

## **Patient Participation Group**

### **Minutes of Meeting – Tuesday 6<sup>th</sup> June 2017**

#### **1. Welcome**

Attendees: Cheryl Fleetwood (CF) (Chair)                      Dr V Sharma (DVS)  
                  Mr Keith Mash (KM)    Miss Kelly Barrow (KB) (Minutes)  
                  Mr Mohinder Dhaliwal (MD)  
                  Mr Lionel Chandler (LC)

Apologies: Mr Mohammed Raza (MR)

The Minutes of the previous meeting of 2<sup>nd</sup> May 2017 were approved.

#### **Matters Arising**

- **Waiting Room Information Screen.**

Further to members request to from last meeting to display a PPG newsletter on the TV screen in the waiting room CF suggested some informative captions which could be displayed. CF will email KB with her suggestions. KB will endeavour to contact the CCG with regards to setting up the information screen as requested by PPG members. The goal is to display the forthcoming PPG newsletter on the screen. In the interim all relevant information to be communicated to patients will be available via posters in the waiting room.

- **PPG Newsletter**

Members agreed the PPG newsletter should be published twice a year, the first rollout of the newsletter should go ahead as soon as possible. Members agreed that a newsletter would aid the uptake and results of the Patient Survey. It was also suggested that the newsletter could be made available on request to patients via email. The forthcoming newsletter should include relevant information for current events such as Carer's Week. It should also include information regarding recruitment for a new Practice Manager, The CQC rating received by the surgery and ask patients for any suggestions.

#### **2. The Proposal to Develop Integration of Primary and Community Services to Support Slough Communities (Steps to the Future)**

This is a new proposal for Slough, GP's have been involved in the development of this since November 2016. DVS talked through proposal for Slough CCG to develop four hubs in the area based in Chalvey, Langley, Farnham Road and Upton Hospital where a range of services would be accessible to patients. This would include for example; phlebotomy, paramedic services, mental health services, HCA's, pharmacists and a day centre. The principle behind this is that this initiative will provide GP's with the additional capacity they need to deal with complex patients by

freeing up appointment slots for more minor issues which can be dealt with by aforementioned hubs.

Members discussed how this idea would help the surgery meet the growing demands of patient needs. It was suggested that Emma could resume her phlebotomy clinics in order to give the nurse more capacity to take on more complex patients during her day. KB would be available to take on more secretarial duties in Emma's absence when phlebotomy clinics are running.

DVS discussed with the group that the new initiative may include all bloods and other results being reviewed independently by a GP employed for that purpose. The group raised concern that as the GP would be separate from the practice there may be a chance things could be missed as they would not be familiar with the patients. DVS advised that she currently looks at all bloods herself and this will continue for the time being.

With regards to the steps to the future proposal KM asked if the practice would be able to 'cherry pick' services as required, and DVS confirmed that the practice would be able to accept or decline services as they wish.

The group discussed the principle of same day access at the proposed hubs. They would be operating from 7am to 8pm, integrating with OOH. The group felt that same day access would only be successful use of facilities is patients could be dealt with effectively and not passed back to the GP as the case has sometimes been with the walk in centre. DVS agreed to raise this concern.

DVS informed the group that Amanda and KB would be attending a 'patient signposting' course to learn more about what is available to patients and how to appropriately direct them to alternative services when a GP is not necessarily required. This would hopefully improve front desk efficiency.

MD asked where the clinical staff would be sourced from to run these hubs. In addition MD and the group further questioned how patients would access the services, what would be the protocol and who decides whether a patient is eligible to attend. DVS advised the group that these questions would be discussed at the GP Leads Meeting next Wednesday. She would also ask how long after opening this service would be viable, the structure of the services, how it would be advertised and the transport logistics for patients.

LC asked how the proposal of these hubs would affect the additional appointments currently available out of hours at Crosby House Surgery. DVS advised the group that her required hours at Crosby House have been reduced and it might be a case of phasing this facility out to make way for the new proposal. The group also asked if Slough GP's would be required to provide the manpower at the hubs? DVS advised she would believe it more beneficial to remain in house for her own patients instead of working additional hours in a hub.

### **3. Practice Update. Staffing – Recruitment and Interviews for Practice Manager.**

Three candidates were interviewed for the post of Practice Manager. Two of these candidates were interviewed and DVS felt that neither of them weren't a good fit for the surgery due to lack of energy, attitude and criticism. The third candidate was a more promising match, but unfortunately has been ill during the recruitment process. DVS will endeavour to make contact again to organise another meeting as this was the preferred person.

The group discussed the kind of attributes the practice would be looking for in the right candidate. CF suggested a trial period for the new PM if DVS was unsure of the candidates. DVS agrees she would call her preferred candidate to offer the position.

### **Any Other Business**

- CF and LC attended the local area PPG meeting last week, the PRG were in attendance. Dr O'Donnell was present. He talked about how Slough has a high illness rate.
- Posters were passed on to DVS and KB to be put in the waiting area/newsletter.
- The group decided not to participate in the National Association for Patient Participation.

### **Next meeting – August 2017 TBC**