**28 Beaumont Street**

**Patient Participation Group**

**Minutes 14th August 2014**

Present:

Mrs Jane Belcher, Dr Matt Easdale, Ms Seers, Mrs Bailey, Mr Hall, Mrs Feneley, Dr Townsend, Mrs Rickaby and Miss Imeson.

The practice would like to apologise for the extreme lateness of sending out these minutes. It has been a complete oversight by us. The group has discussed previously about appointing a chairperson from the Participation members as yet we do not have one, if any person feels that they would like to take on this role please do contact Dr Easdale or Jane Belcher to discuss further.

Review of Last Minutes:

The minutes from the last meeting were widely accepted and reviewed by those who had been unable to attend. It was proposed that future minutes would be sent to PPG members in advance of meetings via a combination of post and email according to individual preference. It was also highlighted that the minutes would be (and have been historically) published on our website as well.

Prescribing Budget:

Dr Easdale and Mrs Belcher made the PPG aware of savings that had been achieved within the practice prescribing budget. This is in essence the nominal budget set by the Oxford City Clinical Commissioning Group for the surgery to prescribe medications to its patients. This does not include those patients/medications that are listed as ‘high cost’. Any savings on this budget made by appropriate and calculated prescribing are then made available to the surgery to pass on directly by improving patient services/experience. The budget is not designed to prevent prescribing nor negatively impact on clinical care. Last year it was used to purchase blood pressure machines (that patients could take home for a week to check an extended period of pressures) and two paediatric blood oxygen saturation probes (used to measure how effectively children with lung conditions/infections are breathing).

We discussed options for the available funds (£3000) as well as the tight restrictions on the ways in which they can be spent. The variable temperatures in the waiting rooms and consulting rooms were mentioned and highlighted by Mrs Feneley. It was agreed that certain rooms could become very warm and that those most affected were staff- and in order to look after patients the staff themselves had to be well. Mrs Feneley has since kindly provided details of suppliers of air-conditioning units that could be installed in listed buildings. In the interim we discussed those units we already have available (if noisy) and the use of fans in the waiting areas. The issue is clearly an important one but at present it was felt that the funds could perhaps be used to greater impact across several other areas.

The hall carpeting is overdue for replacement and it was agreed that this is an important statement of both cleanliness and care within the practice. A portion of the funds could be used to great effect in this area and the over-riding opinion was to maintain a blue theme as per in the reception. The metal/plastic stair restraints will not be replaced as they are still functional and this will keep the cost down. We went on to discuss the recent renovation and re-decoration of the upstairs waiting room (positively received) and to alert the PPG to the disruption that will take place in the basement rear consulting room. This area is affected by damp and will be over-tacked as part of works provided by the college owners of our site. Apologies were made in advance for the potential issues this will raise.

Disabled Access:

Mrs Belcher described plans to upgrade the disabled access (following on from previous PPG discussions). A floating platform that connected the rear door with the raised parking/tarmac area was being costed. This would allow direct access rather than needing to go down and then up two ramps; similarly it would mitigate the issues with reaching the bell or keypad on the rear door. The possibility of those in need being given the keypad code rather than ringing the bell was raised but unfortunately was felt to be a security and insurance risk. Mrs Bailey kindly reported that she rarely has any issues when using the bell provided.

Unfortunately, since the above costing, the plan has been rejected by the OCCG- the cost for the work was combined with installing a bicycle rack for staff and patients which was refused. This meant that the individual cost of the ramp was not high enough to receive the appropriate grant from the OCCG. We returned to them making clear the purpose of the ramp to improve disabled access and that we had chosen a cost-effective example. We have yet to receive a reply but will follow-up on this important matter.

Mrs Feneley discussed the possibility of better service in the surgery for those with impaired hearing. We described the Hearing Loop system in place and how to access it, however, this has highlighted the need for us to publicise the Loop more clearly.

Friends and Family Test:

The new Friends and Family ‘rating’ test was described and discussed- it was felt to be a good idea in essence but perhaps a new way to collate information that is already widely available through NHS Choices, the PPG survey and online reviews. People were unclear as to its real-world impact.

AOB:

We went on to discuss Carer’s Grants and sources of support/information for carers- it was proposed that this information could be made more available through the PPG notice board as well. We touched on seven-days a week access to GPs and the same concerns were raised as in the last meeting- ie diluted contact the majority of the time with a named GP of choice- ie GPs as individuals are not suddenly going to work 24/7. The consensus was that the PPG were happy with current access which seems easier than at many friend’s/relative’s surgeries.

Dr Easdale and Mrs Belcher thanked everyone for attending. The next meeting was proposed for the end of November/start of December.