

**Minutes of PPG meeting**  
**Wednesday 21<sup>st</sup> March 2018 3.30 p.m**  
**Long Furlong Medical Centre, Abingdon.**

<b>Present:</b> 11 members + Diana Donald Practice Manager were present. <b>Apologies:</b> were received from 4 members.	
<b>Items: - notes of the last meeting -</b>	<b>Action:</b>
<ul style="list-style-type: none"> <li>• Flu – update, season ends 31.03.18 no offers after that. no further action</li> <li>• Volunteer driver service, nothing further</li> <li>• Due to internal promotion to support Diana the practice is advertising for part time administrator / secretary. The assistant practice manager will help with Diana’s workload and provide additional support to the patient group.</li> <li>• Dr Allan’s retirement, went smoothly. Letters were sent to all of her patients but some reported they didn’t know about it. Further letters of apology were sent to all of Dr Allan’s patients. Dr Susan Lowe joined the practice in February and will be taking on the care of Dr Allan’s patients. She works 4 sessions per week: one whole day and two mornings.</li> <li>• Following Dr Allan’s retirement, Dr Moore is now the senior partner.</li> <li>• Dr Barter is on maternity leave until September. Dr Preston taking over.</li> <li>• Stevie West, one of the practice’ phlebotomists is starting maternity leave next week.</li> <li>• Patient list size continues to grow with 9,450 patients now registered.</li> </ul>	
<b>Practice update</b>	
<ul style="list-style-type: none"> <li>• Recruitment: HCA and secretary / administrator posts have been advertised with interviews being held on 22.03.18.</li> <li>• Digitising the medical records: the aim is for NHS medical records to be totally digitised by 2020. With the growing list size there is already pressure on consulting room space in the practice so the practice is bidding for a small pot of money to see if we can increase consulting room capacity by moving the GPs and nurses out of their rooms to a shared office to process their administration tasks, such as referrals, phoning patients etc. this will help to limit clinicians working in isolation.</li> <li>• Pharmacy damaged by a driver, no injuries. Work was insurance claim and dealt with by builders known to the practice.</li> <li>• Snow day – Weather had been proving a challenge this winter with many staff unable to get in to work due to road closures on one occasion. Staff who live locally were able to get to work and, although they had an extremely long and busy day they kept the service going. Appreciation from patients was demonstrated by gifts of food and offers of transport for home visits and bringing sick and elderly in to the surgery. The whole practice team would like to thank everyone for their help and assistance.</li> </ul>	

<p><b>Patient Survey Results:</b> 73 returns were received which is more than last time. Majority of feedback was electronic via the link on the practice website. The results were discussed and summarised below.</p>	
<ul style="list-style-type: none"> <li>• Music in the waiting room was mostly acceptable but softbackground music was requested in preference to radio stations. DD will consider purchasing a small hi-fi system as the practice has a full PRS licence for music to be played.</li> <li>• Priority for patients is a visible and audible system for calling patients.</li> <li>• Appointments availability was discussed. DD to check how many online appointments are available.</li> <li>• Request to keep a receptionist on the desk at all times. DD explained that there are 4 receptionists on in the morning, 2 at lunch, 3 in the afternoons. Not always possible to man the desk during staff shortages, e.g. annual leave or sickness, but it is acknowledged that additional reception cover is needed for the afternoons. DD has discussed this with the partners and we are now reviewing budget costs to increase staff.</li> <li>• Orthopaedic chairs were requested for the waiting room</li> <li>• The level of noise from the play table seems to unacceptable therefore a quieter play table for the waiting area should be considered.</li> <li>• Evening and weekend appointments. Not all patients were aware of the availability of these appointments or how to book them. Information is available on the practice website and the slots are actively promoted by the reception team for patients requesting late afternoon / weekend appointments. DD will promote via the next practice newsletter.</li> </ul>	<p>DD</p> <p>DD</p> <p>DD</p> <p>DD to look into this.</p>
<p><b>SWOLF</b> – HK attended on 20.03.18.</p> <ul style="list-style-type: none"> <li>• Very unclear how the money is shared out New houses on Dalton Barracks planned for the future..</li> <li>• STP2 plans for localities, everything else that wasn't dealt with in STP1. Plan for the resources we have jointly with CQC, as a result of this STP2 has been cancelled, Dr Crawshaw said things would be become more localised. What will happen to community hospitals?</li> <li>• New services, mental health workers in primary care in June. MIND will be recruiting in May.</li> <li>• Clinical pharmacists to work with surgeries.</li> <li>• Home visiting service – emergency care practitioners being interviewed.</li> <li>• Sue Ryder looking to sell the site in 18 months' time, they will fund a rapid response home services, they will evaluate the need before allocating.</li> <li>• Locality wide training for foot care assistants (HCA) for diabetes. 'year of care planning'.</li> <li>• Care home service in Oxfordshire – the aim is for each practice to be the main practice for a care home. Historically Abingdon practices have , avoided signing up but have now agreed to deliver the service. Each practice is to encourage 50% of their allocated care home residents to register with them. GP will do a 'ward round' once a week.</li> </ul>	

<ul style="list-style-type: none"> <li>• Health walks project – contacted by public health team to run walks from the practice. Keen to hear from patients to become health walk leaders. Will target patients with diabetes but others will be welcome to join. Advertise through newsletter and notice board. Hoping to start in April.</li> <li>• Douglas house is closing 18-35 year olds, ground floor has hospital beds, can we utilise this space. DD to write to Dr Crawshaw to ask the question.</li> </ul>	
AOB	
Date of the next meeting: Wednesday 13 <sup>th</sup> June 6 pm	

Minutes typed by LJ

Meeting concluded at 5 pm