**Notes on Meeting held Tuesday 27th January 2015**

Present: Mrs. Liz Stewart (Practice Manager) Chair

 Dr. A. J Marshall (GP Partner)

 Mr. GL (Patient Representative)

 Mrs. JS (Patient Representative)

 Miss SR (Patient Representative)

Mr. JE (Patient Representative)

 Mr. FR (Patient Representative)

 Mrs. JR (Patient Representative)

Apologies: Miss MT (Patient Representative)

 Mr. FM (Patient Representative)

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Action** |
| **1** | **MATTERS ARISING FROM MEETING HELD IN SEPT 2014*** As suggested in last meeting membership should be increased. The group welcomed JR and FR as new members.
 |  |
| **2** | **SURGERY PERFORMANCE – SURVEY/WEB TOOL/FFT**Information from national survey (Jan 2015) was circulated. Practice had achieved good results and was classed as a higher achieving practice on the Primary Care Web Tool.Friends and Family test had been introduced on 1/12/14 and initial results showed that nearly all who had completed survey were ‘extremely likely’ to recommend the practice. |  |
| **3** | **ACTION PLAN FOR 3 KEY PRIORITY AREAS**1. Assist with and contribute to all matters relating to new surgery as appropriate. Frequency of meetings would be increased to every 2 months. All members were happy to support the practice and felt that the new surgery would address the issues of inadequate parking and waiting room.
2. Improve communication. The introduction of the practice newsletter last year was seen as a step in the right direction but it was felt more was needed to disseminate information to a wider audience. Suggestions included placing newsletter in local shops, Dinsdale Court, Middleton Hall etc. ES and SR plan to develop a surgery Facebook page.
3. Maintain professional performance and standards. Surgery will continue to act on feedback and suitable suggestions from PPG and patients to maintain current standards and improve where possible. PPG members happy for their names to be publicised.
 |  |
| **4** | **NEW SURGERY DEVELOPMENTS**The surgery has been trying to finalise an Outline Business Case to submit to NHS England. There have been discussions with several experts but we seem to have reached an impasse which we are trying to resolve. The funding on offer from NHS England is insufficient to make the scheme viable. Coupled with this is the fact that the size they are allowing is too small for the surgery’s demands. Planning permission for 250 new homes to be built in MSG has just been granted and several further applications have been submitted which could see a substantial rise in the practice population. |  |
| **5** | **FEEDBACK FROM DARLINGTON COMMUNITY COUNCIL – GL**GL had attended three community council meetings and gave the group an update from all* Group had received an overview of CAB
* CCG financial situation described as healthy
* Diabetes newsletter was circulated
* Some surgeries experiencing problems with electronic prescriptions – those using Rowlands hub (FHS not affected)
* PPG information and support available form National Association for Patient Participation. PPGs will be a contractual requirement from April 2015.
 |  |
| **6** | **AOB*** PMS review. Dr M explained an announcement had been made last week that PMS contracts were being withdrawn from Darlington practices and we would be reverting to GMS contracts. The PMS contract included growth money which the practice used to employ a salaried GP and a Nurse Practitioner (this, over time has become a fourth Partner). With the removal of this funding there will invariably need to be staff cuts which may lead to reduced access. There is also highly likely to be a reduction in some of the services we currently provide which are not included in a GMS contract but at this time this is not clear.
* Dr M informed the group that he will be the GP representative for the PPG until he leaves the practice in the summer of 2016. Meetings will be held bi-monthly and will start at the earlier time of 6pm. Next meeting will be Tuesday 17th March 2015.
 |  |