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|  | **Title of Meeting**: | **PPG MEETING** |
| **Time**: | **13:00pm** |
| **Date**: | **20/03/2019** |
| **Venue**: | **High Street Surgery** |

**Attendees:**

Dr S Sukumar (SS), Julie Gordon (JG), Douglas Hoyle (DH) Susan Green (SG),

Cynthia Edwards (CE).

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|  | Minutes of the last meeting were read and found to be accurate and true.DH Asked what Mjog is: SS explained that it was an app which confirms patient’s appointments when they sign up to it. It can also be used as a messaging service, and to rate patient’s experiences when they have attended surgery. DH also enquired if the notice of how many appointments have been missed through patients not attending could be moved next to the checking in screen, to make it more noticeable to patients. JG to arrange this with the reception supervisor.**RPPG UPDATE**DH asked if staff know about the new Rotherham APP. SS confirmed they do and JG told the group that all staff had access to this to enable patients to be registered. DH said he uses Patient Access in Emis and would this still be available. SS confirmed that both systems would run side by side for the moment. JG explained that the Rotherham App would eventually be able to do more, and patient could be navigated to the best service for their problem, and that it also contained a symptom checker which would also give advice for certain ailments. DH said this had cost £300,000 and that in Rotherham 70% of the population are over 70years old and may not have access to a computer or smart phone.SS told the group that 25% of all GP appointment had to be made available for booking on line within the next few months, and that the elderly would have problems doing this, and so would continue to telephone for an appointment.DH said that parking near the hospital entrance was discussed, and access for people with wheelchairs. It is quite a walk to the main entrance doors from the drop of point. He said the CCG would re-look at this. DH said the new Pathway for getting people home quicker, queried if this would work, as the last one did not seem to. It’s annoying from an outsider that things keep changing. DH also told the group about a booklet which has been produce for the homeless and he has passed this to Helen Wyatt to see if it would be a good idea for Rotherham to undertake giving out this.**Networking Update**SS explained what the Networking hubs would look like, and the plan is for them to be in place by May 2019. There are 260,000 patients in Rotherham and 35 surgeries. NHS England wants surgeries to join together so there is between 30,000 up to 50,000 patients in each group. Each group will have a clinical director and a Manager, and services provided will be decided by each surgery, and if they are unable to provide that service then another surgery could and get paid for this. Our surgery will be joining with Dalton, Park gate, Rawmarsh, Shakespear Road, and possibly York Road Surgery. All this must be up and running by June 2019.Rotherham Connect (Federation) will still be supplying the extend access hubs and each surgery has had to sign up to provide cover for the surgeries. SS is to do 4 hours per month,and Dr O’Leary has offer to help with cover. DH asked about transport to get to these hubs, as not everyone has a car, and it may need 2 buses depending on where the hub is. SS said that it was up to the patient to arrange transport for these appointments.**Building Plan**SS told the group that the building alterations were now complete, and we have a new consulting room, a kitchenette, and the receptionist are all now working in the front reception. All the medical notes have been moved upstairs into the meeting room. The problem with the patient toilet should now be fixed, as we have arranged for the drains to be altered. We have also put in a quote for funding to have new doors, carpets replace, decorating throughout the building. We understand from NHS England this is to be sorted in the new financial year. The funding consists of NHS England paying 2/3rd and the surgery the other 1/3rd DH asked if the seating in the waiting room is to be replaced and SS confirmed this was part of the 2nd phase.It was asked about signs for the car park as parking is getting worse. SS said we would have to look at the legal position on this. DH agreed it would get worse especially with the new housing estate next to the shopping centre CE said it is impossible sometimes for Ambulances to get access into the surgery car park. **Staff Changes**CE said that patients were complaining about Dr Peart running late, and that she does not listen. SS explained that he and Dr Hillier had a meeting with Dr Peart and she is trailing longer appointments over 4 days not 3, and they are supporting her in every way they can. SS said that being a GP is not easy especially when you have lots of other things to deal with.SS Said we have a new Registrar Jonathan Evans who is with us until August. We also have Luyando Mutina who is a physician’s Assistant. She collects patients histories and they they see one of the other GPs.Karen has stepped down from reception supervisor, and Nicola Straw is trailing this for 6 months to see how she goes.Business Manager Paula Davies has resigned, and is concentrating on her own business (Hair Extentions). JG is taking on responsibilities on a trial basis and SS, MH and JG will assess what is required over the next few week either an assistant to train up or another business manager. Julie Brittain is back to work after a long illness**Any Other Business**GS wanted to thank receptionist for their help when he needed a tax, as the wait for an ambulance was too long.SS told the group that it had been decided in a Clinical Meeting that the surgery would send sympathy cards to relatives of patients who had died. We are trying to be a caring practice. DH said the walk in centre was being looked at and its being decided what to do with it. DH also said that the urgent care centre at the hospital was not working, and SS said they had a shortage of doctors to run it. SS told the group that at the moment we would not be changing clinical systems but would stay with Emis. This will be re-assessed when the networking group gets up and workingNext Meeting to be arrangedDHD |
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