

***Alchester Medical Group PPG will***

***Contribute to the continuous improvement of services.***

***Foster and improve communication between the practice and its patients.***

***Help patients to take more responsibility for their health.***

***Provide practical support and help to implement change.***

Attending – George Thomas, Dr Laura Bate, Ian Wilton, Chris A’Court, Vivienne Nicholson, Rowena Dossett, Norman Ruby

Apologies – Laura Cooper; Sue Wilde; David Gray; Lynne Jones

**Actions highlighted in yellow**

1. Introduction of Ian Wilton

Our new member of staff - Ian is Kathy Heath’s replacement and will be doing more work supporting George’s role.

2. Review of previous actions

Usage of Saturday PCN appointment data – we have requested the data but have yet to receive it. **GT will chase data.**

PPG feedback re: website - the practice has reviewed and implemented about 80% of the suggestions that the PPG fed back to us. Thank you for those that got involved in this.

PPG minutes are up on the PPG page on the website - <https://www.alchestermedicalgroup.co.uk/patient-group-news>

Request for information to go up on social media regarding our PPG – this is an ongoing action, will be discussed later in the meeting and hopefully an outcome of the discussion tonight will allow us to continue.

3. Friends and Family test results

Latest data from our May results says that we had a total of 95% positive response rate (from 285 responses). We also had a look at a few of the comments left.

Question from Rowena Dossett: Are there any generic training that you are using for the reception team?

A: we generally find generic training doesn't work for the patient co-ordinators so we are looking at something bespoke which will focus on saying no but in a way that is more constructive and helpful to the patient. This is always a tough subject to get right so the more help we can get to give us the tools to help patients the better.

#### 4. Update regarding next steps following demise of the new surgery project

The ICB were unable to meet the demands of the cost of the new building. So that was why our new surgery was cancelled.

We have put forward a Plan B – which isn't signed off yet. This plan is: we will refurbish our Langford site (redecorate, make it more welcoming, re-work the heating/cooling of the building which will make it more comfortable to work and also save us money). To do this we'll need support from the ICB – we have put that request to the ICB and they have not yet come back to us.

At Victoria House – we have talked to our Landlord and will renewed our lease (25 years) and have again asked the ICB to support us with this – we haven't heard anything yet. We have plans drawn up to rework the building here at Victoria House – [plans shared with the group]. With the extension and reworking of the plans we would get an extra 7 consulting rooms, which would give us an extra capacity of 10-12,000 more patients.

The work on our Langford surgery – reworking a few rooms – would give us capacity for another 2-4,000 more patients. With the expected 30,000 extra patient demand this will help us manage those patients. Montgomery-House Surgery we understand could only expand by a couple more rooms, but the Health Centre can do some extension work into what is currently the Julier Centre.

None of these plans have been signed off yet.

The drawback is the lack of carparking. Nothing we can do about this situation.

We also have two rooms over at our Pharmacy at Heyford which we also use as part of our working week – usually we have someone there every day and it helps cover our room capacity.

Q – Norman Ruby: will we have any capacity for consultants visiting from OUH?

A: Unfortunately not, these plans will only be for our patients – there wouldn't be the capacity for anyone else. We would have to stop our link with the services who already use our surgery – community ultrasound, etc. to allow us to have the space.

Q - RD: So Langford would just be a refurbishment, no building work?

A: Yes, further down the line (may in 10 years) we do have the option to take the roof off the existing extension at the back of the building and put another floor on there with 5 consulting rooms. We could also expand out the back. So maybe 5-7 consulting rooms. But not currently in the plans.

Q - RD: Presumably the phasing of the building work at Victoria House would be quite difficult.

A: Yes, we would have to plan the work very carefully to minimise impact as much as possible.

#### 5. PPG – growing the numbers

We've not worked a solution for this. Perhaps Ian will be able to think about ways we can grow.

Ian is very keen to get involved and learn about the PPG, getting ideas and how to grow so he will look into this. **Ian will feedback to the PPG via an interim meeting when he has more information.**

GT would like to see a more diverse PPG so we can get more of a different point of view.

We are aware that people unable to give up their time to help.

Perhaps we can look back at the volunteers that we used for the Vaccination Centre – **maybe Alison Bates can help with reaching out? IW will see what he can do.**

#### 6. BOB ICB and PCN update

No current updates other than:

Montgomery-House have joined the PCN. We still have not joined it (but our patients will still have the same benefits that all the patients at the other surgeries).

BOB: IW has met our new Information Governance officer.

#### 7. Services/departments offered by the practice

Ian – Operations Manager

Leigh – Patient Coordinator Manager

Liza – Clinical Services Manger (rotas, deal with complaints)

With Ian starting with us we will be working on the structure of the practice and roles/responsibilities. Once that is clearer we will be able to give you a further update – perhaps have another section of our PPG meeting set aside for this. **IW to update when available.**

#### 8. AOB

PPG page on the website – brainstorm what to put on there

Currently – it isn't very enticing. Everything that we need is there (information about us/our aims; our minutes; etc). We can add whatever we like.

**IW will meet with the PPG and have a chat about ideas.** Would be useful to have a standing point on the agenda for these meetings for PPG members to have a look at the website to see if there is any updates/changes needed.

Q: Vivienne Nicholson – why are urine samples no longer being able to be dropped off?

A: We have changed our system re: urine samples as we were being overwhelmed by the number of urine samples we were getting in a day, which had a knock-on effect on our clinical staff's working day.

Clinical evidence also shows that for some patients we shouldn't be sending off urine samples, there are other clinical processes that we should be going through.

So our process is now that patients fill in a proforma on our website, it goes through to the GPs and our Clinical Pharmacist, who read them and make a clinical decision for them – if they decide that a urine sample is needed, the GP/clinical pharmacist can request the patient bring that in.

Anyone (particularly older patients) who cannot fill in a form (struggle to use the internet etc) we have a policy to add them to our list for the day (specifically older people over a certain age).

Thank you for your attendance.

We will arrange a further meeting in due course.