

**Summary of Minutes of Meeting
UPPINGHAM PATIENT PARTICIPATION GROUP
held on 20th February 2017 at 5.30 pm**

Dr Mistry outlined the staffing changes due to take place at the Practice. Dr Hopkins will retire in April and the Practice is recruiting for more sessions than she currently covers. They are also seeking short-term maternity cover for when Dr Kalra leaves and a Nurse Manager/Practice Nurse for when Christine retires. An experienced Health Care Assistant has already joined the team. At the present time it seems few doctors wish to be partners in GP Practices or even salaried GPs; filling short term vacancies is easier but more expensive. However he felt we have a high performing Practice and a very flexible and open approach, plus good links with training hospitals. The first hurdle is always to find GPs who will apply for a post in the area, but he remains hopeful. If they are not successful, changes may be needed. The use of “telemedicine” or “facetime” is not on the agenda at present as new technical systems would be needed, but it is being considered.

The CQC Inspection Team are due to come back at any point, but the Practice has implemented improvements to systems and admin procedures so feel that, given all the positive comments and feedback in other areas, they are in a satisfactory position to pass this new inspection.

There have also been **changes to Management Structure** with Clare and Vicki being promoted to Deputy Manager positions, creating a “flatter” structure which was working well.

The Practice may not **dispense drugs** to patients living within a mile of the Surgery, but cannot stop pharmacies “poaching” patients outside this radius. In the future changes are likely to be made to the dispensing of repeat prescriptions and the Surgery needs to operate a good service. The Manager would welcome **specific details of problems or criticism regarding the dispensing or delivery of pre-ordered drugs.**

At present the PPG has capacity for new membership. Current members reported that the information patients receive from recorded telephone messages and from the website was still felt to be misleading and, on occasions, inaccurate and that a little more empathy from staff was sometimes required. The website could also include more general information about services. Those not using the website would appreciate knowing brief details of the clinical staff.

The **Centrebus 747** service will continue for another year, and if there are hospital closures this route may be more necessary. It would be good for the Practice to continue to lobby.

Topics for another event “Day” were discussed, and included issues faced by carers and by heart and stroke patients. Another On-Line day would be welcomed by patients.

Members had appreciated the detailed notes on the two recent meetings relating to area **Sustainability and Transformation Plans** that had been circulated.

Healthwatch has recently carried out a survey which looked at people’s choices re NHS services in Rutland and indicated trends. The same obligation for local public representation is not now seen, though NHS England does require patient input before plans go ahead. **It will be a tough battle to get the public to accept the view** that more services move to the community while hospitals focus on specialised care, that long term conditions will be treated at home for as long as possible while patients have to travel further for specialist care. Lack of beds is a huge problem but the whole system will have to change. There is better cohesion in this area than elsewhere, but there remains a lack of real understanding of what “care” means and of the need for accurate costings before decisions can be made.

The proposed date of the next meeting is Wednesday, 10th May