

THE lea surgery

Patient Participation Group Meeting Minutes.

Date: 24th January 2017

Present: Dr A. G, Dr F. G, L. A, M. L, N. M-A, K. W, K. N, S. A. P. L. JG, JBM, DB, FA

Dr Goel discussed our recent CQC visit and explained that we are awaiting publication of the written report from them and that he is hoping it will be positive. Discussion took place about the visit including the fact that we had a genuine fire alarm during the visit when one patient took this opportunity to complain to the lead examiner for over half an hour. They checked everything, every staff file, all the training certificates for each employee. We were reprimanded for giving joint injections in a carpeted room and we will have to stop doing injections for the time being until we get new flooring installed. We have applied for a grant to change the flooring. We also have to negotiate a new lease for the premises.

There are still ongoing discussions regarding the premises in Kenworthy Road. NHS England will not be honoring the deal for us to move and Dr A. G. explained that he is happy to stay here. There is one more set of discussions to be had with the CCG in April. We will be applying to see if we can gain some space on the first floor of this building so that we can create another clinical room on the ground floor. Dr A. G. said that a lot of GP surgeries are closing down, that there are no GPs available, they have retired or emigrated and that we are starting to import doctors from abroad. We will be participating in a Physician Associate Training initiative whereby the trainee will come to the surgery for one day a week for 2 years and after that he will come to work in the surgery.

Dr A. G. explained that in order to adapt to the demand we have taken the initiative of having an inhouse pharmacist who sorts out all the prescriptions, synchronizing batch prescriptions and dealing with pharmacy and patient queries re the prescriptions thereby easing pressure from the doctors. He also goes through all the clinic letters we receive both manually and electronically and sifts what needs to be actioned by a doctor and forwards them on to them and deals with any medication updates requested in the letters.

Dr A. G. has been doing a lot of telephone consultations every morning and only offering appointments for those who he considers need them. We have blocked the morning session for L. A. specifically for sick children on the same day. He also explained that the EConsult is also helpful in that the patients complete a series of questions relating to their complaint before being seen thus saving doctor time.

JBM introduced himself explaining that it is his first time attending one of our meetings and in order to be better informed for the next meeting would like some literature and data to study. M. L. to provide log of complaints, significant events and a copy of our recent presentation to the CQC. FA stated that we seem to be a highly organized and committed team.

Discussion took place around some patients posting malicious comments on the web site, most of which are anonymous and it was noted that when patients have a good experience at the surgery they are unlikely to upload a comment to the website. DB suggested that perhaps we could have little cards printed up which the clinicians or receptionists could hand to patients asking them to post a comment if they have had a pleasant experience. Also suggested was having a poster of patients made with captions saying what a wonderful experience they had at the Lea Surgery.