

# South Reading & Shinfield Group Medical Practice

PPG Minutes 27/06/2018

1.	Welcome and Apologies: <b>Attendees:</b> Dr Neena Grover, Louise Upton, L H; A H; E L; D S; C B <b>Apologies:</b> Dr Faiza Akif
2	CQC Feedback LU updated all present of the result of The CQC visit, and that the practice has been upgraded to “Good” status, with which the partners and staff were very pleased. LU thanked CB and DS for meeting with the CQC inspector, as it showed involvement of patients.
3	Member of Alliance LU informed all present that following the collapse of the merger with the University Group, the practice joined the South Reading Alliance, which consists of a group of practices. She described the benefits of joining with the Alliance to be part of a larger group, with more political power in driving decisions, and negotiating better services for patients, and it also meant that the practice could draw on the support of other member practices. NG also described possible sharing of 7 day working amongst practices, and how this would benefit patients.
4	Telephone Lines: LU updated all present that the telephone lines, which were part of a larger group previously, have been separated, as we became aware that the fact that we were part of a larger group were causing some logistical problems. She asked the members whether they noticed a difference, but DS mentioned that he was kept waiting as number 1 in the queue for at least 15 minutes, and did not think that any telephone conversation lasted that long. LU informed them that they have also since become aware that this happened because reception staff did not sign in and out of the system appropriately, but staff has since been trained and informed of this feature, and this should not be happening any longer. She requested the members whether they would be willing to do a survey with patients at the practice to gauge whether they noticed a difference, and all members were happy to do this. LU will draw up a survey, and inform them when it is ready.
5	Staff Changes LU updated all present of the 2 Pharmacists who have joined us, and mentioned that the one pharmacist would only be working at SR Surgery, and was part of a project driven by the Alliance. She also mentioned 2HCA’s, and CB complimented one of the HCA’s who had been able to take blood from her very skilfully, as previously she presented with difficulty in this area. She mentioned that the practice appointed new Admin Staff, but despite the new appointments the practice was still short staffed, and part of the problem was the location of the practice, as the practice was not on the main transport routes. The practice was also busy developing their nursing team. NG confirmed that the NHS uplift will work through to our staff members, although the embargo that was lifted from foreign doctors may take longer to benefit general practice, as a significant amount of training is needed before doctors can come into general practice. DS queried why a locum could not assist him when he was called into practice for results. This happened on two occasions. NG confirmed that it should not have been the case as locum doctors have access to patient notes. If the practice receives any feedback from patients, repeat prescription requests, follow up appointments, or hospital follow up appointments, the partners will share learning points with the locum concerned for self-reflection.
6	Website: Solved site discrepancies hopefully LU gave feedback regarding problems the practice experienced with texts going out to patients, informing them of appointments, but routing them to the incorrect site. The problem has now hopefully been solved, but the practice would keep a close eye on it. LH

	<p>requested LU to look into the repeat prescribing, as she experienced significant problems with ordering her repeat prescriptions online.</p> <p>AH asked whether we still had a lot of DNA's, and wondered whether it would help publishing the cost, to make patients aware of the scale of wastage. LU confirmed that a very conservative estimate was calculated, and produced a result of approximately £54,000 per annum.</p>
7	<p>Footfall</p> <p>LU updated all present about the new website that will be launched in November, called Footfall. The website is designed with several virtual rooms patients can access and ask questions. The website was not designed for urgent questions, but she saw great possibility in the project, and hoped it would increase access for patients. It was still in the development stage.</p>
8	<p>New recall system trial</p> <p>LU informed all present about a new recall system the practice had an idea of trialling, whereby patients will be invited to designated appointment for chronic disease such as asthma. The patient would have the ability to cancel the appointment by cancelling, should the date or time not suit, and the practice was hopeful that it would improve patient outcomes</p> <p>AH enquired whether he could see the pharmacist for medication reviews, and NG confirmed that he could. A decision is made to change the messages on our repeat prescriptions, to inform the patients of the changed protocol.</p>
9	<p>AOB: NTR</p>
10	<p>Date of next meeting: LU will send out a date for October once a decision has been made, and the members could give feedback as to suitability.</p>
11	<p>Close</p> <p>LU and NG thank everybody for coming, and the meeting is closed.</p>