

# Castlegate & Derwent Surgery patient Participation Group (CDSPPG) [Year]

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## Minutes of the meeting held on Monday 26 September 2016

**In attendance:** Suzanne Hughes-Rudd (Practice Manager), Julie Pearson (Office Manager), Jo Crozier (Admin) from Castlegate & Derwent Surgery

Peter Colquitt, John Wood, David Stephenson, Edward Bebbington, Margaret Coley, Sylvia Noble, Win Cornwall, Syd Evans, Tom Alston, Frank Harkness, Felicity Crowley, Diana Johnson from CDSPPG

**Apologies:** Jean McGrath (Chair), Wendy Sanders, Sarah Moyle, Madeleine Kerr, Elizabeth Smyth, Duncan Keeler

**Welcome** – Suzanne (SHR) opened the meeting in the absence of the Chair.

**Vice Chair** - SHR also advised that Bob Bratton (Vice Chair) had stepped down and a replacement was needed. Peter Colquitt (PC) volunteered.

**Practice Merger & Recruitment Update** - The merger had gone well, although a few problems still remained i.e. Derwent patients having to re-apply for patient access, and self-check in machines needing reconfiguration. All patients now have access to all GPs, and we would move to one telephone number for surgery and prescriptions on 11/10/16 although patients would be able to also use the old number. This would prove beneficial for back office staffing but would mean no difference to patients.

Sid Evans (SE) reported that he had re-applied for patient access but could not now access his health data. SHR advised that all patients were being routinely given access to appointments and prescriptions but individual access limits were being gradually resolved as these all differed. **Julie Pearson (JP) to check.** He also advised that the Patient Access form also suggested 'i-patient' as a service provider but would not recommend this for use and suggested this be removed from the registration confirmation. It was thought this was automatically generated but the surgery would check its usefulness. **Action JP/SHR**

SHR reported that Dr Rose Singleton had now replaced Dr Harnor. The latter and Dr McArdle had left the surgery, but two new full-time GPs were to start in November. There would be some maternity leave to cover in 2017 which could prove problematical, but the practice was researching various recruitment avenues including student placements.

John Wood (JW) asked if 'Castlegate and Derwent Surgery' was to be the final name. SHR confirmed this given the investment in branding and uniforms. PC opined that there appeared to be far more GP appointments available on Patient Access since the merge, and SHR confirmed that as many as possible were made available, but given the low percentage of online users, this did not impact on those without Patient Access in securing appointments.

**Action Plan & Progress Update** - SHR advised that she was keen to make sure we did not lose sight of those action points agreed previously and had met with the Chair to prepare an action plan. She then gave the following update:

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- Increasing CDSPPG participation – SHR had emailed head of Cockermouth School sixth form to ask them to encourage participation perhaps by way of a virtual Facebook group– she would follow up. It was agreed that an age analysis of CDSPPG participants would be made to see if target groups could be identified.

It was agreed that changing meeting times had made no difference and that a 6pm start was generally preferred. SHR hoped to be able to offer demonstrations to patients during the awareness week in October – she would email CDSPPG for volunteers and to agree upon a date. JP had to deliver training to new receptionists but the publicity week would include in-house promotion, computer screens being made available and floor walkers.

Win Cornwall (WC) suggested outreach presentations to community groups of varying demographics to encourage membership. SHR advised the policy of not allowing children under 16 access to their online records for safeguarding purposes meant that care had to be taken in presenting to parents but posters would be made for use in libraries, community venues etc. **Action SHR**

