**The Loughton Surgery PPG – Agenda - PPG Meeting - 9 September 2019**

**6.30pm**

**Attendance:-** Stafford Mc Guiness, Margaret Finch, Peter Finch, David Hatchard, Michael Higgins, Ken Turner, Jill Caldow, June Nice, Frank McLaughlan, Yvonne Collier, Dr Larh, Jez Larh, Stella Nolan, Carol Grunbaum, Pat Bagshaw

**Apologies** – Anne Wragg, Hazel Capal, Dr Moutafis

1. **Chairing and managing the meetings**

*PREAMBLE* - I had already indicated my wish to stand down as Chair. Chairing the meetings themselves is not difficult, but trying to take notes whilst Chairing, producing notes & Agenda, liaising about inputs to the meetings, is.

I thought that these tasks should be shared, so that we needed to establish at least a Vice Chair and a Secretary, in addition to a Chair in order to better manage and share the workload.

A discussion was held on this matter and Ken volunteered to be Vice Chair – but there is a still a need to share jobs. This needs to be sorted out!!!

1. **Notes from the last Meeting – any ‘matters arising’**

Nothing was raised that was not on the Agenda

1. **Any matters for urgent AOB**

Nothing was identified

1. **Any Practice Developments**

Dr Larh reported on some developments. Obviously there was a shortage of both doctors and nurses across the country. Strategies were being pursued to cope with this problem more effectively. It was possible to consider diversification of the workforce to cope alternatively with various aspects of the work. There is to be a 5-year roll-out of this programme.

This Practice is starting with two appointments – one a **Clinical Chemist** – a post we had discussed initially a couple of years ago - (to work across the 7 Practices – 60,000 patients) and a **Social Prescriber** – (interview held/appointment made, etc).

This latter post will look at the connections between health and social care provisions – (looking at benefits/housing needs, links with the voluntary sector – the Care Navigator Partnership) and would work to identify social needs from all of this.

Drs would identify the patients who may need this and the provision would be 4 hrs per Practice – (Frontline as well as on the web)

In addition, there is to be a **First Contact Practitioner** – which is to offer very advanced physio – (1 day per week at this Practice). This would be the first point of contact for *assessment* and would identify need and refer for help – (musculo-skeletal problems) and could refer for x-rays or to consultants. This is earmarked expenditure.

We talked about these changes, and generally they were welcomed, although obviously we will have to see further how they work out.

1. **Feedback about the new telephone system**

The new system was finally working and the Practice produced an ‘Executive Summary’ of how the system was working. The identified data was discussed – and generally the new system seemed to be working better. Other data could be produced, but this report gave an overview of the main features of the system - (nos of calls answered/missed; percentages of answer times; profile of the busy times, etc).

It was agreed to look at them again at the next meeting.

1. **NAAAP – information**

Ken talked about volunteering to be the recipient/distributor for the NAAAP information. We agreed that we were happy with that. He talked about the value of the information disseminated by the organisation.

On the back of that, he thought that it would be a good idea to liaise with the other 6 PPGs within our grouping. After discussion - we agreed with this and Ken undertook to set this up.

1. **Future activities/speakers – problems about contacting Health Watch**

We discussed the problems with Health Watch and agreed to continue to try to contact them and to find another organisation to provide a speaker at the next meeting

Should we ask the ‘Social Prescriber’ provider to speak? At least a link with social care.

1. **AoB**

Someone suggested that the *Pathway outside the Surgery* needed some further attention – especially before winter set in. Were the handrails strong enough? Thought that they needed repair.

*BP machine* seemed not to be working – it certainly was not printing out results. It needs to be checked.

Mention was made of a useful provision available at St Claire’s Hospice – *(Bereavement Café)* which offers drop-in coffee mornings – supportive without being too formal – v useful in support of promoting good mental health.

Slightly different provision at the church in Loughton

1. **Date of the next meeting**

***MONDAY 3FEBRUARY 2020 – at 6.30pm.***

Pat Bagshaw

Chair