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|  | **Title of Meeting**: | **PPG Meeting** |
| **Time**: | **1:00pm** |
| **Date**: | **14/08/2019** |
| **Venue**: | **High Street Surgery** |

**Attendees: Dr Sukumar (SS), Dr Oliver (EO), Douglas Hoyle (DH), Geoffrey Simmonite (GS), Cynthia Edwards (CE), Julie Gordon (JG).**

**Apologies: Susan Green**

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| **1.****2.****3.****4.** **5.****6.****7.** **8.** | **Minutes of Last Meeting**SS opened the meeting by introducing EO our new registrar who will be with us for the next 6 months. SS explained to EO what the meeting was about and in general what we discuss.Everyone agreed the last minutes of the meeting we found to be true and accurate.**RPPG Update**DH shared details of the meeting he attended on 6th June 2019. He gave figures of how our surgery was doing compared to some other surgeries, and our figures were slightly down on some aspects and ok on others. Also the discussions were regarding the long term forward plan and the new PCN Hubs. (Attached documents). DH also said that there were complaints regarding access for disabled patients at the hospital, and He and Ralf Beaumont has toured around the hospital ground with the Car Park Manager. It is going to be made easier for disabled patient to access the reception areas, by turning left towards the maternity unit, and having access through the barrier to the reception area there where it is flat. This will save patients crossing from the main car park into the hospital. DH also asked if we were aware that the eye clinic was moving from the hospital to the old walk in centre. SS said we did know about this.**Networking (PCN)**SS explained that the government has decided that surgeries would be open 7 days per week. There are 6 PCN’s in Rotherham and each has a clinical director to take charge of services and finances. The surgeries within the PCN will all work together as a group to provide services for patients, and each surgery within their PCN group must work to a standard to achieve payments. Our PCN is called Wentworth 1 and we are working with the following surgeries:Magna Group Practice, Rawmarsh Health Centre, Parkgate Medical Centre, Shakespear Road Surgery and York Road Surgery. Our Clinical Director is Dr Ahmed who works at the Magna Group Practice.SS told the group this is a new venture and no one knows yet how it will develop in the future. The Federation is separate and they up taking work the PCN are unable to do such as running the Out of Hours Hubs. Each practice within the PCN has to provide a certain amount of cover each month for the hubs.DH said that at the RPPG meeting they discussed better care, a wider range of services, but will there be the staff and doctor to achieve this. He also said that things change suddenly and then staff leave who initiates these. He also said that changes proposed now were discussed in 2016 with different wording, so it was the same package which did not happen originally.SS said that as GP’s we have no choice and that He and JG have to attend 12 PCN meeting per year to make sure we get paid. We are getting a clinical Pharmacist through our PCN and for the first year the Federation will pay 70% and we will pay 30%, but then the cost will be 100% to the practice after this.**Building Update**SS explained we had a visit from the CCG as part of the Estates review on GP Buildings. We are 50% short of the space we should have for the amount of registered patients. They said we could move but there was no money to build a new building or for an extension. We are using our space in an efficient way, and at the moment are coping. We have however been accepted for funding to have a new floor coverings, decorating new fire doors, and disabled access doors to the patient entrance.DH said that the car park was a problem and would get worse. He suggested that signs be displayed to prevent shoppers from parking. SS said we could try but did not think it would make much difference. **Rotherham App**DH said that money had been given to this and had been informed that it still was not working correctly. Rotherham was only the second area to use this and perhaps it should not have until all the problems were solved. DH also had concerns regard the elderly population who do not have the internet, computers or smart phones, as being disadvantaged when making appointment to see a GP. SS said that patients can still phone the surgery and get appointments as we only have 25% of appointment available to book on line**Staff Changes**SS told the group that Dr Peart had left general practice to do psychiatry. Also Roumila Mootyen who was our student nurse is now permanent with our practice. We also have Janet Ramsden who is our new clinical pharmacist, who will be working 1.5 days with us to do medication reviews. GS asked how a review was determined. SS said dependant on medication would depend on the length of review, but some patient would need either blood test or BP check to see if the medication was suiting them. GS said how would you decide how long between seeing patients as his was 3 months then went to 12 months. SS explained that if a patient was stable after so many reviews this could be increased from 3 months, to 6 months and possibly to 12 months. DH asked if Janet Ramsden would do the reviews in future. SS said yes she could do most of them. DH said that patient get used to seeing a doctor for their review so may not wish to be booked with the pharmacist.SS said we also have Dr E Oliver who is our new registrar until February. We also have 4 GP, 4 Nurses and 2 Health Care Assistants.**Flu Clinic**Flu vaccines are expected in September and the nurses have put on clinics to start booking. It has been decided not to hold a Saturday clinic this year as we have 4 nurses and a Health Care Assistant who can run clinics.**Any Other Business**DH said he would like the notice board cleared of all other items which did not relate to the PPG and to display PPG items only. JG said she would organise this. SS said Emis is our operating system, and we are under pressure from the CCG and our own PCN to change to system 1. We may have to consider this as we are unable to get information from the community for our patients and from the hospital as they are using system1. Also the extended hour hubs are using system and we cannot always see the appointment available. We must also persuade our patient to use the hubs as they are reluctant to travel to see a doctor. **Next Meeting 9th October 2019 at 1:00pm**DHD |
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