**LEYTON HEALTHCARE PATIENT PARTICIPATION GROUP (PPG)**

**Tuesday 10th October 2017**

**MINUTES**

Attendees: 5 patient representative group members:

Caroline Paul, Clinical Practice Manager

Dr Dinesh Kapoor (Senior GP Partner)

Apologies: There may have been apologies but unable to access e-mail as Kerry Wotton on leave.

Chair: BS

**1. Apologies**

EH did ask if there were any apologises-CP stated that as the administrator that manages the PPG e-mail is away on leave she was not sure if there were any apologies sent.

**2. Minutes of the previous meeting and matters arising**

Minutes of the previous meeting was taken into the meeting. A copy had been previously sent to all members of the PPG and no amendments were requested.

**3. Staffing**

BS expressed an interest into current staffing levels. CP when on to explain the recent resignation of our reception manager and practice nurse Eunice Mittee. It was explained that if there were any staff shortages these shifts will be covered by the current staff and paid overtime, or the staff could take their time back as due to the fact that reception was so busy it was easier to use the staff already employed rather pay for an agency worker. Dr Kapoor also stated that we now have a new doctor in post. The practice now has 9 doctors, 2 junior doctors, 2 nurses and HCA plus a trainee practice nurse.

**5. Patient numbers and waiting times**

The practice currently has 13,580 patients. The wait for a routine GP appointment has dropped but we do keep plenty of same day appointments available for emergencies and there is now also a triage clinic in place. This triage clinic allows the far more patients access to a duty doctor who will call the patient booked in for this clinic, discuss their problem and refer to either an emergency appointment or to one of the nurses. The practice is still continuing to register patients as due to the demographics of the area, just as many patients leave as register to the practice population does not alter dramatically. Skype appointments were very popular but as a result of the pilot project there were issues surrounding the IT with regards to confidentiality and the funding to correct the issues.

**6. Update on the Orient Management Services**

Dr Kapoor ceased managing the Orient Practice on 30th September 2017. It has now been taken over by a private concern. The Orient practice will continue as an NHS GP service.

**7. Update on moving premises**

There has been no further discussion with regards to moving across the road. At the last meeting that was attended by CP-the various phases were discussed, and that our move would possibly be in phase 3 after the astro pitch, volley ball pitch and Score Building has been moved. DK stated that the move will happen but there will be parking issues. There is no direct public transport

**8. Take up of on line appointments**

The take up of online appointments are gradually increasing. There was 117 in July, 135 in August and 137 in September. 12.6% of our patients are registered for online services.

**9 .Any Other Business:**

**Blood test requests**

DK mentioned that the phlebotomy service is changing. There will only be three centres. When the new service is up and running the blood tests can only be requested by an appointment. DK does have concerns around this and these have been taken back to the CCG. Any communication surrounding the blood test will be sent to the PPG group members.

**CQC Outcome**

EH asked about the outcome from the CQC visit. The practice was awarded good in 4 areas and 1 required improvement. This was mainly due to no defibrillator on the 4th floor and some certificates of training not being handed in on time. These were rectified immediately and a following on from a return visit in August of this year, the practice was then awarded good in the final area.

**Finances, Budgets**

KM raised an issue regarding prescriptions and the wait for him to receive a new request for treatment from the hospital. CP went on to explain that some medications prescribed from secondary care cannot be issued straight away, this could be due to either the licensing of a medication or the cost. DK said that the practice does receive budgets and money for various services and that these budgets can lead to a difficulty in prescribing straight away without firstly trying to find an alternative, hence the wait for a prescription.

**Test results:**

KM wanted to know how blood tests are dealt with within the practice. CP explained that the if a blood test is normal the results are filed with a comment from the doctor. This comment lets the receptionist know what to say to the patient when they ring for a result. When the result is abnormal the doctor sends an internal message to the receptionist asking them to book either a telephone consultation slot or appointment slot with doctor. However, some doctors do like to tell their patients to book an appointment to discuss the results at the point of the test request. If the result is normal this does use up a valuable appointment that could have been used for a patient. There should be a uniformed way in which test results are given to the patient. CP advised that the practice has a workshop meeting planned and this will be on the agenda.

**Repairs and maintenance:**

EH mentioned that there were loose taps in the patients toilets. CP was not aware of this and will log a call to the maintenance company in the morning.

If you have any items for agenda-please let Caroline know.

Date of next Meeting:

Pre-meet-05.30pm, meeting to commence at 6.00pm

will be away.