doing and people appreciated this service. SDW apologised that no admin staff were present.

4. SDW reported that the CQC inspection seemed to go well. Although it was a very long and draining day and the questions were searching, the information needed was at hand. Each topic was covered in very great detail, such as the recruitment process which included checking employment policies, matrices, interview questions etc. Feedback was given at the end of the day, but not the final grading. The service needs to be safe, effective, caring, responsive and well-led and there are 4 grades; outstanding, good, requires improvement, inadequate. In order to be classified as "outstanding", a practice will need to offer added services. The next inspection will be scheduled in about 3 years, and ML suggested conducting a mock inspection beforehand. SDW suggested that the working together of Health and Social Services in our area may be our special strength in the future. Although she also felt that more work was required regarding care of vulnerable adults. Four members of the PPG attended to meet with the inspectors and hopefully this will help - in an informal meeting afterwards, the GPs commented that they appreciated the PPG.

5. We had a discussion about the seating arrangements in the main waiting-room. The bench by the window is damaged and chairs with arms are needed for less mobile patients. There were no comments by the inspectors about the upholstery, but SDW will pursue the possibilities regarding renewing this and acquiring some new chairs with arms. ML commented that there is a useful publications rack in the

waiting room at Sturminster Newton and he thought something similar would improve the look of our waiting-room, by tidying up the magazines.

#### Other business:

AM showed us an article from the Daily Telegraph regarding the situation that NHS patient data had been shared even where patients had opted out of the system. SDW explained that the practice had declined participation in the National Diabetic Audit due to there being no guarantee that data used would be non-identifiable. She is to check with EMIS (practice system) re shared care data.

There is a new code of practice for dementia-friendly practices, from Wessex Academic Health Science Network.

SDW is to check out Standard Health (further to JI and VI referring to a leaflet they had seen).

JI queried the frequency of the newsletter; it is quarterly and one is due; items were suggested for inclusion.

SDW reported GP recruitment has been fraught with difficulty. There is a possibility a new GP may be joining the practice, but she couldn't give a name until the news was confirmed.

JI commented on the limited message space on repeat prescription requests, but this is the way the system is set up, so unfortunately can't be modified.

VI asked about distribution stats re the GP salary – there appears to be no source for this information. Either 2015/16 or the following year, GPs will be required to publish earnings – it will be per practice, not per individual.

The next meeting was arranged for 16<sup>th</sup> July – Deena (nurse practitioner) will attend to give us some insight into her role.

#### Action points

LM to send letters regarding Boots to council and health authorities.

SDW to progress possible upgrade of waiting room seating.

SDW to follow up EMIS query re availability of patient data and investigate Standard Health.