

CULVERHAY SURGERY PATIENT PARTICIPATION GROUP

Wotton Under Edge

Minutes of Meeting Held

21st November 2017.

1) **Apologies:**

P Beresford(PB) Scott Bryce(SB) Anne Slann (AS) Helen Berwick (HB) Anne Weaver(AW) Jenny Dadd (JD) Sharon Dicker (SD) John Bridges (JB).

2) **Attendance:**

Graham Cook (GC) Robert Maxwell (RM) Dave Johnson(DJ) Derek Higgs(DH) June Kent (JK) Michael Sykes (MCS) Robert Maxwell (RM) Gwen Bridges (GB) Bob Orme (BO) Geoff Swallow (GS)) Carrie Watt-Boyd (CWB) Susan Ealey (SE) Caroline Pearmain(CP).

3) **Welcome:**

MCS welcomed all members.

4) **Adoption of Minutes Held on 17th October 2017.**

Minutes were agreed as signed and correct.

Action: GB to forward to KH

5) **Matters Arising:**

a) **Photographs:**

All members are now photographed for the web site and notice board with the exception of SB. This can be done later.

b) **Surgery Update:**

Practice Manager CP updated the group on progress to date.
Phase 1 is now complete.

Phase 2, old Reception/staff room, kitchen & WC, are next and this work should not affect the patients. It will affect staff as there will be no staff toilet or staff room for the time being. The work should be completed by mid January.

Phase 3, working on the 4 consulting rooms, 2 treatment rooms, decorating and flooring all plus 2 toilets (1 disabled). This is the final stage, and is on track for mid/end February.

Cotswold Carpets will be fitting the new carpets. They fitted original carpets in 1985 and it is these they will be replacing with new.

There have been a few issues with the automatic door and patients pressing the fire button in error. This has impacted on frontline workers this week but hopefully should resolve soon as patients get familiar with the changes.

There has been an issue with a patient's car getting very close to the glass entrance and bollards have been put in place. GC suggested that simple signs press to enter and press to exit might help prevent people pushing the fire alarm.

The air curtain appears to be working well and maintaining a 21degree temperature.

Action: CP to update at next meeting.

c) Newsletter Update:

Copies of the Autumn News Letter number 3 were distributed to the Group prior to being released for circulation. Members had time to read and feed back and it was agreed that it should be released.

CP offered a big thank you to RM, who offered to interview staff for the newsletter, and this month he interviewed Practice Nurse Katherine Austin.

GB suggested that CP might be a likely candidate for Newsletter 4 and she accepted the offer.

The next edition should go out in late January to early February. I

Items for the next Newsletter will include an update on progress of work at the surgery. Pneumococcal vaccination clinics plus anything else that members feel they would like to contribute to the newsletter.

GS asked age group Pneumococcal vaccination and CP advised age 65 years and over (plus those patients of any age in an at risk category).

DH asked if he could have some copies for the shop in Hawkesbury and the Group discussed the availability of the newsletter, both on the website and at the surgery.

The Group also discussed the potential for wider distribution and this included posting out copies to those on a distribution list. This could involve the need to fund raise for postage. DH felt that accessibility should be there for those that wish to read it but not a blanket approach.

Action: All members consider items for the newsletter.

CP copies for DH

d) Accord Health Care:

MCS had an interesting encounter at Lloyds Pharmacy with Denise Gillman the Pharmacist who has been there for a few months. She requested him to open up his pack of aspirin. This time they came in a round tub containing 30 tablets and were totally accessible.

Denise advised MCS that in future, patients in Wotton would be getting the tubs and not the packets that were almost impossible to open. She

advised that the Regional Manager at Lloyds had been in contact with Accord and the result of their communication was that the contract was cancelled and Lloyds would now be bulk buying the tubs. The result was welcomed by the Group.. However MCS did inform the group that Denise felt that the broken finger nail of a member of staff had been helpful in moving this on!

MCS was asked what benefits there were to taking Aspirin. He responded that 75mg helps to keep platelets in the blood separated and less likely to clump, and were normally prescribed to those with a cardiac condition – usually following heart attack. The Group had a brief discussion around Aspirin, sensitivity and the need to speak with their Doctor if they were considering using it.

6) Any other Business:

a) Closure of Practice on Wednesday Afternoons (DJ)

DJ was raising this issue again, having previously raised the issue about 18 months ago, about the Surgery closing on a Wednesday afternoon. At the time Dr Probert had said that it was historical and that they were working towards Wednesday afternoon opening. CP advised that they were still working on it but it is not straightforward as there are staffing implications around having a Dispenser available as well as Reception staff.

