

**Minutes of the Patient Participation Group Meeting**  
**held at 6:30p.m. on Monday 14<sup>th</sup> December 2015**  
**at St Andrews Medical Practice**

**Attendees Present:** David Stern (Chairman), Michele Eshmene (Practice Manager), Umran Ashman, Irvin Eimer, Vishy Harihara, Janet Hart, Linda Jerram, Tejal Shah and Lorraine Williams.

**1. Welcome to new members and apologies for absence**

- 1.1 The Chairman reported that no new members had joined the Group this quarter.
- 1.2 Apologies for Absence were recorded from Ann Brooker, Caroline Hanson, Miranda Kitchener, Amir Malik, Soli Maneksha, Chandra Shah and Brian Wakeham.

**2. Matters arising from previous minutes not covered elsewhere on the agenda**

- 2.1 **Advising patients about the team structure:** Michele Eshmene advised the meeting that the Practice had now decided that it would be too costly to make patients aware by email (or letter to those with no email address on record) about the organisation of the doctors into 2 groups and the information about "Maintaining Core GP Services". The details have been posted on the Practice's website instead under "Other Important Information" on the Home page.

Michele also advised that Dr Hillas Smith will be retiring at the end of December and Dr Ng only returns from maternity leave in March, so the team structure is not really live yet. Dr Reddy will become a partner and Dr Patel will become senior partner of the Practice. Dr Mistry is returning as a full time salaried doctor to maintain resource levels.

- 2.2 **Update on collecting more email addresses:** Michele Eshmene reported that additional email addresses have been added to the EMIS database since the previous meeting taking the total to 2,605. There are a lot of contact details forms completed by participants in the flu jab project still to be added to the EMIS database and Linda Jerram once again offered to assist in inputting them.
- 2.3 **Fundraising for the St Andrews Medical Practice:** Unfortunately, Fiona Moore did not attend the meeting so no progress was reported on the plan she had outlined at the June meeting of a relatively painless method of fundraising for the Practice through some type of commission payment from what we buy on the Internet.
- 2.4 **Care Quality Commission ("CQC") Inspection of the Practice:** Michele Eshmene had informed the June meeting that the Practice would be subject to a CQC inspection in the next few months. They had requested meeting the Chairman and some other representatives of the PPG during the day they will spend on site. The Chairman and Tejal Shah, Irvin Eimer, Umran Ashman, Ann Brooker, Soli Maneksha and John Mason had all put themselves forward to attend, provided they were available on the selected date and time. Michele Eshmene advised the meeting that she still had not been told the date of this CQC Inspection Visit.
- 2.5 **Saturday appointments:** Michele Eshmene advised the meeting that the agreement to offer appointment dates and times two months ahead on the system (for Saturday appointments only) to see whether or not this helps working patients to make an appointment on a Saturday has been implemented.

### 3. **New officers for the PPG**

The Chairman has been in the position for almost three years and when he offered to take on the role, it was always with the intention of standing down after three years because the PPG needs new people driving it with new ideas to avoid it becoming stale. The Chairman had asked all PPG members to actively consider nominating themselves for the role.

Janet Hart bravely put herself forward for the role but only on condition that she had someone else to take notes at the PPG meetings and prepare draft Minutes afterwards. The Chairman was no longer able to confirm whether Fiona Moore is prepared to continue as Secretary because she had not attended the past couple of meetings nor communicated at all with the Chairman that she would not be able to attend. Vishy Harihara is currently Vice Chairman and confirmed that he is willing to remain in that position.

Nobody put themselves forward for the role of Secretary but there was a good suggestion that the role could circulate around the regular attendees, so that no one person would have to do it more than once a year at the most, and Linda Jerram kindly volunteered to be the first at the next PPG meeting. Other suggestions were also discussed and it was decided to hold an organisation planning meeting just to resolve the issue and decide how things might function in the future without depending upon just one person, as had been the recent situation for the Chairman.

**This organisation planning meeting will take place on Thursday 21<sup>st</sup> January 2016 at 15:00 in the meeting room at the surgery. All PPG members are welcome and your attendance would be really appreciated, if you can possible make it.**

The meeting thanked the Chairman for his valiant service over the past three years and presented him with a beautiful poinsettia plant and a thank you card. The Chairman thanked the meeting for their kind words and the plant and assured them that he would remain as an active member of the PPG, if he was still welcome.

### 4. **Any Other Business**

**4.1 Telephone Appointments:** Soli Maneksha had asked the Chairman for feedback on whether the telephone appointment system was working well for both patients and doctors. Lorraine Williams reported that it was for doctors and for those patients who knew about it and Reception staff were ensuring that patients telephoning for an attendance appointment were made aware of the telephone option when their symptoms seem to make that an appropriate alternative. The Chairman proposed making telephone appointments available online by setting each doctor up as a pseudo doctor for telephone appointments as well as their existing entry showing availability for attendance appointments. Michele Eshmene agreed to look into that option and implement it, if it is viable and admin time is available to set it up.

**4.2 Time for results to be available:** Brian Wakeham had asked the Chairman to establish how long a patient should expect to wait before their MRI test results were available. He had been given contrasting answers of 4 days from Inhealth after a MRI scan compared to the Practice saying 14 days. Michele Eshmene responded that it depended upon how long the consultant needed to interpret an MRI scan and that 14 days was given as a standard, safe response to allow for delays in this process although it was often a shorter time.

### 5. **Date of Next Meeting**

The next quarterly meeting will take place on Tuesday 15th March 2016 at 6:30 p.m.