- Website content – The old Derwent Surgery website was no longer available, although the Castlegate one was –NHS controllers still had to obviate this. The combined surgery website was up and running. SHR was advised that the picture on it showed a picture of a European destination rather than Cockermouth – David Stephenson (DS) volunteered his own photos to replace this and for use on Facebook. He also volunteered to take updated photos of GPs for the noticeboard if required. **Action SHR/DS**
- Flu Clinics - PC advised that dates and times had not been clear and these should have been more prominent. SHR welcomed suggestions for improvement and good ideas taken from other surgery websites if seen
- Floor Walkers - SHR hoped these would be available during Patient Access Week to secure more email addresses and mobile numbers for patients
- Patient Feedback – lack of awareness on how to give by patients. SHR confirmed in posters, on website and feedback forms were available in Reception. She agreed to include this in the newsletter – which would also highlight the work of the CDSPPG **Action SHR**
- Reception review - the mystery shopper exercise had confirmed that the current setup was not suitable. It had currently reverted to the old pod set up. SHR had taken proposals to the Tenant Group to ensure that any new desk would meet the purposes of the hospital as well as our surgery. She will report back on progress. **Action SHR**
- Dispensary move – this was to relocate to Room 5 to ensure staff availability for patients. SHR clarified that a dispensary is for any patients who live more than a mile away from a pharmacy. The Practice wished to retain this for good business practise including offering patient service, the income generation and staff retention. It is a separate business to the Pharmacy. Gill, the manager of the dispensary would be advising all patients affected. SHR assured that stock management was not a problem.

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PC queried the waiting time for prescriptions. SHR confirmed that it was 48 hours for both and that messaging had been updated to confirm this. The hours of operation would be 9 a.m. – 17:30 p.m. Pharmacy would continue to operate between 7 a.m. and 10 p.m. as well as at the weekend.

Felicity Crowley (FC) asked why the prescription issue numbers had disappeared meaning it was more difficult to ensure that they secured medication reviews in good time. **SHR would advise**

Margaret Coley (MC) had been advised by Pharmacy that medication reviews were now in line with their birthdays and that it was generally agreed that these were not taking place in good time. **Action JP**

- Staff training – SHR would re-institute emergency incident training with volunteers  
**Action SHR**

**Patient Feedback Review** - SHR would keep this as a standing agenda item and would relay recurring themes and suggestions for change. At present these are:

- Patient access problems – see previously
- Watercooler availability - SHR had asked if the League of Friends could purchase this as would be available for all hospital users. If agreed, the practice would maintain and purchase cups etc – she awaited their response. Consideration would be given for removing the coffee machine which was agreed as a good idea, both through minimal use and staff time involved in maintenance. JP agreed to investigate income generated and to report back **Action JP**
- Children’s books in waiting areas – SHR had provided these
- Access to appointments- PPG generally agreed this was better although some individual delays were reported e.g. telephone appointments and single GP availability due to holidays. The recruitment of a nurse practitioner had helped, the practice had tried to recruit another, but not many had the relevant skills set although various recruitment routes were still being explored. Frank Harkness (FH) complimented the practice on the speed at which his ill wife had been seen recently.
- SHR advised that the same day access clinic had worked well, but was now being used for those not with a genuine emergency need. Going forward there would be a mixture of telephone triage and same day access appointments as a trial as the practice were fully aware of increased patient need through the winter months. FC suggested advising in newsletter of how emergency appointments should be used **Action SHR**
- When asked SHR confirmed that there was a low incidence of patients not attending appointments. SHR and JP had considered using staff ringing those with 30 minutes appointments as reminders. **Action JP.** It was agreed a breakdown of those non-attenders might prove useful by age banding.

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**Events** – Self-Care week (14<sup>th</sup> – 20<sup>th</sup> November) – SHR to publicise in newsletter – it was agreed as a useful device for patient communication.

Patient Access Awareness week - please see previously

**Any Other Business** – Margaret Coley sought agreement for a letter from CDSPPG in support of the Neighbourhood Plan recently rejected by the Council. This was unanimously agreed and Jean McGrath to draft. **Action Jean McG**

Edward Bebbington (EB) asked how to change his nominated GP. SHR advised that it was up to patient choice, this could be done easily but an appointment could always be made with any GP.

Felicity Crowley (FC) asked how to record her Advanced Standing (Directive) form with the practice. SHR asked to leave a copy at reception and would be scanned into her notes.

There being no other business, the meeting was closed.

**Next meeting: Monday 21<sup>st</sup> November 2016 at 6pm**