**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**Held on Wednesday 19th February 2014**

Present: Dr Kandasamy, Dr Perry and Dr Karunakaran

Jackie Whillock – Practice Manager

Cheryl Holland – Senior Receptionist

Sam Roberts – Secretary

Patients – VM&GM, PN, MC&KC AND PH

Apologies: Mrs&Mrs B, VH, WP, and SP

**NEW DOCTOR**

Our new doctor - Dr Perry was introduced and talked about his training etc.

**VOLUNTEERS TO TAKE MORE ACTIVE PRG ROLE**

All discussed and agreed that we need to have at least 2 PRG meetings a year, ideally more.

3 PRG members have now agreed to take more active role in future meetings.

For next meeting, the Voluntary Service will be booked to attend

**DEVELOP ACTION PLAN TO INCREASE PRG MEMBERS**

To try and attract younger members. Maybe hold a meeting on a Thursday afternoon.

Unfortunately the ‘virtual’ group has not attracted any new members.

**CQC VISIT**

Dr Samy explained care, quality and commission. Visit to certify our practice. Sometimes CQC staff may request to speak to PRG members. Members all agreed that they would happily speak to CQC staff. Inspector, GP, GP trainer and nurse will be attending from April 2014 onwards.

That we need to register which we have done, then after April, surgery will be inspected.

**OUTCOME:** to make sure all up to date etc.

**DATA CONFIDENTIALLY**

Discussed pamphlet that patients should be receiving through post about NHS data held. Nearly all of members have only heard about this and not received pamphlet. By default everyone is automatically in but patients have the option to opt out only until end of March 2014.

**OUTCOME:** Sam to upload pamphlet to our website for information. Also to make sure Data posters are displayed within surgery.

**ELECTRONIC PRESCRIBING**

Discussed this new service. Explained to members how this will improve prescribing for both patient and doctor. Some members expressed their concern as to Glennons pharmacy being their allocated pharmacy choice. It should be easy for patients to change allocated pharmacy as long as not swopping on a daily basis. Yellow card medications will be as normal as controlled drugs.

**OUTCOME:** This EPS starts at our surgery on 26th February 2014.

**CCG CHANGES**

Dr Samy talked about the Clinical Commissioning Group at the role has to play within the NHS. There will be a new social bill and that anyone can bid for contracts. To retain our NHS need to form an organisation that manages all primary care services for the future. A member expressed his concern as to whether this is a cost saving exercise and is this will mean losing gp services.

**OUTCOME:** Ongoing.

**NEW PREMISES**

Update on looking for new premises. Dr Samy explained that we do attend local council meetings. That our new premises needs to be within Ninefields area. Also that CQC may also think we need to move to better premises which will work in our favour.

**OUTCOME:** carrying on looking for bigger premises.

**FEEDBACK FROM PRG MEMBERS**

Only issue was getting through on phone at 8.30am. This is our busiest time and has been discussed at previous PRG meetings. Planned second phone line for back receptionist to answer only between 8.30-10am.

Waiting times – sometimes we run late but generally run on time. Members agreed this along with feeling that 10 minutes for each patient consultation is not enough. But as this is standard cannot do much with this.

Hospital appointments – members felt that again generally appointments are okay. Sometimes experience cancelled appointments which are a nuisance but otherwise happy.

**AOB**

DNAS. January 2014, 93 patients did not attend their appointments. This is an improvement which is mainly due to text reminder service. All discussed that maybe we should be marking on records repeat offenders. Then initially, doctor to ring patient at next consultation instead of attending actual surgery appointment just to see how patient gets on.

Following on from our last PRG meeting, discussed having a notice board for waiting area detailing doctors, hours and services that we provide for patient information. Sam to organise.

Discussed and updated members of the new phone system for our surgery. At present still organising but hopefully new system will be in place by end of May 2014.

Discussed general health checks in particular shingles vaccine.

Dr Perry suggested phone access via a phone triage system. Explained that when patient phones requesting an appointment, receptionist to advise patient that doctor will phone back during set time. This will hopefully ascertain whether patient needs further appointment in surgery.

This will not apply to emergency appointments. All PRG members agreed to trial phone access.