

ROYSTON GROUP PRACTICE - PRG

Minutes of meeting – 26.11.14

Present:

Dr Anil Vakkalanka GP
Angela Adams Practice Manager
Dorothy Linacre
June Whitelam
Margaret Tinker
J Marson
Bill Newman
Maureen Eames
David Wandless
Joan Blackburn
Brenda Hillkirk
Katrina Everard

| No: | Description: |
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| 1 | Angela and Dr Vakkalanka welcomed everyone to the meeting, especially the new members of the group. |
| 2 | The extension of the premises has been approved, and we are hoping to start work in the new year. The extension will provide additional office space and also a small operating theatre. It will also free up another consulting room as Angela will move into the new offices. This consulting room will provide additional accommodation for a further GP (we are still hoping to employ a female GP) and also for student doctors who work in the practice. The operating theatre will give us the opportunity to provide an increased level of minor surgery procedures, and also the facilities to expand on the range of procedures carried out in our surgery. This will be beneficial to the patients of Royston who will be able to attend the surgery rather than the hospital. The possibility is also there for consultants to use our surgery for outreach clinics, as is currently happening with the retinal screening team, who come to us for one week, twice per year. |
| 3 | The practice is still awaiting approval from the CCG to provide INR testing on site. The delay appears to be around which equipment is to be used. Katrina Everard did mention that if patients were on a stable dose of Warfarin, the blood samples can be taken at Royston Clinic rather than patients going up to the hospital. |
| 4 | Angela and Dr Vakkalanka discussed the recent Innovation Bid which has been granted to the practice from the CCG. Our successful bid is to introduce email consultations for patients with certain long term conditions. The email system will be available for routing enquiries i.e.: medication queries or any non-urgent matters a patient may wish to discuss. The feedback from the group varied, however it was generally felt that this could be an expensive system, possibly not a secure system, it was impersonal and took away the Dr/Patient relationship. Issues around the response time to the emails were raised and Angela explained that it is in its early stages and there was still a lot of work to be done prior to the system being implemented. The two other bids were discussed – the provision of ophthalmology services and the streamlining of the chronic disease management. Both alternative bids received more positive |

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| | feedback. |
| 5 | The practice is to be inspected by the CQC on 3 rd December. The inspectors will be on site all day and will look at every aspect of how the practice works. They will look at the clinical, management, cleanliness and operational areas, focussing on if the practice is safe, well led and responsive to patient needs. The inspectors will also be around to speak to patients in the waiting room, and Angela encouraged members of the group to attend on the day if possible, to have a chat with them. Following the visit, the CQC will produce a report and will rate the practice's overall performance. This report will then be published to the CQC national website and will be available to members of the public. |
| 6 | Mr Wandless raised the issue regarding patient information leaflets, particularly in regard to Prostate Cancer. He felt this is an area which is not often publicised and suggested that more information should be available in the practice waiting area. The practice can obtain information from Prostate UK/. |
| 8 | Angela thanked everyone for attending. The next meeting will be Wednesday 28 th January at 6pm |