



Meeting held on Thursday 26 March 2015

Staff changes: Our nurses Gill and Luan both left the practice towards the end of last year. We have been supported by locum nurses in recent months but two new nurses join us next month.

Justine will leave our reception team at the end of March and a successor recruited in due course.

Sutherland Road Surgery: As discussed at our last meeting, North Road West Medical Centre (NRW) will merge with local practice Sutherland Road Surgery (SRS) on 1st April with work and staff transferring to NRW on Monday 13th April. We expect there will be little disruption for existing patients of NRW but recognise this is a big change for patients of SRS. Two SRS GPs will join the practice, Dr Collier (male) and Dr Hanemann (female). Two admin/reception staff will also join us.

Patient numbers will increase by about 20% and GP appointment numbers will increase by a similar proportion. An under-used office has been converted into a new consulting room and the upstairs waiting room seating extended to accommodate the new doctors and patients.

Annual Report: MA tabled the draft annual report the practice is required to submit to NHS England on behalf of the group. The report was reviewed and the final version as submitted is attached to the minutes (and also available on the practice website). During the discussion of the report, the following comments were made about the practice and group:

The group remains small, less than 1% of the practice population including “virtual” (email) members.

Pressures on general practice are growing.

How reliable is delay information on the check in screen? Can software developers be asked to improve it? Can reception offer more information if doctors are running late?

This is difficult as consultation length cannot be predicted and GPs will generally give what time is needed to meet the clinical needs of the patient attending. Information available is only updated at the time a patient is called in to see the GP or nurse. The practice recognises this is frustrating for those waiting and reception staff will be reminded to be alert for delays so waiting patients can be informed.

How many appointments are missed by patients not attending? Practice should monitor how this changes following the merger.

Could on-line prescription requests be acknowledged as received? MA agreed to check.

The report was approved after discussion. Following the meeting, Mr AL agreed to be the formal signatory on behalf of the group.

Next meeting: It was agreed to meet in three to four months in particular to assess the impact of the merger. Members of the SRS patient group will also attend.

Meeting held on Tuesday 4 March 2014

1	<p>Matters arising from meeting on 27.6.13 Online booking of appointments: Dr Calvin recorded a big thank you to Mr DE and Mr NC - PPG members who helped to sign up patients to online booking of appointments and text messaging. Between them they raised £208 for Philippines disaster fund. In total we now have over 500 patients registered.</p>
2	<p>New clinical computer system The practice has now switched to EMIS Web. Staff and doctors are getting used to it. There have been some teething troubles, but a lot of tasks are made easier; apologies if some-times a few prescriptions have not been turned around as quickly but please bear with us.</p>
3	<p>Patient Survey Survey questions were formulated following discussion at the last meeting. 163 patients responded – either on line via our website or by completing a form in the surgery (thank you again to Mr DE, who helped to distribute the forms). The survey results were discussed and group members discussed various strategies for improving the results (to see Survey Results click here). The resultant action plan will be implemented by the practice in due course.</p>
4	<p>e-mailing the practice with medical details Emailing back and forward is not an option at the moment. The Nhs.net system is heavily protected but hotmail accounts etc are not, and so communication not as secure as patients might like it to be. We cannot really go down this road as we cannot guarantee safety of information.</p>
5	<p>Information in Medical Records Discussion about Care.data (see details here). Dr Calvin assured the group that data would be used to improve patient care – to look at trends, and plan where resources would be best placed. Data will not be shared with insurance companies – we should give them full medical details ourselves when we take out a policy otherwise they would not pay out in the event of a claim. Information could be passed on for research to charities, such as British Heart Foundation, which have established links with the NHS.</p>

6	Auto check-in screen Patient overheard complaining that date of birth visible to people behind her when she checked in. Discussed whether the group find this an issue. It was not found to be a problem – polite not to stand so close to the person using the screen.
7	Reorganisation in the NHS – how does it affect the practice? AC explained that the core work undertaken by us and the hospital will not change much, but there are all sorts of peripheral services up for grabs – the aim is to make the NHS more efficient, and outside agencies need to go through rigorous procedures to be accepted.