THE LEA SURGERY

Patient Participation Group Meeting Minutes. Date:

Present: Dr Goel, J. G., L. H., D. D., A. G, Dr Beg, Dr Goni, Saquib, Lydia, Lynette, Lalita Goel, M. F., Kelly Watkiss, Kuga, Maxine, Ny, Patricia

Apologies: J. H.

Agenda:

- 1. Chaperone
- 2. Wound dressing update
- 3. Phlebotomy
- 4. Premises Update
- 5. Pharmacist joined staff
- 6. Patient Survey
- 7. GP Patient Survey
- 8. CCG Visit

1. Chaperone Training.

Dr Goel gave training on what to look for when chaperoning for the clinicians. You have to stand inside the curtain at the top end so you are able to observe everything. The clinician is to explain the reason for having a chaperone present is both for the doctor and the patients' protection.

2. Wound Dressing Update.

Dr Goel attended a meeting and gave feedback on post-Operative wound dressing. This will be done at the surgery and booked in with Achini. The dressings have already been ordered by Lynette for in-house use, not to be issued to the patient for home use.

3. Phlebotomy

New incentive service starting to be able to offer emergency blood tests to be done within 2 days. There will be cold calls done to see if this is being done and if the service is available. If anyone telephones to make an appointment for an urgent blood test then make the appt with Achini or Lynette within 2 days.

4. Premises Update

The first step has been completed and NHS England has agreed to pay for the architect, planning etc. We need to provide plans etc which are to be submitted by November and wait for NHS England to make their decision. Proposal has been put forward for the 1st floor, ground floor and the basement area. They may not accept regarding the basement as it was not originally in the plans submitted.

The plans were shown and discussed at length with the members of the PPG and all practice members present.

The first priority is to get the YES answer then the priority will be to do the 1st floor and basement first for least disruption to the running of the surgery. There will be increase in rent but the rent will be reimbursed by the CCG if we are successful.

We could look to increase the work force with the extra space we would have. It was agreed that there will be a lot of disruption but the end product will be worth it. Kelly will show the basement area to the members of the PPG after the meeting.

The increase in space will enable us to grow the list and recruit more staff. GP's are now going abroad after qualifying for better prospects.

5. PHARMACIST – NEW MEMBER OF STAFF

Dr Goel introduced the new pharmacist who has joined the work force. He is doing the repeat prescriptions, medication review, going through the daily clinical paperwork and results that come in to c cut down on some of the admin time for the clinicians.

The increase in our prescribing budget was a problem causing us to overspend due to batch prescribing but it is now under control and early requests for scripts from the pharmacy is being sent back and issued on time.

The feedback from the clinicians was very positive. It is making their lives much easier. The queries they are getting are appropriate and they have more time to concentrate on other tasks.

6. GP SURVEY RESULTS

National GP patient survey which has been published was discussed in the meeting. A copy of the survey was given to all members of the PPG and we went through the results at length.

On the majority of the results we achieved results above the local And National averages. The results was very positive indeed