**Minutes of PATIENT PARTICIPATION GROUP Meeting Monday 6th June 2016**

1. The meeting opened at 1200

Present: Dennis Ford (Chair) DF, Joyce Lee JL, Dr. Michele Legg ML, Patrick Legg (Practice

Manager) PL, Daniel Perriton DP, Brenda Reeves BR, Elizabeth Sturton ES,

Ronnie Waterman RW.

1. Apologies from: Joanna Gibson, Toni Goodley, Alfred Murdoch
2. Minutes of previous meeting on 3d March approved without amendment
3. Matters arising from Minutes:

PPG recruitment. Advertisements and notes on the Minutes (displayed in the surgery) have so far not attracted any additional members.

Hedgerows etc. around surgery. A firm is presently contracted on a regular basis to keep the green areas neat and off the footways.

1. Practice update:

The practice has been successful in attracting an experienced GP on a permanent basis.

A new Nurse Practitioner is in training, which will bring to number of Nurse Practitioners up to 3.

Nurse Practitioners are qualified experienced nurses who undergo extensive and intensive extra training in order to qualify for the role. It is very time consuming for the practice doctors, who are responsible for overseeing the quality of the work produced, marking and mentoring etc.

Tower House has undertaken a lot of background work to put the necessary protocols in place to qualify as a Flagship Practice. Whilst this places a considerable burden on all aspects of the practice’s procedures etc., it may well have the advantage of being able to attract new staff across the board.

The surgery has a new physiotherapy company operating on site. It is not employed by the practice, but rents space within the building, which will be an asset for those requiring its services.

MyVisionOnline is being replaced by System 1. This is a new website which will, in time, offer similar advantages to those originally provided by MyVision. System 1 is being rolled out across the Island shortly, but Tower House is unlikely to be involved until the latter part of this year. Whether System 1 will be made capable of making appointments on line has yet to be decided. In general, System 1 is intended to be made available for more NHS services across the Island than those provided by MyVision.

Early and late appointments were a bit slow to catch on when they were first rolled out, but now are fully utilised.

CQC Quality Report after Inspection on March 9th. The full report was published on the CQC website on 23d May 2016; and can be viewed or downloaded from there.

The results are ‘GOOD’ across all sectors, including the overall assessment, and

The practice is rated as being ‘OUTSTANDING’ for providing:

Responsive services

The care of older patients and

The care of patients experiencing poor mental health (including people with dementia).

This report gives Tower House the highest rating of all Island surgeries.

Have problems at the Beacon Centre had any impact on the practice?

There has been a small increase in the number of patients who have been referred back to the surgery by the 111 service, but the needs of the Centre itself require further investigation before any real changes can be implemented.

1. Questions & Issues from Members:

Age Friendly improvements: New chairs (with armrests) are now in the surgery waiting room; automatic lighting in toilets - still to be done; drop-off point in the road outside surgery – still awaiting Island Roads; white marking on steps leading to surgery entrance – in hand.

Staff photo board – under discussion with staff

Patient surveys – ‘Friends & Family’ conducted monthly. A more inclusive survey will be put together when time permits; but the closure of the Garfield Road surgery, migration to System 1 and staff/domestic issues have created a lot of time pressures on the Practice Manager.

E-mail access to staff – There is on line access to the surgery ([www.towerhousesurgeryryde.co.uk](http://www.towerhousesurgeryryde.co.uk)) which goes to the Practice Manager, who will forward any comments to the relevant destination. Access to individual members of staff is not possible, or desirable, due to the possibility of misuse.

Use of defibrillators in the home: Defibrillators are becoming more common around the Island.

All schools have one, as do some sports grounds, but a list of exactly where they are all located is not yet available. The machines themselves carry comprehensive instructions, and anyone wishing to learn how to use one should contact suitable organisations such as St. Johns Ambulance who often hold demonstrations in their use. Modern defibrillators are designed to be very basic in their use, and will not operate unless the patient’s condition warrants it, whereas conventional CPR needs correct training before being used.

Well Woman Clinics: Whilst these are not provided for specifically, in practise any concerns are catered for during other visits to the surgery.

24 Hour ECG: This refers to equipment attached to a patient over a continuous 24 hour period, so as to produce a record of their heart movements, which can then be downloaded and scrutinised

at the surgery.

Unusual or rare practice specialities: Micro suction, under 25’s sexual health clinics, fitting of coils, research, clinical lead in dementia, coronary heart disease and diabetes clinics.

The £5/head for over 75’s money is used to fund Health Care Assistants visiting the over 75’s in their homes.

1. A.O.B:

BR – Test results. Will the practice always contact patients if test results received require some

sort of action or attention? Yes.

RW – Music in the waiting room. TV programmes to be installed, when time permits, which (hopefully) will be used to promote practice information etc.

ES – Does the practice have any specialist in problems relating to eyes? No. Along with problems relating to hearing the GP would refer the patient to the correct department at St. Mary’s.

1. Age Friendly Surgeries – Discussion

Dr Legg put forward her views on the six items in this discussion paper.

It was felt that a nurse would perhaps be the best member of staff to fulfill the role of ‘champion’ (although Dr Legg will probably allocate a different title to the post).

Dr Legg expressed the view that the practice would be lost without those that ‘cared’ for patients,

and it is anticipated that there would be a code attached to all records where that patient ‘cared’ for another individual so that everyone in the practice recognized the potential for the ‘carer’ needing additional support.

The practice will appoint a member of staff as a ‘Care Navigator’ who will have received training

in all the aspects necessary, including how patients access all the Primary Care Medical Services available to them including such matters as care plans etc.

1. Items for consideration at next meeting:

Practice website comparison

Patient survey – suggestions

System 1 progress

How will ‘Brexit’ affect the practice?

DF & ML left early due to prior commitments, and the meeting closed at 1330.

**PLEASE NOTE: NEXT MEETING will be on THURSDAY 8th SEPTEMBER @ 1200~1330**

**IF ANYONE WOULD LIKE TO JOIN THE PATIENT PARTICIPATION GROUP**

**PLEASE TALK TO ONE OF THE RECEPTIONISTS OR CONTACT THE**

**PRACTICE MANAGER – YOU WILL BE MOST WELCOME**