The practice currently has a vacancy for a Dispenser and this will include Wednesday afternoon cover. Currently the closure on a Wednesday afternoon facilitates protected learning time and training, much of which is statutory and mandatory training in line with CQC compliancy around issues such as safeguarding, mental health, fire, resuscitation etc., This training will need to be factored into the hours of opening. Caroline to keep the group updated.

b) Ringing Patients with Results:

DJ asked if anyone had been watching GP behind Closed Doors on TV? On the programme, the patient's Doctor would call with results. CP advised that one set procedure for communicating test results would not cater for every patients needs. The Doctors could get over 100 results per day and it would not be possible for everyone to be called. All test results are checked by a Doctor and a notation is made on those that are normal or where there are no concerns. Those that are urgent are acted on. Patients may make individual arrangements with their Doctor about how the test results are fed back to them, some will telephone in, some will make an appointment, some will speak to their Doctor some to the Reception staff where the Doctor has stated that this can be done. SE said that some patients get results back face to face some phone in. CC mentioned a patient she knew of, not from this practice, where the news had been upsetting and relayed by a Receptionist. SE reassured CC that this would not happen at Culverhay.

- c) **Does Culverhay Surgery Record Phone Calls? DJ**
CP responded, no we do not currently, the current phone system does not have this facility. However the phone system is due for renewal in 18 months time, so we will look at this option when we change the system.

- d) **PPG Notice Board**
Following the refurbishment of the waiting room, CP asked the PPG which of the notice boards they thought would suit our needs best. After much discussion around the purpose of the board, to whom it was aimed, and what should it contain, the Group agreed with GS's idea that it should be placed in the area where people tend to be standing and waiting at Reception, Dispensary etc., GB asked members if anyone wanted to take charge of ensuring that it was kept up-to-date with information about joining, current hot topics that we might be bringing to the meeting in terms of health, changes to services etc., DH felt that there much apathy about getting involved and that the best use of the board was to put the web address to join and find out more, and also how to get the newsletter. SE suggested that we consider preparing a mailing list for those who could not access the newsletter on line. CP said that she would speak with KH about the potential for people to sign up for newsletter.

**Action: CP discuss with KH
Members to consider Involvement.**

RM thought that the new Reception and Waiting area could do with some art-work and was reassured that the picture of Cornwall was coming back.

- e) **Wotton Ladies Group**
GB had attended this Group to talk about the CSPPG. Tonight CC joined us from WLG and was considering joining. GB submitted written feedback to the Group on the meeting and it is attached to these Minutes.

Action: NFA

- f) **Lloyds' Pharmacist to be Invited to 16th January Meeting:**
MCS asked the group if they felt that it would be of benefit for Denise to attend the January meeting and the members agreed; to invite Surgery Pharmacist. Lloyds is closing 190 branches and so far Wotton is not in that group. It was agreed that both should be invited. CWB said that she had spoken to someone in Lloyds who felt overwhelmed by the amount of dispensing and that they had said they would welcome another Pharmacy in Wotton, especially with all the new building being undertaken in the surrounding area.

**Action: GB to write to Denise
Gillman
CP to invite Surgery Pharmacist**

g) Medication Management Issue:

DH said that there was more clarification needed around the wording on prescriptions. An example was - take 1 tablet 3 times a day. Did that mean one every 8 hours – or did it mean one during waking hours only. The members felt that there was a lot of ambiguity around the wording. After some discussion it was agreed that if in doubt patients should ask their pharmacy or doctor. From the discussion it seems that some people may be at risk of overdosing when they are told 5 a day and they take 5 at once. MCS felt that the wording, “take “x” tablets, every “y” hours might avoid any confusion.

Action: NFA for CSPPG

h) Protection in Electrical Sockets:

DH asked if children would be using the waiting room as parents tended to give children things like car keys and he noted that there were no electrical socket protectors in place. CP advised that she had received an alert from NHS that these should not be used. She could not recall the details of the alert and agreed to find out. Members discussed pros and cons and put their position forward for use or non-use. CC asked CP if she could report back on why they have been told not to use them.

Action: CP to report back at next meeting.

7) Confirmation of the Next Meeting:

**19th December 2017 at 6.45pm
– with Christmas Refreshments.**

Signed.....

Chairman

Dated.....