

**ST PETER’S HILL SURGERY**

**Patient Participation Group**

**Meeting Summary/Action Points – Wednesday 10th May 2017**

**In attendance:**

*Representing St Peter’s Hill Surgery:* Sarah Jackson (Secretary)

Guest speaker: Diane Hansen, Head of Engagement & Inclusion, South West Lincolnshire CCG

*PPG members:* Kenneth Rankin, Stanley Roberts, Roland Wright, Josephine Mason, Anthony Mason, Stuart Hemming, Lynda Webster

**Practice update**

* **New Staff** – Sophie, Receptionist; Mihir, Physiotherapist; Dr Gurung, GP Registrar (1st year of training, staying with us a few months). Positive feedback was received regarding Dr Drughe who is in her final year of training and this has been passed on to the Practice Manager.
* **Mediscan** – The Surgery has a new contract with Mediscan offering fortnightly ultrasound scan clinics on a Tuesday. This is beneficial for our patients as they can have the choice to attend the Surgery instead of making the journey to a hospital. The waiting times for Mediscan are also much shorter (1-2 weeks) as opposed to longer waits at the hospitals. The Group felt that this was a positive addition to the Practice.
* **Telephones –** The 0844 number has now been changed to a 0300 number however in the next few months we are aiming to revert back to a 01476 number as we are coming to the end of our contract with our current provider. The Group was positive about this.
* **Noticeboard –** Sarah will be creating a noticeboard in the waiting room to display future Practice updates such as survey results, monthly DNA figures and a “You Said, We Did” section to showcase improvements that are made to the Practice based on patient’s feedback. Sarah encouraged the Group to be involved with this.

**Guest Speaker – Diane Hansen**

* **Sustainability and Transformation Plan/Five Year Plan** - Diane explained that unfortunately she was now unable to discuss this in detail due to the recent announcement of the snap election. She did however state that the CCG are constantly looking at ways to improve and the emphasis for future plans has been centered around hospitals being able to deal with the ‘really sick’ patient’s and there will be more investments put into tools so that patients can learn to help themselves more along with further funding for initiatives such as the Neighbourhood Scheme. Diane will update us further post-election.
* **GP Recruitment –** The Group discussed issues surrounding waiting times for appointments within the Practice and what was being done to improve this. The Practice size is not decreasing and people’s needs are not becoming any less complex and Diane explained the difficulty we currently face with recruiting GP’s in Lincolnshire with even more urgency now as many GP’s are close to retirement. Dr Pardoe and our Practice Manager attended a recruitment fayre recently to try and ‘put Lincolnshire on the map’ and promote us to newly qualified European doctors who are settling here and Diane said that the CCG as a whole are also regularly attending these types of events. As a future plan to try and tackle this, the CCG are looking at recruiting more Nurse Practitioners in GP Surgeries and as a future initiative they are going to look at offering training schemes within hospitals so young people interested in medicine are not put off by the many years of training to reach their qualification.
* **Grantham Hospital A&E –** Diane stressed that the closure of A&E overnight is still very much temporary and reiterated that the closure is due to shortages at Lincoln County as the footfall is much larger there and the hospital trust were forced to make this decision. She confirmed that it was not in the current 5 year plan, if ever, to close Grantham A&E entirely. The CCG is continuously working to get access opened up again for 24 hours but it will always remain a lower level A&E (as it always was) as they do not have a trauma centre that can take certain emergencies, patients would still need to attend Lincoln County or Queens Medical Centre for this. One group member raised the issue that people are still misusing A&E and that there still seems to be some misunderstanding regarding what it should be used for by other ethnicities. Diane is going to try and make information regarding A&E more accessible for all to try and reach out to those where English may not be their first language.
* **Centre of Excellence -** Some Group members raised the issue of having to travel further afield for certain specialities, especially in emergencies. Diane explained that Lincoln has a specific Heart Centre which is a ‘Centre of Excellence’ (top 10 in the UK) meaning a patients’ experience is going to be far better there as they are far more equipped to deal with a heart attack for example. The CCG is currently looking into whether more of these ‘Centres of Excellence’ can be erected for other services such as Strokes etc. in order to get the best possible care for patients in our area.
* **Patient records –** One Group member shared the positive experience he had had recently when on holiday and needing a prescription urgently. He explained that because he carried a card with him stating his medications and allergies, it was easy for the local services to provide him with his medication. The Group agreed that patient’s need to take responsibility for their own health and it would be a really good idea if everybody carried a card like this. Diane is going to look into whether a template could be formulated.
* One Group member asked how the performance of health services is monitored. Diane advised that there is vigorous quality assurance and performance management checks in place to ensure a safe patient experience. No matter how big or small, whenever money is spent on a service it is always scrutinised to ensure it is safe and clinically driven. If it is not working effectively, mechanisms are put in place to move patient’s to somewhere that is until the issue is resolved.

**Next meeting date: Wednesday 12th July @ 5pm**