

**LEATSIDE SURGERY PATIENT PARTICIPATION GROUP
MINUTES OF MEETING**

TUESDAY 28TH NOVEMBER 2017

6.00PM – 7.30PM LEATSIDE SURGERY, TOTNES

Present: Barry Wheeler (BW) – Chair
Kevin Marsden (KM)
Murray Church (MC)
Hazel Fuller (HF)
Katie Porkess (KP)
Louis Victory (LV)
Martin Randall (MR)
Dr Dylan Watkins (DW)
Sophie Andrews (SA)

Apologies: Geoffrey Hyde (GH), Carol Zollo (CZ)

1. Welcome and Apologies

Introductions were made and apologies noted as above. MR advised that the agenda will be circulated in good time for the next meeting.

2. Surgery Update

MR thanked KP for her help at the recent flu clinic; it was very much appreciated and encouraged other members of the PPG to get involved next year if they wished. The Practice carried out 1,000 flu vaccinations on the flu day which was a very good achievement. It is hoped to publicise flu day further next year and to take stock of vaccines at an earlier date.

MR advised that Dr Ingoldsby will be retiring from Practice at the end of March 2018. A new Partner has been appointed to take over from her, Dr Tristan Michell, who has been working at Leatside for the past two years covering maternity leave. So the Practice will have a seamless transition and are very pleased to welcome him.

MR stated that the number of patients currently registered at Leatside has jumped up over the last 18 months to 14,700 which is a huge increase. Therefore the surgery is looking to appoint an Advanced Nurse Practitioner or a prescribing clinician in a full time capacity to work alongside the Duty Doctor giving the Practice a much higher service delivery and putting more capacity in place to meet the growing needs of our population. All candidates are nurses within specialised roles. The Practice will not be opening at weekends as there is not enough money and not enough GP's and this would be too much stress and pressure on staff. Devon Doctors do an excellent job covering so there is always a doctor available out of hours. MR advised that the Practice will try to explain to patients what these new roles are in a way that is simple to understand. MC asked about preventative medicine and the Practices' views on this. MR replied that the surgery has been discussing a more proactive approach to preventative care with the nursing teams.

MR explained that Leatside are looking to recruit a full time apprentice to work alongside the administration teams.

The new phone system has been delayed due to Talk Talk refusing to transfer the numbers over at the weekend. It is not possible to do this during surgery hours as it would mean the phone system would be out of action for several hours. The CCG are co-ordinating this and working with Talk Talk. MR will let everyone know when the new system is in place.

Nursing/HCA appointments – there are currently longer waits for these than would normally be due to maternity leave, illness and the phlebotomist recently leaving the Practice. It is hoped that in two weeks' time they will be back up to full strength. The current wait for a routine doctor's appointment is less than a week.

3. Waiting Times for Appointments

Although current wait time for a routine doctor's appointment is less than a week LV shared concern at the increasing considerable waiting time to see a doctor of choice. LV was keen to not raise this critically however felt that it has medical significance to see a GP who knows you personally. LV asked if this was something the PPG could help and do anything about. MR replied advising that all Practices have some doctors that are more popular than others, especially doctors that have been at the Practice longer. In terms of what the Practice can do is an Advanced Nurse Practitioner is being appointed who will take some of the pressure off the doctors, so it is hoped there will be fewer longer waits to see a GP. Emails are increasingly becoming a form of communication between patient and GP as well as electronic consultations but they are only worthwhile if the GP is given dedicated time to do these.

BW suggested a PPG newsletter to reinforce a positive message to patients. It was agreed that the PPG page of website needs to be better utilised. MR advised that when we update the website it would be preferable to have the same looking website as other local Practices. MR would appreciate more regular PPG updates on the website.

4. Health Navigation

MR said that in order to help waiting times as discussed above the reception team will be trained to triage routine and urgent appointments to find the most appropriate person for a patient to see.

5. Update from Barry Wheeler, PPG Chair

Dr Fearon is currently working with KEVICS. She is the Practices' newest Partner and is keen to engage with young patients. BW is working with her on this and is now talking with pupils unsupervised and one of the pupils is keen to be a new member of the PPG and hopes to come along to the next meeting. BW pointed out that the Terms of Reference for the PPG state that participants need to be over the age of 16. BW asked for a vote from the PPG participants to remove the restriction on voting. This motion was carried. BW explained that KEVICS have a health forum

in school with each year having one boy and one girl present to represent their year. They meet in school with BW's help if needed. BW said there could be as many as 14 students joining us for future PPGs and would therefore like to put student matters at the top of the agenda so they are free to leave after if they wish. Dr Fearon will attend the school's enrichment day in February. LV suggested it would be good to have specific meetings for young people in the longer term.

BW gave an update on the meeting he attended – Caring Town Safeguarding Committee.

6. AOB

HF advised there will be a “save the hospitals” procession and rally in town this Saturday to try and preserve the facilities we already have.

Next Meeting: Monday 5th March 2018 AT 6pm to 7.30pm. Dr Ingoldsby will attend to say farewell.

END OF MEETING