**PPG MEETING 13/05/2016**

Present: Dr S Sukumar (SS), Douglas Hoyle (DH), Geoffrey Simmonite (GS), Susan Green (SG), Brian Green (BG) Cynthia Edwards (CE), Julie Gordon (JG).

Apologies: Julian Boreham (JB). Theresa Potocki.

SS asked if everyone had read the minutes of the last meeting, and were they true and accurate. All agreed that they were.

BG Asked about filling GP vacancies.

SS replied that it is very difficult, and that doctors are coming from abroad to help fill positions available. SS told the group that Dr Spoczynski is working 7 sessions per week for us a long term locum. Also we still have Dr Mahmood the trainee Registrar with us until August. Dr Thompson who has been a long term locum is leaving 19th May, and we have Dr kiran Ahmed joining us until August for 6 sessions per week.

We are now a full training practice, and in August we will be getting a new GP Registrar Dr Elizabeth Doole, who will be with us for a year, and under the supervision of Dr Sukumar. Also in August Dr Niall O`Leary will be joining the practice as a Salaried GP.

SS explained that Abbeydale Nursing home had now been affiliated to our surgery, and that patients would still have a choice of their GP, but all new residents would be registered with us. Patient registered with us in other nursing homes would be given the choice of registering with the GP surgery that was aligned to that Nursing Home. No patients could be forced to change GP.

BG said that there were always changes happening and that perhaps too many changes we not always good.

SS said that there are a lot of implications to surgeries, and extra work loads, caused by Hospitals not following through with care and referring patients back to GP`s.

DH said things are not getting any better and asked about 2.4 billion pounds by 2021 which has been publicised for Primary Care.

SS said that this is to help recruit new GP`s, but with the length of time it takes to train a GP, a lot of GP`s will have retired, and it is just going around in circles.

SS said that Nurse Practitioners were being used by some surgeries because they could not get doctors. Some patients like this and some do not. As previously discussed we are trying various things to help with appointments including on the day booking, triaging, telephone consultations. Once all our new doctors are in place we should have a good team.

DH asked about Friends and Family. SS asked if we have any results ready from last month. I said not yet calculated. SS asked if we could have the results for the next meeting to be discussed. SS said that patients only talk about the bad things which happen, but do not say anything about all the good services they receive.

SS told the group that the complaint he discussed last time had now been resolved following a meeting with the patient.

GS said that GP are not allowed to get angry with patients, and SS replied no. He said it is very stressful dealing with everything day to day, but was very pleased that he was praised by his staff.

SS aske DH if there was anything to report from the Rotherham Networking Group. DH replied that there had not been a meeting, but the next one is on 3rd June 2016. The topics for discussion are Friends and Family, Stroke and Safeguarding.

SS said could talk about the CCG deficit. DH said how could they be short of money and still hire New York Stadium for meeting,

SS Told the group about a Facilitation Fund that PD our Business Manager had found out about. She had enquired about this as we had received no notification, and was told that we probably would not be considered, due to other surgeries in the area being only half used. SS told the group that we were looking into fighting our case and what did the PPG think about this.

DH said we do need more room and space, and GS asked how we would extend.

SS said probably upstairs but would need a lift installing for patients. GS said that this would be very costly. SS told everyone that the building was now owned by himself and MH, and could do with some renovations. DH said he thought the building was not designed correctly for its intension.

SS said that we would fight for our case, and CE said that she would speak to JH to help with our cause. SS said it would be good if CE could speak to JH.

SS told the group that PD has changed the way we have been working, and that DL was still off sick. We also have a receptionist who is leaving at the end of May, and CF who is our apprentice is being taken on a permanent contract with the agreement that she completes her NVQ. AF had been accepted on a HCA training course and will start in September, so we will ask for another apprentice to join us then. KF has also been promoted to Reception Supervisor.

DH asked about the booking in screen. JG explained that we had a new one on order, and I would chase this up, as they said delivery should be 4-6 weeks. DH and BG asked about sponsorship for equipment, but SS said we could not get any. DH asked if the doctors were still happy fetching patient from the waiting room. SS said yes as it gives them a chance to see how busy it is and to get some exercise.

DH has a NHS King Research meeting in Sheffield University next week, and will bring report to next meeting. Most complaints are regarding GP`s not available.

 CE said that people complain about appointment and not getting to see a doctor, but some come with minor problems which do not need a doctor. DH said that some complaints are because patients can only see a doctor for 1 complaint. Some receptionist act as doctors giving advice to patients.

BG asked when we get all our doctors in place will we be offering late night appointment, SS told him no, as we opted for early morning appointments between 7am – 8am.

DH asked if patients could still choose which hospital to attend for appointments, and operations.

SS replied that yes they could using Choose and Book system.

GS asked about communication and contact with cardiac nurses, hospitals and GP`s. SS told him that sometimes they send result to us with no information, and letters from all departments can take ages to arrive with the information we require to continue patients care. This then takes time to chase up the correct care we need to give our patients.

SS asked if there was any other business, and there was not, so the meeting was closed

Next meeting to be arranged and JG will e-mail the date to everyone.