



Minutes of the Acorn Surgery Patient Participation Group (Acorn Patient Team)

27th September 2017, 6-7pm, G93 – Community Room, Oak Tree Centre, Huntingdon

Present: Martin Wilsher (Chair), Dean Bloom (Treasurer), Trish Hawitt Palmer (Practice Manager), Claire Holman (Vice Chair), Mary Blackhurst Hill (Minutes Secretary), Verena Bruce, Roger Bruce, Chris Osborn, Ros Rutter, Brian Shoosmith,.

Agenda item		ACTION
1. Welcome & Apologies for absence	Apologies were received from Carol Primett and Peggy Clark	
2. Minutes of the last meeting	The minutes of the last meeting in October were signed by the Chair as a correct record of what took place. It was noted that Ros Rutter was also present at the meeting.	
3. Matters arising	The intention to offer Doppler testing cannot be progressed as the trainer will not accept the Assistant Practitioner grade staff, only registered nurses and as Bev is the most experienced in this area on the team, Partners do not feel it appropriate at present to allocate the training to any of the nurses.	
4. Treasurer's report	The Treasurer presented the current financial situation. The bank account currently stands at £713.55, but there are outstanding transactions as follows: Book Sales deposit of £44.07, A cheque to cover flowers for Dr Stanton of £38.50 and a cheque towards the purchase of a ECG Monitor of £500. The reconciled balance is £219.12. It was noted that it was good to see these funds used for a positive purpose. Book stocks are running low. Claire will get some more stock from MAGPAS.	
5. Practice Merger Update	To recap: the application has been approved and a project manager appointed. There was some delay as not all the partners in the other two practices could reach agreement but this has now been overcome with unanimous agreement and the merger can move forward, although not as fast as originally anticipated. A single partnership agreement will be developed for April 2018. There will be no change for now. Current services will be delivered from the same site by the same doctors and staff. There will be a patient consultation process (see AOB, 6). There are many possibilities for the future but the important thing is that it will be sustainable. The national shortage of doctors and qualified nursing staff is already being felt (see AOB, 1). A larger staff base will be able to offer more support and shared resources.	
6. AOB	1. Recruitment – As mentioned above, GP recruitment is a national problem. The practice has received no applicants to replace Dr Tom Spencer who leaves at the end of January.	

	<p>There are also vacancies in the nursing team. At present, these are being covered by previous staff members who have a good history and relationship with the practice. Interviews are being held on 12th December to recruit one or possibly two Nurse Practitioners. These staff will be very experienced in Diabetes, Asthma, Minor Illnesses, Telephone Triage and Independent Prescribing. If a second person is appointed they will help to fill the gap Dr Spencer leaves. There are also vacancies in the reception team, but second interviews with two strong candidates are scheduled. Trish pointed out that the surgery staff has been stable for a number of years and there is now a bit of a change.</p> <ol style="list-style-type: none"> 2. Do Not Attends – The surgery is still experiencing a number of missed appointments; even emergency appointments booked only hours before. With additional winter pressures on the service, this is unacceptable. From this week, all patients missing appointments will receive a letter, if admin resources allow. 3. Appointment System. There is still some dissatisfaction with the appointment system and at the apparent unavailability of appointments. From this week, it is planned that all appointments will be tallied and the receptionists will inform patients requesting appointments where there are none freely available, as the XXX number of appointments we had available today have been booked by other patients. PPG suggested that this information is also displayed on the Jayex Board in the waiting area. 4. Electronic Consultations – The surgery has been doing these in limited format for some time via dedicated email and have tested the concept which works well. NHS England providing funding nationally for a more formal approach via software which patients can access via the Practice website. More information will be available in due course. 5. Flu Vaccinations – the new walk-in system has worked very well with double the number of vaccinations carried out to date in comparison to other years over the same period. The surgery has seen approximately 100 of their patients vaccinated by local community pharmacies (losing them valuable income), but fortunately only a low percentage of these have been inappropriate. 6. Patient Consultations for Merger - it was suggested that this group could be involved in this process in some way – even if just serving teas and coffee if this was appropriate and held at the Oaktree Centre. At present, there is no defined idea on these consultations, whether they will be per individual surgeries or held jointly. There is also no indication as to who is to host and fund these consultations. 	
<p>7. Date of next meeting</p>	<p>The AGM is planned for 6pm on 19 December 2017.</p>	