

THE TOLLGATE PRACTICE

PATIENT PARTICIPATION GROUP

MINUTES OF MEETING HELD ON FRIDAY 27th JANUARY 2023 AT 1.00PM

ATTENDEES

Surgery Staff: None Given the absence of surgery staff at the meeting MV shared the draft minutes with the practice manager (Annette Bloomfield) who has kindly provided the notes highlighted in red which answer/clarify many of the queries raised and will be a useful starting point for any further discussion at our next meeting.

Patient Members: Chairman -David Mills (DM) Secretary - Michael Vass (MV) Angela Young (AY) Jane Phillips (JP) Keith Tucker (KT) Peter Walker (PW) Pamela Hurcomb (PH) Rosemary James (RJ)

1. **Welcome & Apologies.** DM welcomed everyone to the meeting. MV explained that unfortunately no surgery staff would be able to attend due to sickness and injury. In addition apologies had been received from Lorraine Feakes and Karen Drake, a new member who hoped to be able to join us at our next meeting.
2. **Minutes of the last meeting** held on the 22nd October 2022 were unanimously approved.
3. **Matters Arising.** None
4. **Practice News**
 - a) **Building News.** Although (in the absence of staff members) not confirmed by the surgery RJ informed the meeting that the Tollgate Clinic had not vacated the building at the end of December as planned but she had been informed that it would be moving on or before the 1st April. **Note: The Tollgate Clinic have begun moving out and the staff room and one clinic room are now available to the Practice (and indeed being used). By the end of February, the rest of the building will be vacated by the Tollgate Clinic. We are still obtaining quotations from builders for the renovation works to commence.**
5. **Monthly Statistics.** The meeting thanked the surgery for the provision of the monthly statistics which members found both useful and interesting. Several queries about the figures were raised and MV indicated that he had already asked for a meeting with Jason Crouch to clarify some numerical issues. Other specific points raised in discussion were as follows:
 - a) **DNA** The number of appointments missed and clinical hours lost continue to be a concern although the meeting appreciated the efforts being made to reduce this figure. **Note: All appointments over 20 minutes long are now being telephoned the day before by the reception team to remind patients to attend. This is a huge extra workload on the Practice but will hopefully help in this area going forward. We shall see!**
 - b) **GP Appointments** Would it be possible to split this between face to face and virtual as NHS England seems to have these figures? **Note: No as the system used**

does not split these appointments. However, a high number of the appointments are face to face.

c) Home Visits Given the size of the practice members were surprised this was such a low figure; they also queried whether the figure was for Doctor or Nurse visits. PW & RJ also wondered if the low number also caused problems with the subsequent issue of death certificates if a bedridden patient subsequently died. Further discussion centred on the role and pressure on carers and local hospices during which KT thought that the surgery would no longer sign an "Advance Directive". MV was asked to ensure that this topic was included on the agenda for the next meeting to provide an opportunity for the surgery to explain how the "home visit" arrangements operate and whether or not they engage with "Advance Directives" which are meant to benefit both patients and clinicians. **Note: Please be assured that the figures for the home visits are only for visits requested on the day. We carry out weekly ward rounds for our care homes and we visit out housebound / palliative patients on a separate basis. The Practice have the Daffodil Standard for EOL Care certificate (displayed in our waiting room) for our palliative care patients and Dr Bopitiya is our main point of contact for this. Dr Abeysundara attends monthly palliative care meetings with St Helena Hospice and other professionals where patients are discussed on an individual basis and any ongoing care is agreed. Do Not Attempt Resuscitation forms are offered to all patients if it is felt required or if requested by our patients.**

d) Family & Friends Results. The committee felt the high favourable rating for the practice was well deserved. All present had experienced the improvements in the service received from reception, telephone answering etc. through to appointments with clinicians and doctors. To all the staff – thank you.

6. Car Park A number of points were raised regarding the surgery parking which it was hoped that the surgery could address at the next meeting (again MV was asked to include it on the next meeting agenda). Specifically:

- a) **Space Marking & Verges.** This was raised at the last meeting but no visible progress has been made. **Note: This is the responsibility of the landlord.** Following a risk assessment by the Practice, work has been being undertaken to address the tree roots at the far end of the car park which were displacing the brick surface and causing an uneven surface and trip hazard. Now that this has been addressed, the landlords are looking at pressure washing the car park to bring out the marked bays more prominently.
- b) **Disabled Parking.** Karen Drake asked (via MV) if the number of disabled spaces could be increased from the current four – she felt this was inadequate. **Note: This is not something that the Practice has any say over. The car park is shared and the parking allocation is at the discretion of the landlord.**
- c) **Snow & Ice.** Having visited the surgery during the recent cold spell PW felt that the car park was dangerous and wondered if more could be done to keep it safe. **Note: Unfortunately our car park is a large area and we do not have resources to clear ice/snow/lay salt to this area. There is also concern that laying anything to the surface will make the Practice liable should anyone take a**

tumble. As mentioned above this is a shared car park and we would then also become liable for patients on the other services.

- d) **Convenience.** Despite the valid issue raised KT noted that compared with many surgeries we were fortunate to have large parking area.

7. AOB

- a) **End of Life Care.** Arising out of the discussion on “Home Visits etc” the meeting debated many of the issues faced by the elderly and their families. PW referred to his involvement with “End of Life Care” if anyone wished to speak with him

8. Date of Next Meeting – Agreed that the next meeting would be the AGM and held on Friday 21st April at 1.00 pm

The Meeting closed at 1.50 pm.