

## Thaxted Surgery – Patient Participation Group (PPG)

### Minutes – 30 March 2017

**Attendees:** Sara Carruthers (practice manager); Joan Gray, Jon Spencer; Chris Rengert; Sheilah Rengert; Joan Greenfield; Michael Delahooke; Margaret Legg; Carol Skelton; Pam Gale; Diane Drury; Pat Brichino; Sheila Roberts; Rita Williams; Trina Mawer

**Apologies:** Harry Ellis; Keith Isgar; Lowie Bingham; Tricia Ridgway; Dianne Claxton; Brenda Clarke; Ida De Fouw; Jo Curtis; Maxine Banks

#### **Premises Extension**

Sara updated the group on current status of plans for the surgery extension.

- Preplanning approval has been obtained, and includes some advice around visual impact and impact on neighbouring properties to be taken forward in a full planning application.
- A full business case has been submitted to NHS England, who have made some comments which have been addressed and resubmitted prior to formal approval within the next month
- Once NHS approval is rubber stamped, we anticipate around 9 months of detailed surveying and planning, and setting out a pack for tender. The build itself is anticipated to start in early 2018, to be completed before March 2019.
- While the build is in progress, the plan is to change patient access to the back door, and put a temporary reception desk at the backdoor.

The group reviewed the architects outline floor plans and site plan, and raised the following points for further consideration as the plans go forward:

- We should get an Occupational Therapist and/or some elderly and disabled patients to review plans at various stages, including fixtures and fittings (e.g. chair heights, toilet seats etc) in order to get the best advice on ease of use.
- Consider whether patients should pick up meds from the reception desk still, or whether there should be a facility to pick up meds from a hatch into the interview room.
- Consider disabled/wheelchair access when using the backdoor during the build. Are the doors wide enough? Would a ramp be needed to link the steps?
- Consider arrangements for storage and collection of waste – currently unsatisfactory around the back door.
- Are there enough patient toilets downstairs? Sara to check with advisors whether the plans meet the requirements.
- Clarify parking – current design allows for 2 disabled parking spaces only. Sara to discuss with Parish council re GP/District Nurse marked spaces in public car park.
- Consider touchscreen location. It needs to be confidential, but out of the sun.

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The group discussed and agreed the following attached letter from PPG to NHS England in support of extension.



PPG letter of support  
for premises expansi

### My Care Record

The PPG discussed My Care Record in September 2016, and at that point decided that Thaxted should not sign-up for the project, but that the decision should be reviewed in 6 months.

My Care Record allows access to a patient's GP medical record for the purpose of immediate medical care. It was introduced in Harlow hospital in the autumn, and clinicians in the hospital can ask a patient presenting for consent to access records for most local GP surgeries.

Thaxted opted out in September 2016 because very few patients go to Harlow, and because the new system was untried and untested. We accepted that, in principle, it is a good initiative, but that, because our local hospital, Addenbrookes was not involved, Thaxted has the luxury of hanging back while teething problems were resolved.



MCR Summary -  
March 2017.docx

Per the briefing above, Addenbrookes are still not entirely engaged with the project, and some teething issues are still being addressed. The PPG therefore decided to wait for a further 6 months.

### Fund Raising

The new CRP machine, purchased with money raised from the Christmas raffle, was demonstrated to the PPG and the following points discussed.

- CRP is a finger print blood test the results of which are a strong indicator of whether or not an infection is present.
- Consumables cost £3.15 per test. The surgery's intent is to pilot the tests and develop a business case demonstrating that doing the test saves potentially unnecessary admissions to hospital and reduces antibiotic prescribing. If we can demonstrate this, then we can apply to the NHS for longer- term funding.
- The surgery is trialling first with chest infections. In line with NICE guidance, a CRP above 100 would indicate antibiotics are appropriate.
- For the first few months, the surgery will also send of blood to the labs for analysis, so we can build confidence that the results are reliable.

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Several participants noted that patients might be happy to pay for the test. However, we need to be careful that this donation by choice, not payment, and that GPs are not put in a position of being pressurised to order tests other than for clinical reasons. Agreed the following:

- Place a notice around the machine “this machine and test kits have been purchased from monies donated by patients”
- Place notice in the surgery that the PPG is actively fund raising for new equipment, and place a donation box near the notices.

Fund raising account statement presented.

The following officers were nominated and elected to lead the fund raising committee.

- Harry Ellis, Chair
- Chris Rengert, Treasurer
- Dianne Claxton, Secretary

Sara to share contact details between the three of them, and to set up a date for the next fund raising meeting to agree next objective and programme of events. Chris Rengert will go ahead and open a bank account.

Several other members noted that they will continue to be an active part of the fund raising group.

#### **New GPs**

Sara briefed the group on the new GPs joining the Thaxted team over the next few months. Dr Laura Reid is starting middle of May, and Dr Lizzie Aylett in mid-June. Both are very experienced GPs.

Sara will update the website with details of specialities of these GPs. Update on new GPs joining the surgery and other staffing changes

#### **PPG notice board.**

Members provided consent for their names to be displayed on surgery noticeboard. Contact details will not be displayed, but patients can get in contact with a PPG member via reception.

#### **Minor Injuries and SWCH**

PPG members raised the issue of limited services for walk-in minor injuries. Sara clarified that the surgery will always get a clinician to triage a walk-in minor injury, but that they may then advise the patient either attends A&E or goes to the Herts and Essex minor injury unit or comes back to be seen at the surgery at a later time. This decision is made by the clinician, based on a combination of medical factors, including safety, urgency, complexity, and equipment needed, but also on impact on

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other patients who may be waiting for their appointment. (Clinicians in the surgery are always fully booked in surgeries)

The group noted that a Minor Injuries unit in Saffron Walden Community Hospital would be of huge benefit to the local community. Sara agreed to discuss with with commissioners and other local surgeries.

#### **Leg Ulcers**

The issue of leg ulcer services having moved to SWCH was raised again by patients, with reports of one patient (unnamed for confidentiality reasons) struggling with on-going ulcers that had previously been healed by the practice nurses. Sara to raise this issue again with the commissioners.

#### **Diabetic Eye Screening**

A patient raised an example of poor service at the new diabetic eye screening service. An appointment time was changed, and the new time not communicated. When patient turned up late, the service refused to see her, in spite of a lengthy journey.

Sara agreed that the surgery would audit compliance with diabetic eye screening and raise the issue again with commissioners.

#### **Dates for next meetings**

- Thursday 13 July 2017 - 10am, Guildhall
- Thursday 16 Nov 2017 – 10am, Guildhall