

**The Sunbury Health Centre (SHC)**  
**Patient Participation Group**  
**Minutes of the Core Group Meeting held on**  
**Tuesday 13 December 2016, 3.30 pm at SHC**

**Present:**

**SHC:** Dr Dave Gill (DG) and Richard Fryer (RF)

**PPG Core Group:** Polly Healey (PH), Diana Huntingford, secretary (DH), Neil Huntingford, Chair (NH), Dorothy Linter (DL), Roz de Lord (RdL) and Paul Thompson, Vice-Chair (PT).

**1. Welcome and apologies for absence**

NH welcomed everyone to the meeting. It was noted that Brian Catt, Wendy Doyle, Cheryl Kimber, Jan Palmer, Jackie Sheehan and Sasha Thurgood (ST) had all sent their apologies.

It was discussed that a number of Core Group members appear to finding it difficult to attend meetings.

*Action: Before the next core meeting NH will contact members to ascertain if the role is not convenient for them.*

**2. Minutes of the last Core and Open meetings**

DH apologised to the group for the issues with the Open Meeting minutes and thanked them for their support.

It was agreed that the minutes of both meetings were an accurate record of the meetings.

**3. Be a voice in the community:**

• Patients' survey

- Main findings - RF explained that the majority of the outcomes had already been addressed or were in progress. It was agreed that the front of next year's survey should include achievements in response to the issues raised in the 2016 survey. In addition it was agreed that the texting facility in future should be used to alert patients to the survey (and other important information).

*Action: It was agreed that a small group (PT, RF, DL and NH) would meet, on 19 January 2017 at 3 pm, to discuss the outcomes, progress against the actions and tweak the questionnaire in advance of the 2017 questionnaire.*

- Establishing annual timeline It was agreed that this was important and will be discussed at the meeting in 19.01.17.

• An update on potential changes to local bus service provision

Prior to the meeting PT had circulated an update on this issue. PT confirmed that, thanks to support from the Council, a short term solution had been found which will secure the service until August 2017.

**. 4 Provide support and challenge:**

• Update from Dr Gill (since the Open Meeting)

- The three new doctors have settled in well and the new Foundation Doctor, Laura Gibson, has just started her placement.
- Sister Hood has now retired and although recruitment for her replacement is in process there may be need to temporary support with regard to diabetes.
- Sister Payne and Krystyna Elliott-Nowobiliska (HCA) have both settled in

- well and attending appropriate training courses.
  - A further Foundation Doctor will join the Practice in April 2017 and Dr Jopling will supervise this placement which will be the fifth Foundation Doctor placed at SHC.
  - A Specialist Trainee (ST2) will be joining the Practice for a four month placement. Although the Deanery has yet to give approval to the Practice to be designated as a 'Training Practice', being offered such trainees suggests that designation is likely.
  - Approximately 3,000 patients have now received the flu vaccination.
  - *Quit 51* and *Hearology* are now up and running. In particular the *Hearology* sessions are fully booked and appears to be going well.
  - The Chronic Disease targets are currently slightly behind those of last year and therefore this provision will be a focus in the new year.
- An update on the recent changes to the appointments system  
RF reported that the system is going well and feedback from Reception staff is that there are very few patients queuing in the morning. Those who have continued to queue were unaware of the changes to the system and consequently the Reception staff explained to them how the new system works. *It was noted by everyone present that this is a significant achievement for the benefit of the entire patient population and the staff should be wholeheartedly thanked. This must also be celebrated publicly at an appropriate point.*  
RF explained that ST was working very hard behind the scenes to ensure that capacity is matching demand.  
RF and ST are checking the system every morning and to date there have been very few 'glitches'. One issue that is being closely monitored is the slight increase in DNAs.  
RF added that the success of the new system is in part due to the new server which was proving to be a very good investment.  
Some members of the Core Group reported that they had accessed the new system very easily.  
RF thanked NH for the Waiting Room artwork which he feels is significantly benefitting the well-being of patients.
  - Revising the Self-Referral for entry into mental health support  
This was rescheduled for the agenda of the next Core Meeting.  
Action: *DH to place on the agenda for the next Core Meeting (24 January 2017).*
  - Update on the new service 'Hearology'  
This was discussed earlier in the meeting.
  - Feedback from recent CCG meeting  
RF found the meeting very helpful and it was an opportunity to discuss many issues.
- RF then provided an update on the premises:
- An application for a Minor Improvement Grant has been submitted to the CCG, who are collating responses before sending to NHS England. No response, yet but a request for further information has been received, which is thought to be hopeful. Once again SHC will only receive 66% of the funding!
  - Unfortunately an application to the Estates and Technical Transformation Fund was unsuccessful. However we are hoping that internet investment

