**The Loughton Surgery PPG – Meeting Notes– 3 February 2020 6.30pm**

**Present:** Stafford McGuiness,Margaret Fitch, Peter Fitch, Michael Higgins, Ken Turner, June Nice, Frank McLaughlan, Yvonne Collyer, Hazel Capal, Trudy Simons, Nobuyo Bryant, Pat Bagshaw

Jas Larh, Vivian Ward**. Apologies:** Sherril Klein, David Hatchard, Dr Sebastian

**1.Notes from the last Meeting – any matters arising?**

*Managing the organisation of the PPG.*

*VOLUNTEERS ARE NEEDED !!! Anyone out there willing to help?*

Nobody has responded for this request. We need someone urgently who can undertake some secretarial functions- and other matters

*Work on the pathway?*

Apparently some work has been done by the Surgery – but concern still expressed about its condition and how secure it was. Despite exhaustive efforts to try and get a decision from the appropriate authorities – nothing was forthcoming. Would it be a good idea to talk directly to Loughton Town Councillors, and ask them for help in this matter? The Practice is minded to undertake some work anyway as it thinks it needs to be done.

*BP machine checked?*

Apparently this has been done

*Review progress on the telephone system? More data?*

After some discussion – all agreed that the system seemed to be much better. The weekly telephone reports confirmed that the pick-up time was better. Also, there are now 2 posts appointed of Reception Supervisors- working am and pm – and this has improved working practices in Reception too.

\***NB (*PLEASE*** - see attached notes - received subsequently - which gives more detail of this – similar to that received last time).

Much relief expressed all round!

A comment was made about making appointments online and how that worked - as it sometimes meant an appointment was with someone other than one’s usual practitioner. The system was explained (allocations done within the 3 teams functioning at the Surgery, and showed how this happened). The Practice is looking at how to improve this, but much depends on time and availability.

**2.Any matters for AOB? – electronic prescription service**

A query had been raised about this service – and this led to a brief discussion – there seem to be a number of glitches. This is being worked on – but it moves slowly! A concerted effort is being made to get the Prescription Clerks trained to work towards synchronising the various items which may exist on patients’ prescriptions.

An additional question was raised about *letters from hospital medical staff.*

If they mentioned future events & the need for repeated visits to/treatments advised by consultants – were Drs given notices about this so that the necessary follow-ups could be advised?

Generally, if there was correspondence about call backs for x-rays, blood tests, etc. – then there should be direct contact from those services to arrange them.

If from consultants – it seemed less clear cut. And for all of this it seemed to be the case that this correspondence could be very slow to get through. Also, all the GPs may have slightly different ways of working in relation to this.

Would it be possible to ensure that flags were placed on patient’s file to indicate appropriate action was needed and when?

**3**.**Any Practice Developments?** – nothing to report since last time, although the Social Prescriber post has now been appointed.

***4. Any further feedback about the new telephone system*** – see above

***5.NAPP – information*** *– any items for discussion?*

Progress on contact with other PPGs. Ken reported that we now had the contact details for each of the other Practices involved in our network – (7 altogether).

We were trying to establish whether all these Practices were members of the NAPP – and would the write to the Practices to try and get a message through to the PPG in each Practice. We want to build enable the PPGs to share good practice.

***6.Future activities/speakers*** *–*

*Problems about contacting* ***‘Health Watch’*** *remain – any information/ideas.*

We agreed it seemed a waste of time to pursue it at present!

*Should we ask the ‘Social Prescriber’ to make an input? Or the ‘First Contact Practitioner’? What about ‘managing arthritis’*

We ***agreed*** that at the next meeting we should invite the **‘Social Prescriber’** to talk about their work, and invite someone to talk about arthritis at the following meeting.

**AoB** – most covered above – but the question was raised by a member about the issue of ‘No Shows’ (DNAs) of patients – how many, implications – such as costs, management of the issue by the Practice, etc.

Practice was not sure if this could be tracked on their systems, but – *subsequent to* *the Meeting* – they established the following information :-

‘We found Ken’s request very useful about DNA’s at the surgery and hence managed to get IT to help us identify this information, which was useful and found from July to December, we had 570 DNA’s apps.

All of these patients did receive a DNA/warning text or letter reminding them to cancel if they are unable to attend and also informing them a GP appointment costs £22.60.

We will be looking to add this information to our Jayex boards in waiting rooms for all patients.

Also we recently had an upgrade to our systems which now enables us to send an appointment text reminder to all patients with mobile phones a day before their appointment.’

**Date of the next meeting - Monday June 1st 2020 at 6.30pm –**

Speaker – Social Prescriber

Pat Bagshaw

Chair - 10 February 2020