**Minutes of Wish Park Surgery PPG meeting** held from 10.45-12.30 pm on Wednesday 15th Nov 2017 at 191, Portland Rd. Hove. Meeting opened at 11.05 am.

**1. Present**: G. Arlidge (Dep Chair), G. Barnes (Practice Manager), M. Gilmour, J.Kapp, M. McKaig, S. New (Secretary), D. Selo, C. Rednap.

**2. Apologies:** R. Spong, M. Sailani, E.Clay.

**3.**  **Minutes of meeting held on 5th Sept:** Accepted. **Action: GB** to post on website.

**4.  Matters Arising**:

* During the Sept meeting some topics dealt with on 28th June were raised again despite being minuted. This had wasted time resulting in agenda items having to be postponed. Members were asked to go through the Chair and keep comments relevant to the item under discussion. Not introducing other topics part-way through the meeting will help ensure that the agenda is fully discussed and will allow sufficient time for people to raise points and queries during AOB.
* Other items were discussed as listed on the agenda.

**5. Practice Information:** **GB**

* Staff have suggested that a quarterly newsletter be set up. It could be on the website with some paper copies or flyers in the waiting room. PPG members thought this a good idea. The PPG could contribute information to it.
* The patient list was 7217 at 14th Nov. Since 1st Oct, 168 have joined and 80 have left. Approx. 10% live outside the catchment area but asking them to leave would have an impact on those people and other local practices so WPS is adopting a softly, softly individual approach.
* Staffing; a new GP Dr Keith Willis will start on 1st Feb 2018. This will give WPS 3 GP`s every day – an increase of 2 full days – 4 sessions in total. Meanwhile locums are being used.
* Friends and Family Feedback; WPS has been using the text system since August resulting in 134 responses up to Oct 31st (96 extremely likely to recommend, 15 likely, 3 neither, 7 unlikely, 11 extremely unlikely and 2 don`t knows.) Overall 83% would recommend WPS. Paper copies are also available in the waiting room. Most comments concerned access to appointments and the telephone system.
* The new phone system is working better with queueing now running. There are 6 possible lines so if the phone is engaged it means that there are already 6 people ringing. However, staff sickness issues have impacted on the early starts at 8 a.m. making it hard to man the phones at that time.
* The Friday morning clinic opens at 7.15 am.
* GB stated that if patients queue outside in the morning, on that basis they will be seen. SN reminded the meeting that very sick patients, the elderly, disabled and those who have no one to go on their behalf are at a great disadvantage. GB is keen to reduce the queue.
* WPS currently has 3 Doctors training at the premises until next August when 2 more are confirmed. This is good news. SN said that she had been very impressed by Dr Kate Perryman`s presentation at Muriel House in Ingram Crescent where she explained that she has been training for 11 years. Trainees are well qualified.
* WPS is awaiting a formal response to concerns raised regarding our patients` access to extended hours.
* The practice failed in the bid for a grant to make room 1 into a clinical space. It will be re considered as WPS grows.
* Productive General Practice is currently involved in an NHS funded project that looks at how WPS can work more effectively and efficiently. Staff communication is being looked at. There is additional funding to support time taken to undertake this.
* A Music Licence is now held by the practice. There will be background music in the waiting area which should help reduce the problem of confidential conversations being overheard. Not all present liked the idea. It will be trialled.
* WPS has signed up to a central staff training platform. The package is subscribed to by other GPs in the city. Some things are compulsory e.g. confidentiality, fire training etc. The PPG was asked for other suggestions. Members felt that there is a need for a clear, consistent induction process so that patients are being given the same information by all staff.

**6. Use of Grant Funds:**

1. The new PPG flyers, based on the PPG network template, have been printed. They are on white paper. SN reminded that next time some should be printed on a yellow background to assist visually impaired people. This was agreed and GA was thanked for getting them done.
2. The PPG had arranged a second outreach event at Muriel House, Ingram Crescent on 1st Nov. Sophie Knott, the pharmacist from Kamsons gave an informative presentation about services that they can offer. SN proposed forwarding her notes about this event to all members in order to save meeting time. This was agreed. **ACTION: SN**
3. Future ideas for engagement: After our successful Stand up to Cancer evening, SN said that she also volunteers for East Sussex Association for the Blind and has enquired whether someone might be willing to come along and lead an information session about looking after our sight. They are willing to do so. The PPG thought this should be pursued. GB suggested that members of our Cluster group might like to come along. **ACTION: SN and GB to liaise and set up a date for this.**

 **7. Parking and patient access:** EC leads on this. The item was deferred until the next meeting.

**8. Visual Display Unit:** SN was surprised to note how few adverts were related to health matters and also to see adverts for Pharmacy2U, a business which obtained details about elderly WPS patients some years ago and has subsequently targeted them with mail shots. The practice has very limited power over the contents displayed.

**9. Pre -bookable appointments:** SN noted that these are very difficult to obtain. After seeing the Dr on Oct 6th and being told to return in 2 weeks to be checked, it had taken persistence both in person, and online, to finally get an appointment for 24th Nov. (7 weeks later) The extra 5 weeks resulted in her walking about with a potentially dangerous problem. We know that there are not enough available slots each day but if a patient is asked by the GP to return in a specific time, surely this should make a difference? The receptionist ought to be able to arrange this on the spot, rather than automatically block the request. More training/flexibility is needed.

**10. Picture rails**: SN received several disappointed phone calls and emails about the limited length of the new rails. They are not what had been agreed with the Arts committee. **ACTION GB: to look into extending them.**

**11. Post bag questions:** None received.

**12. AOB:** MG raised an issue. He went to Kamsons for a walk-in flu jab and also had his blood pressure checked. The pharmacist then took him straight into WPS reception saying that he needed an emergency appointment. He waited some time but all the Drs were out on call, so the receptionist suggested he try again next day. After asking to see the practice manager he was given an appointment at 7.30 pm where a prescription was issued but Kamsons were now closed. His choice was go to Ashtons, or go home, rest and get it filled next day having been advised that he would be 99% safe to do so. MG asked what the reception staff understand by “emergency”? GB said that they should tell patients to go to A&E for emergencies. They need reminding about this. It will be included in future training.

**13. Date and time of the next meeting:**  The AGM will be on Jan 17th 11 am – 12.30pm tbc.

Meeting closed at 12.35 pm.