

Wolston Surgery
Patient Reference Group Meeting
2pm, 6th July 2017

Agenda:

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| 1. Introduction of new partners | 2. Building improvements |
| 3. CQC Report | 4. AOB |

Present:

Rachel Sheasby-Russell (Practice Manager, Chair), Dr Kate Atkins, Dr Hayley Williams, Robert Grainger (meeting notes), John Church, Helen Simmonds, Penny Curzons. No apologies.

Meeting Notes:

- 1 New Partners: Rachel S-R noted the very recent retirement of D'rs Ducharme, and introduced the new partners to members of the Patient Reference Group (PRG). Dr Atkins noted that the timing of the meeting of the PRG was chosen to ensure that the new partners could meet the PRG as soon as possible, and highlighted that their main objectives for the practice were to maintain 'business as usual', in particular with reference to minimum patient waiting times for an appointment and to maintaining the overall high standards already in place at the practice, as reflected in the recent CQC report.
The meeting discussed the potential need for the new partners to engage in a round of community advocacy, and how this may best be achieved.
- 2 Building Improvements: The partners outlined the plans to improve the facilities at the practice, and stressed that the need for the improvements was driven by the need to reduce the sharing of consulting rooms and 'hot desking', which had become increasingly necessary over the last few years due to the size of the patient list and the increased range of facilities the practice now offered. It is expected that the overall patient throughput will remain unchanged, but the provision of an extra two consulting rooms and the relocation of the waiting and dispensing area to a new front extension will improve the ability of the doctors and other health professionals to meet with patients in a more appropriate environment.
The related issue of parking was also discussed, in particular the community concern that a 50% increase in the number of consulting rooms could lead to increased patient throughput and exacerbate a parking problem already perceived as chronic. The partners stressed that no increase in patient throughput was planned, and that the alterations to the building were to manage existing throughput more effectively, not increase throughput. Areas of possible improvement in relation to parking included extending the car park onto the currently grassed area, a concave mirror on the surgery wall to allow drivers to have a sight line around the blind corner on the access road and double yellow lines on School Street for a short distance either side of the entrance, to improve the very poor visibility splay.
- 3 CQC report: It was noted that the report recently received from the CQC, following an earlier inspection, rated the practice as 'Good'. The PRG complimented the present and previous partners and Practice Manager on this achievement. The new partners stated that they wished to maintain these standards, and to continue to seek ways to improve the range and quality of the services the practice offered to the community.
- 4 AOB: Items re parking, already covered at 2 above.