**St Luke’s Primary Care Centre – Patient Participation Group**

Meeting Minutes

*March 15th, 2016*

Present: Moira Chapman (Chair), Ray Chapman, Christine Churchman, Kath Bottwood, Alan Bottwood, Jane Other, Pauline Robinson, Chris Page, Tom Tarry, Wendy Abel, David Green, Lita Herbert.

**Apologies for absence**

Apologies received from: Alison Pound (Practice), Frances Jones, Lynn Lavender and Geoffrey Beedell

1. **Welcome**

MC welcomed two new members: Wendy Abel and Lita Herbert.

1. **Minutes of the previous meeting**

The minutes of the previous meeting held on12th January 2016 had been circulated prior to the meeting. They were agreed as a true record.

1. **Surgery update on service cuts and funding for 2016 / 17**

MC circulated a copy of the Practice Update prepared by Alison Pound. (copy attached). This was discussed at the meeting and noted that NHS England have stated they will not be looking at any issues regarding cuts to service until a new contract is issued.

Other aspects of the Practice Update were discussed. Concern was expressed by the group that the Practice appears to be understaffed and also that there is a national shortage of GPs, making recruitment difficult.

It was noted that the group had asked at previous meetings, what the full time equivalent number of doctors the Practice should have to cover the number of patients registered.

Concern was expressed that with the number of housing developments in the area, considerable additional pressure would be put on the Practice which is, it is believed, to be understaffed. The following detail was given by Cllr Bottwood:

Examples of homes being built:

Upton Lodge 1200 Homes

Norwood Farm 1700 Homes

Other developments at Upton and Pineham Village add further to the population.

All with no planned GP surgery as part of the infrastructure.

**Action: MC to raise this question with the Practice Manager and report back to the next available meeting.**

1. **WLEG**

A brief update on discussions held at the WLEG meeting had been circulated prior to the meeting.

CC reported on this to the meeting and stated that an electronic version of the A & E survey would be circulated to all members of the group within the next day or so.

**Action: CC/MC to circulate**

1. **Questions and Points raised from new attendees**

It was noted that the number of DNAs: (Did not attend/failed appointments) is shown in Reception on a regular basis. The following points were discussed:

* LH suggested surgery having a separate telephone line for cancelling CIP appointments, as often you cannot get through on regular telephone line to cancel an appointment.
* If a patient has to wait in the queuing system for a long time after being connected, they are likely to end the call.
* It was noted that some other surgeries inform you where you are in the queue when you are waiting.
* CP informed the PPG that she was put on hold for two telephone calls to the surgery and it cost her £5.60 on her itemised telephone bill, giving some indication of the length of time she was kept on hold.
* WA informed the PPG that she had to travel on two buses to visit the Grange Surgery for some treatment that was no longer available at St Lukes Primary Care Centre and although this was a long journey each way, it was, in her opinion a centre of excellence. One example being, when she telephoned to make the appointment the telephone was answered with 3 rings.
* LH suggested flow charts for assisting with ‘in practice’ communications.
* 4 PPG members had difficulties obtaining test results, and repeat prescriptions.

1. **Any other business**

6.1 The group discussed the issue of the purpose and aims of the PPG. It was agreed that the PPG should be able to represent the views of the Patients but also argued that it would be beneficial for all stakeholders in the Practice to be represented on the committee.

It was generally agreed that the PPG would like a representative from the senior partners, the Practice Manager/Deputy, and possibly administrative staff.

**Action: MG to discuss with Practice Manager to ask that the Deputy Practice Manager attend the meeting in her absence if necessary.**

6.2 It was agreed at the meeting held in January that a letter should be sent to the Senior Partner, asking for their support for the PPG by attending our meeting whenever possible. The PPG would like clarification from the Practice on how we could work in a more collaborative manner for the good of the Practice.

**Action: This letter has been drafted – MC to send to Senior Partner.**

6.3 WA-informed the PPG she had received a letter from Andrea Leadsom (MP) stating that she had passed WA’s concerns on to Nene Commissioning. WA stated that as she had not received a reply she would follow up and report back.

6.4 DG raised the issue of the proposed cuts and asked the question of how many patients were actually affected by the range of cuts. The group had been advised by the Practice Manager at a previous meeting, that she would investigate the number of referrals from the previous year and report back to the group. It was stated, at that time, that whilst it may not give a truly accurate number, it would give a broad perspective on the number of patients affected.

**Action: MC to ask the Practice Manager if this information is available.**

6.5 MC advised the group that she has been asked to liaise with Bugbrooke PPG as they are trying to set up their own group. This request follows a recent link with a Kislingbury group who attended one of our meetings when the proposed cuts were discussed. MC asked that if any members were interested in joining her, to email her direct.

6.6 MC suggested that, following on the success of the Arthritis talk, we aim to put on another event. Stress/Depression/Anxiety and/or Care in the Sun was suggested. It was agreed that this should be the topic for a further interim meeting where any interested members can attend.

**7. Next meeting**

Interim meeting – April 5th 2016 6.15pm, specifically to discuss ideas for the next presentation.