**Notes of a meeting – the Loughton Surgery PPG – May 14 – 2018**

**Present:**

David Hatchard, Stafford McGuiness, Margaret Fitch, Michael Higgins, Ken Turner, Jill Caldow, Susan Gornall, Gerry Davey, David Darwin, Dr Lakhvinder Larh, Carol Davies, Dr Seb Moutafis, David Evans, Pat Bagshaw

**Agenda:**

**Welcome**

Pat Bagshaw (PB) – previous Chair of the Traps Hill PPG, welcomed everyone to the meeting and said how pleasing it was to see increased numbers.

Notes from the last recorded meeting (Monday 27 July, 2015) were circulated. PB explained that there should have been a further meeting in that Nov/Dec, but developments of the new building and the transition of the two Practices had meant that it was too difficult to meet. Hence the re-launch of the Group today.

**Development & progress of the Practice**

PB invited the medical staff to talk about the development of the Practice since we last met.

Dr Larh outlined briefly the changes in the building, and talked about the organisation of the staff into working in three teams – to maximise patient knowledge and contact and to enable the sharing of professional practice.

He talked about the possible developments of *external works for the Practice*, which had secured (almost certainly) a development grant towards establishing a proper pathway between the Car Park and the surgery. They had applied for a grant – which would give 2/3 towards the costs of that development. (The Practice would have to supply the further 1/3 and any necessary Licence fees – which seemed to be likely, though we were all uncertain whether or not this was from the City of London Corporation – or where – to be checked). It was also unclear who owned the land on which the pathway was to be built – and plans would have to be run past the Architect – (please pass details to Carol Davies – CD)

Planning permission would have to be sought to build the pathway properly. Further plans were being drawn up – would take maybe 6 months plus. It was possible that there might be further developments too.

The *barrier* outside was thought to be better than the previous bollards. To access the Practice, there is an entry phone to Reception. People would need to show evidence of a Disabled parking to be able to access that.

*What services were available now through the Surgery?*

Generally, the local Practices are planning to work together closely. They are divided into ‘neighbourhood practices’ – (Forest, The Drive and the Loughton Surgery). They have created a new ‘hub’ in Loughton – (running from 11am – 6pm) to create a little additional capacity (6 appointments per Practice per day), as a new experiment. They have minimal funding for this. This is to allow for a few extra emergency appointments per day. The appointments are held at Traps Hill for all 3 Practices. This hub runs every day except Tuesdays. This is the beginning of shared practice.

*If these are emergency appointments, who decides?*

They are handled in the same way as any other phone call for an appointments and the usual triage procedure is adopted – (patient self-refers- receptionist makes notes- Drs make clinical decision- and, if so decided, the patient is offered an appointment). Such appointments are with Nurse Practitioners

*Can hospitals book into this hub?*

No – this is different from the other local hub – this is a local initiative.

*Stellar Healthcare appointments?*

This is another provision – a privately run additional service – West Essex GP Surgeries doctors. These Drs can access this provision – offered after 6.30 and at weekends – been running for 18 months

*Visiting at home?*

Drs do some home visits? – by prior arrangement, to housebound clients and/or if there is a clinical need.

*Princess Alexandra Hospital, Harlow*

Some discussion about this, as rumours had been circulating apparently about big changes there – no one had any information about that.

A & E is now OUT of ‘special measures’

*PPGs*

They are now locally required. They provide the opportunities for consultation between the medical teams and patients. Issues can be identified and discussed

It would be helpful to have consultation between local PPGs and the CCG – have a representative of the PPGs on the CCG

*Major issue raised – telephones*

It seems to have become a major problem – new contractor – and the contract does not seem to be securing an efficient system.

The Practice has complained (as have patients to the Practice!). They were supposed to have resolved it – but this is not the case. Call waiting is not working properly. There was a long discussion about this

**Action - Practice is to pursue complaint with the provider.**

*Recognition of the new practice* – Various anecdotes shared about the problems with the recognition of the new Practice – *NOT* the problem of the Practice, but seemed largely to be the Hospitals – and even when individuals corrected the information – it reverted to the incorrect information.

The hospitals need to update their records properly – (is there anything we can do to influence this – seems mad? PB)

There seemed to be a general view expressed that the Practice service had improved.

**Recruitment to the PPG**

We talked about this very briefly, but concentrated more on the issues to be raised/speakers’ topics to be pursued in the future

**Issue raised –**

**A) delays-postponement-paperwork**

A member raised the issue of Whipps Cross and problems with cancellations of appointments & the failure of paperwork to keep up both with appointments and their cancellations – so people were receiving cancelations AFTER the due dates, etc. Cancellations were often deferred 3 weeks and then another cancellation.

This seemed to be a case issue (although other people may have suffered from similar occurrences – judging by comment). It was recommended to take up the matter with PALS st Whipps Cross

We asked if this was a more general issue – Dr S indicated that he had heard this from patients – and embraced Royal London and Whipps Cross too. View expressed that this might be a lack of staffing (funding issues?)

**Sources of help**

**Health Watch?**

Margaret Fitch explained what it was and that it had some degree of ‘bite’ but was doing some research into problems, not case work as such.

Views expressed that it seemed to be working in Redbridge – but as it is a regional organisation, may vary in practice.

**Action – MF to investigate local function**

**CCG?**

They are there to contact re: provision – and primary care to secondary care

**GPAlert?**

They may make representations re: ‘quality input’. Dr said – it is working – but running about 9 months behind!

**B) Surgery – is there a list of prescribable products?**

Dr said that is available from the CCG

**Previous issues**

‘*Failure to show’ for appointments*.

The Practice IS now able to take action (3 no shows and patients can be removed from the register – and a staged series of letters IF ‘no show’). Drs also routinely raise it with patients if they miss an appointment at their next consultation.

We were all pleased about this - but suggested that it should be more extensively publicised.

Also – suggested that there should be *dedicated phone line/text no* for phoning re; cancellations – as people may be giving up because of the problems with the phones. And that some way should be found of thanking people who DO bother to cancel – recognising that it is sometimes unavoidable.

**Action – Practice to investigate**

**Future meetings**

We discussed the frequency – and given the long time-gap, and the number of matters raised - we agreed that we would meet on the second Monday of each month for a few months.

**Next meeting – Monday June 11 2018 – 6.30pm**