**Notes – Loughton Surgery PPG – Monday 11th June 2018**

**Present –**

**Patients : Sherrill Klein, Margaret Fitch, Peter Fitch, Stafford McGuiness, David Hatchard, Anne Wragg, Mick Higgins, Ken Turner, Sue Gorwall, Irene Petersen**

**Practice : Dr Motafis, Dr Larh, Michaela Davis**

1. **Notes from the last meeting – accuracy; note progress on any action points not on the Agenda**

Nothing noted not covered in the meeting

1. **Progress on Phone problem**

We spent nearly another hour on this ongoing problem – going into more detail about how it works (or does not!)

Too many detailed points to transcribe – but points raised were:

The ‘dashboard’ showing the Practice what is the data concerning the

functioning of the system – what is produced on that does *not* seem to match

the complaints/anecdotal evidence from both the group and other patients

about waiting times when phoning, etc.

We were all fed up with excuses and thought maybe contract should be terminated – but time to do that and costs incurred would have to be investigated

Dr Larh has booked a meeting with the company rep responsible – but time/date not yet confirmed – poss a few week?

Could one rep from the group be willing to attend such a meeting? PB would circulate the group when date/time known and whoever could make it should attend to represent the feelings of the patients.

It would be difficult to change providers, as the CCG is involved, and possibly might need to attend the meeting. The contract is part of an NHS sub -contract for the IT services in the whole area – and this includes the telephony arrangements (NEL CSU)

The IT services are being de-commissioned now too – from July. There are interlinks with other practices – and there are GPDR issues now which need to be guarded. And one local practice is NOT on the same system as Loughton Surgery.

**Other matters about phoning/booking, etc were raised too** –

How can patients get through to the surgery if there is an URGENT call?

There was a short discussion on this matter – we **agreed** that IF a matter was so urgent then the person SHOULD be phoning either 911 or 999.

There IS a separate number for emergency contact between the surgery and services such as hospitals, ambulance services, any other appropriate service providers – again, we **agreed** that this number SHOULD be kept separate and private to that provision.

This led to discussion about the early morning and more particularly the 4pm slot to request a ‘same day’ appointment – there is the same triage arrangement – and slots would be allocated if at all possible – and not *then* always to your ‘own’ Dr. (Some clarification given about that)

There was further clarification given about accessing other services – e.g. the need to call AFTER 11 for results of any tests/any or any other reasons than the appointment slots for that day

Concerning emergency appointments - there is a finite no of appointments on any given day – especially after 4pm - even with the additional ‘shared local hub’ appointments – so they will all be allocated as far as they can be.

The appointments system has NOT changed since the new practice has been set up – apart from the additional appointments available.

We **AGREED** that the details of all these arrangements should be advertised more prominently – on the Noticeboard, etc. AND that there should be a protocol for the receptionists too.

A comment was made about not being able to access records when necessary from abroad - although they were on the system.

Practice did not know why that was – ***to be checked.***

Concerning the telephone/appointments problems – should there be a patient questionnaire about the patient view on these matters – or a day/time when reps from the PP Group be in the Surgery to ask a set of questions?

After discussion – thought maybe a questionnaire would be a good idea.

1. **Progress on path developments**

The Practice building was undergoing ‘snagging’ at the moment so the concentration was on that at present – so nothing to report.

Brief discussion AGREED however that, notwithstanding that current issue, the path outside the surgery should be extended and made safer before the winter, as it was felt to be too precarious for older/more frail patients – (and many people in poor weather!)

1. **Planning list - matters to be raised at future meetings**
2. **Future activities/speakers**

We took these 2 items together

Several suggestions were made:

A renewed attempt to get a speaker on Strokes

Someone from ‘Health Watch’ (which Margaret had checked out and established that it appeared to be quite active – but NOT in our area (West Essex) – although they are supposed to cover us!

We thought we should invite them to speak at a meeting - possibly the Chief Executive - (*you can look up what they do online).*

We should invite a speaker about ‘Health and Social Care’, as it is such a big problem – speaker from ‘Care Navigation Service’ suggested

1. **AOB**

Further to a matter raised last time. If people have concerns about any cases of inaccuracy about their records and hospitals – they should refer them to ‘GP Alert’ – which does appear to be willing to challenge hospitals – and with the CCG

Toys for children in Reception. After discussion, it was agreed that the problems of having them – (H&S regs/infection control, etc) - outweighed having them.

7 **Date of next meeting**

Agreed that it should be 16 July, to maximise attendance

**NB** - PB said that the Group needs to share some of the workload of the group if it was to function properly – taking notes, chairing in the future, etc. She could not do it all!

Pat Bagshaw

June 18 2018