- will be made at Ashton Lodge Nursing Home via the fund and this will enable doctors to retrieve patients' notes whilst visiting the Home.
- RF explained that the CCG has designed three hubs for NW Surrey, the purpose being to provide support for the frail and elderly who aren't in need of hospital care but do need other specialist care. To-date only one of the three Hubs has been established and that is in Woking. The doctors at the Practice are disappointed that the other hubs have yet to be established because the distance to Woking makes it very unlikely that SHC patients will access this provision.
  - As part of the new telephone contract, infrastructure will be in place in all the rooms to enable potential joint use in the future.
  - Resolving the increased service charges remains an issue and is having a negative impact on future plans. RF and DG continue to attend meetings to resolve this matter but it is time consuming and reduces doctor availability.
  - Now that the funding has been received, RF has submitted a planning permission application to enable the relocation of patients' notes from the main office.
  - RF reported that he has asked VHC if it is possible to share a treatment room, thereby enabling minor surgery to begin at SHC, unfortunately he has received no positive response yet.  
RF has asked the CCG if he can meet, and be involved, with the new provider as soon as possible to ensure that the Practice can build a good relationship from the start of the new contract.
  - Following a comment received at the Open Meeting about the extremely poor and hazardous condition of the car park RF has contacted NHS Properties.

## 5. Help disseminate information:

- SHC Personnel Structure Chart

RF suggested that when the Reception renovation is completed a personnel chart will be displayed in the area. It was also agreed that the 'personnel board' outside SHC will be removed since it bears no resemblance to the current staffing and services provided. Such poor information sends the wrong message about the Practice.

*Action: RF and NH to repeat the 'Critical Friend' walk of the building they undertook last year. It was agreed that will take place on 19 January @1.30 pm.*

- Feedback from Surrey Heartlands Stakeholders Reference Group meeting to discuss NHS Five Year Plan.

NH explained that all CCGs have had to produce a five year plan detailing their sustainability and transformation planning. The deadline for this submission was 21 October 2016.

NH reported that the NW Surrey CCG, the CCG that covers the SHC area, was being very open - unlike many other CCGs. The six clinical areas being looked at are:

- Urgent and Emergency Care
- Cancer
- Cardiovascular services
- Musculoskeletal services
- Mental Health
- Women and children's services

## 6. Communications strategy

- Use of PPG website

It was agreed to postpone this agenda item until the next meeting. RF fed back that staff from SHC had looked at the website and were very impressed with the quality and quantity of information available on the site.

- Developing a corporate identity

NH & RF reported that they are working on 'branding' SHC and will update at the next Core Meeting.

NH was complimented on the quality of the leaflet he had recently produced to help explain the changes to the appointments system.

RF explained that the Practice Newsletter was ready for print, once DG had checked it. The newsletter is a new format in line with the branding developments.

Action: *DH to place on the agenda for the next Core Meeting.*

- Are we on track with our strategy?

NH tabled a copy of the communications strategy, which was familiar to the Core Group. However on this copy NH had highlighted various anomalies that were no longer appropriate. This document was discussed and amendments agreed.

Action: *NH to make the agreed amendments and DH will circulate the updated strategy with the minutes.*

## 7. Improving the physical environment

- Update on improvements to the Reception area

This had been discussed earlier in the meeting.

- Next steps on improving the Waiting Room

DG & RF both commented on the very positive response the artwork had generated.

NH alerted the meeting to the current edition of 'Sunbury Matters' which contains a very encouraging article about improvements to the Waiting Room. He also reminded the group that new artists need to be found for the next display.

It was agreed that the artwork 'funnels' patients to look at the screen, which stresses the need for it to be functioning and up-to-date. In addition patients would also benefit from having a clock in the Waiting Room.

Action: *RF to replace clock and establish a means of ensuring that the screen displays current information.*

The quality of the chairs in the Waiting Room is in need of improvement and possible ways of achieving this were briefly discussed.

Action: *DH to place on the agenda for the next Core Meeting.*

## 8. Action Points of the last Core Meeting (not covered in the agenda)

None

## 9. AOB

DG asked if there are any new proposed residential developments that the Practice needs to be aware about. PT suggested that there are two proposals for Fordbridge Road - two separate proposals, one of which has already had planning permission refused.