**Date:** 13 August 2018

**Venue:**  St George’s Medical Practice – staff room

**Attendees**

Liz Stewart (LS) - Chair Grahame Levett (GL) Jane Sinski (JS)

Andy Jones (AJ) - minutes Frank Mills (FM) Val Johnston (VJ)

**Apologies**

Serena Rana-Rahman (SR)

**Agenda used**

* Roll call / apologies
* Review minutes & any matters from previous meeting – All
* Updates from the surgery – Liz
* Staff changes at the surgery - Liz
* CQC Inspection - Liz
* E-Consultations - Liz
* Update on Hub working - resilience funding - Liz
* Flu campaign 2018/19 - Liz
* Feedback from Darlington Community Council – Grahame
* Arrange next PPG meeting & assign actions - All
* AOB

**Summary**

No comments on previous minutes.

**Updates from the surgery** - Liz gave the general update regarding the surgery and advised that there has been no progress on a permanent surgery building. Various NHS bodies are involved in discussions but no decisions have been taken yet. Liz also advised that patient numbers have remained static since the move to the temporary building. Some patients have left the surgery but they have been replaced by new patients signing up so no overall change due to the new location or the temporary building.

Liz updated the meeting on the main entrance which has had the necessary cabling work completed and now just awaits tarmac and finishing off.

**Staff changes at the surgery** - Liz introduced Dr Abhishek Singh when he popped his head into the staff room. Dr Singh has joined the surgery and will work Monday & Tuesday’s. The rest of his week will be spent working in hospital. Dr Johnson, who has been working Mondays as a locum, has left the surgery for a position in the States.

The 5 doctors will work the following days each week:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Working pattern** |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Dr Holmes** | 3 day week |  | x | x | working | working | working |
| **Dr Baines** | 4 day week |  | working | working | x | working | working |
| **Dr Ramos** | 3.5 day week |  | working | x | working | working | working |
| **Dr Oxley** | 2 day week |  | x | working | working | x | x |
| **Dr Singh** | 2 day week |  | working | working | x | x | x |
| **Dr Johnson** | n/a |  | Now left the surgery | | | | |

Other staffing updates are

1. Nursing team - Viv is leaving the surgery and Gemma is being trained up and
2. Practice management – Hannah, who started as apprentice just two years ago, is taking up a position as deputy practice manager working with Liz.

**CQC inspection** – this is happening again in September. This is the 4th inspection in 5 years with previous inspections carried out by the CQC in 2013 and again in 2016 after changes were made at CQC. Then again in 2017 for the surgery move and the current inspection which is being carried out on the basis that the CQC always inspect a ‘new’ surgery during it’s 1st year of registration.

Liz advises that the previous reports are not available on the CQC site due to the surgery name change.

The CQC will check things such as:

* Staff levels
* Surgery policy
* Safe guarding controls and processes
* Infection control
* Staff appraisals
* Medicine handling
* Feedback from patients
* Results – with ratings for access, effectiveness, etc
* General facilities at the surgery

**E-consultations** – these will be offered as part of a website redesign shortly. This is to enable more patient self-help and provide advice for anyone who needs it.

The E-consultation service is a 3 year CCG funded initiative which aims to help patients get targeted help from the start of their enquiry. In theory it might mean staffing levels can be reduced eventually; there are no plans to do this currently.

And the way E-consultation works is that each request will be passed to a GP who will be allocated a 10 minute slot to review and action the request. This is in line with a current visit to a GP without E-consultation. The SLA (service level agreement) is that each E-consultation will be responded too by 18:00 next working day. There is no given cut off time for E-consultation entry.

There will be feedback provided to the CCG by the surgery on the E-consultation service and its effectiveness and the practice will be expected to request, collate and provide patient feedback to the CGG too.

**Hub Working** – Our medical practice is part of a hub with Whinfield Medical Practice & Denmark Street Surgery in Darlington.

As a group we can bid for cash for ways of working to improve the group service. However patient information cannot currently be shared within the group nor can patients be sent to either of the other two surgeries.

The ways of working money will be used to overcome legal, business and insurance issues for the group. And this is all done locally rather than with NHS over sight.

**Flu campaign 2018/19** – this season there will be 2 types of flu jabs. The over 65’s will receive a tri-variant while all under 65’s will receive a quad-variant. Based on past research this will produce more effective results overall. Flu clinics are being run by the surgery on Wednesday’s.

**Feedback from Darlington Community Council** – Grahame gave an update and advised that the most recent meetings of the PPG for Darlington in January 2018 had no representation from the CCG (Clinical Commissioning Group) and was therefore rather pointless.

There is also now a new body called Health Watch Darlington which is CCG funded.

A ‘Tea and Tell’ session was held at Morton Park, Darlington in one of the conference room above the Morrisons supermarket. It was well attended by NHS managers by Grahame advises no actual patients attended which was a disappointment. There was a 2nd session going ahead the day after our St George’s PPG meeting which was being held at the health point centre in Chancery Lane, Darlington. Feedback will be provided at the next PPG meeting.

Grahame then advised that if the next DCC meeting in September lacked representation that he would reluctantly stop attending for on behalf of our practice as there would be nothing to be gained.

Grahame raised to the DCC at the last meeting that patient transport is available, for those requiring it, to make journey’s to and from hospital but when aspects of treatment are carried out at surgeries or medical practices the same patient transport is not available. This makes it very difficult for patients who rely on the service if their treatment is not hospital based. No response on this point has been received.

He also requested the NHS hierarchy, as it is difficult to understand what body is responsible for what aspects of service, but was told this is not available ad no further response has been received.

A more general discussion resumed and it was suggested that the surgery might be promoted at the new build offices around the village.

Liz also advised that Dr Marshall has no further involvement in the future of the surgery and is not involved informally.

**Next PPG meeting** – Liz to advise a date once the CQC inspection is completed.

**AOB** – Nothing was raised.

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