**Minutes PPG Meeting 1st October 2019**

**Attendees** Ross Chadwick, Mike Pratt, Christine Jackson, Anne Wilks, Gaynor Tallis

Lyn Carrington, Jean Whitehead, Les Conway

**1 Apologies**  Dr Godfrey, Enid Lacy, Dr Massey, Peter Kingham, Hillary Jackson

**2 Minutes 10th Sept.**

Matters arising

*L Carrington had commented on some feedback that she had had from patients when she was in surgery: a facility for patients to have a drink of water and toys for children would be welcomed. RC agreed but reminded members that someone would be responsible for cleaning / tidying and toys often presented an infection control risk.*

Water dispenser. Elizabeth (Practice Manager) to look into funding water machine.

**3 Practice Update**

RC commented:

that both Dr Godfrey and Dr Reily have retired.

Sian was a new receptionist,

Dr Storrow is a full time GP

Dr O works 3 days, Tues, Weds, and Thurs

*RC explained that a large number of on-the-day appointments are being wasted for medication reviews for patients who did not realise they had / were going to run out of medication and required a review with the GP or Nurse before they could have any more (patients are reminded of this either by their prescription being highlighted or a message being sent from the surgery to the chemist to relay to the patient – clearly one or both of these was not happening) – patients are normally given 3 / 6 / 12 repeat orders before they require a review; in addition, despite a message on the telephone asking patients to let the Receptionist know if they were phoning to book a medication review (so the correct clinician could be booked for them), medication reviews were being booked with the wrong clinician (GP appointment when a Nurse appointment would have sufficed). The GPs had decided to trial a new method of getting patients in for medication reviews, in good time and with the correct clinician. Reception staff will now contact patients by telephone or letter if they cannot get through, when they have had their last authorised issue and make them the appropriate appointment, one week before they are due to run out of medication, as this still allows for time for any problems (e.g. the patient not being able to attend the appointment / the clinician being off sick) to be resolved before the patient runs out of medication.*

Physiotherapy service.

*LCa queried the message on the phone with regards to ‘neck, back, bones, joints or muscles’. RC explained that this was the First Contact Physiotherapy service for patients who have a new problem with one of the aforementioned. This is a self-referral service although some GPs are suggesting that patients book in to see the Physio (Dominic) even if the GP has seen them about the problem originally. RC clarified with MP that this is different to the Community / Hospital Physiotherapy service where patients are referred directly to by the GP.*

MP asked how many GP's are at BHC There are 16 GPs although three of them are temporary Junior Doctors. Of the remaining 13, seven are full time (four days a week) and six are part time (four three days a week, one two days a week and one one day a week).

*AW queried why she was unable to book any more appointments online, RC offered to look at her case individually outside of this meeting, however he did clarify that there was a maximum number of appointments that a patient can have booked (regardless of how they have been booked) before the online system will not allow you to book anymore.*. *RC clarified that the text message reminder service is not clever enough to send two separate text message reminders if a patient has two appointments booked on the same day – in that case, it just chooses one appointment to remind the patient of.*

RC Many thanks to Ann for distributing Text Messaging Service sign up forms.

4500 patients signed up.

**4** Patient Survey

Details of the next survey were discussed.

Dates

Volunteers

Draft of content to be drawn up by RC/MP

Collation of results by MP, Jean & Anne

**5** DNA Project - As DNAs are the theme of the Patient Survey, as discussed in Item 4, it was agreed that further work on reducing the number of DNAs would be continued once the survey results had been collated, allowing DNAs to be understood better – this collation should be complete by the time of the next meeting.

**6** Leicester Road surgery. Would BHC be able to take more patients pending closure.

RC clarified that the surgery did not have a ‘closed’ list (i.e. unable to take any more patients), there was a threshold where we can do this but this had not yet been reached. Elizabeth is in regular contact with WNCCG regarding our list size (number of patients).

AOB Flu jabs. RC commented that 400 had been done.

*RC explained his understanding of how flu vaccinations are funded and this may explain why local chemists have received the vaccination before General Practices.*

RC advised that HJ will no longer to be attending PPG meetings. RC to be Management Team Rep of the practice)

*Next meeting TBC*

Meeting ended 14.35