

**MINUTES OF LEATSIDE PATIENT PARTICIPATION GROUP MEETING  
MONDAY 1<sup>ST</sup> JUNE 2015  
6.00-7.30PM LEATSIDE SURGERY, TOTNES**

**Present:** Janine Payne (JP)  
Andrew Frankland (AF)  
Martin Randall (MR)  
Ali Cull (AC)  
Kevin Marsden (KM)  
Elspeth Thomas (ET)  
Barry Wheeler (BW)  
Louis Victory (LV)  
Robbie Brown (RB)  
Bob Alford (BA)  
Hazel Fuller (HF)  
Carol Zollo (CZ)

**In attendance:** Lauren Duerden (Minutes)

**Apologies:** Victoria Teasdale, Chris Arthur

1. **Introductions and welcome**
2. **Format of future meetings**

JP ran through the minutes from the previous meeting and confirmed all the actions have been dealt with. All members should have received an email detailing the terms of reference. It was decided that the Patient Participation Group (PPG) should meet more regularly and patients should decide on topic areas to be discussed. JP highlighted the importance of patients being the link and asked for the opinion of whether we should invite all Leatside patients. Alternatively keep the PPG separate and feed information to patients in the community and then ask for a flow of information back.

JP informed of the re design of reception and asked for patient input. LV volunteered as he has architectural experience. CZ also volunteered as she has experience of working in a healthcare environment and can bring forward a patients point of view. BW suggested an area for improvement, to redesign the waiting area so patients are facing towards notice boards, helping to promote services.

JP suggested bringing anonymised complaints and compliments to the next meeting in order to gain a feel patient feedback.

**Action point: JP to bring a summarised report of complaints and compliments to next meeting.**

3. **Update on Leatside Surgery**

AF gave an update of the surgery. AF feels the surgery has significant strengths and feels its large size is helpful. AF explained the surgery is involved in high levels of education, which improves standards and also inspires GPs to look at their own standards of work. AF explained the importance of examining weaknesses,

informing the group that there are going to be a lot of team changes due to retirement of GPs and nursing staff. This could be a potential threat but also an opportunity. AF explained changes within the building are easy to make and we will respond to patients very quickly.

AF explained the advantage gained from the election is stability. GPs being open seven days a week will be a challenge. JP also feels it could be challenging as there is not the capacity of GPs and nurses available. In addition to this seven day working would necessitate support from other NHS bodies such as the lab and courier. AF informed the provision of the out of hours service in our area is very good, this is managed by primary care services. It would be more beneficial if all services across the NHS are open seven days a week. It was explained we are currently awaiting initiatives from the government regarding the changes.

It was explained we are a training practice and therefore have the advantage of medical student placements at the surgery. The surgery is also trying to encourage GPs to continue working over the age of fifty five. AF feels the retention of GPs to continue working past fifty five is difficult.

AC gave an update on the nursing team. Informing of the changes occurring, three members of the nursing team are retiring within the next six months. Our new nurse, Rebecca Phelan is currently undertaking a University course to become fully qualified practice nurse. The nursing team have also gained a new nurse Lynn who is a great assist to the team. AC explained she is currently looking at skill mix within the nursing teams. AC informed one of our receptionists has successfully completed a phlebotomy course and our medical records summariser is also undertaking training.

AC advised we have become a training practice for student nurses and we have trained our current nurses to become mentors. We will encourage the nursing students to come back once they have completed their training. We will also be doing an apprentice scheme for Healthcare Assistants. Ali welcomes help and advice regarding these changes.

HF asked if the District Nursing team is linked to our surgery. JP explained the team are based at Leatside however they are employed by Torbay and Southern Devon Healthcare. AC informed Nurse Lynn Cramer liaises with the District Nursing team and visits those in residential homes and care homes.

#### **4. Locality Commissioning Group Update**

BW explained he is patient representative of the Primary Care Redesign Board and informed the CCG would like to involve Patient Participation Groups prior to commissioning services. BW would like to encourage newsletters and to be put in touch more with the surgery. AF stated change within the CCG is very slow as they have to go through engagement and consultation processes. JP explained Devon Link changes have points within, where patients can get involved.

It was confirmed BW to continue acting as chair for the Leatside Patient Participation Group.

There was discussion on Simon Stevens' NHS five year forward view and how to encourage community work, in order to keep patients out of hospital to decrease risk of infections spreading.

JP explained the CCG have recently commissioned the voluntary sector to help patients out of hospitals and back into their homes with support.

LV requested a session on the current structure of NHS and how we get funding.

**Action point: JP to arrange meeting to explain the structure of NHS.**

## 5. Any Other Business

HF mentioned the Totnes Community hospital minor injuries appeared to be closed on Sunday. AF explained they offer the service seven days a week from 8am until 9pm.

**Action point: JP to find out if the minor injuries unit was open on Sunday.**

HF reported she could not get through on our main phone line. It was explained the phone lines can get very busy and using our online services was recommended.

LV asked if receptionists can triage. MR explained receptionists do not triage as they are not clinically trained however doctors have triage phone appointments available every day.

CZ feels members of the PPG should advertise the online booking service to patients, in order to make patients more aware of the services available. RB informs he will advertise the services on social media websites and through networks. It was reminded to link all information on social media to our website as this will always be up to date.

**Action point: JP to ask Totnes Directory if they can include local pharmacies opening times in Totnes Times.**

**Action point: RB to link Facebook groups to our patient driven Facebook page.**

JP informed of the new Pharmacy First service available for all local pharmacies. Pharmacists have been trained to prescribe medication for minor ailments; this saves patients making an appointment with a GP simply to get a prescription.

It was queried whether pharmacists have had adequate training. AF reassured the pharmacist have the resources and funding and are very keen.

**Action point: JP to Invite Aiden, Boots pharmacist to next meeting.**

HF asked about the email service available for patients to speak to a doctor. MR explained it is a managed inbox and we aim to respond within 48 hours to emails as they are monitored regularly.

LV queried whether there are evaluation methods on the online service. JP explained it is a national system and therefore is structured in a systematic way; therefore we have limited control of the design of the website. Department of Health are encouraging online facilities therefore we should see improvements in the service HF would like to meet the new doctors at Leatside.

**Action point: JP to invite Dr Groves and Dr Berryman to next meeting.**

LV asked if the GPs at the surgery specialise. AF explained GPs have areas of interest however feels it is important that those areas are not over publicised as it is important to be generalists so as to avoid loss of skills.

**Agreed date for next meeting, Monday September 7th at 6pm.**

**End of Meeting.**

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