

Telephone Changes	<p>Reported at last meeting about having mobiles to free up landlines more. These are now in situ.</p> <p>Still working on phone answering. Aiming to answer in 3 rings. Many calls are now recorded to aim to cut down on the abusive behaviour that the reception staff experience</p>	
Staffing Changes	<p>Dr Katherine Ward, new salaried GP started August 2019 Dr Taylor providing some cover for us GP Assistant – Debbie Murden to help GP with paperwork and provide basic observations on patients prior to their appointment – this is a new role and Debbie is undergoing extensive training. New Pharmacist working with our nursing homes Lorca, new social prescriber Registrars – Dr Dolan and Dr Abbasi - both 12 month duration FY2 doctor – Dr Valente -4 month duration</p>	
Challenges	<p>Locked out of the building over the weekend (for a flu clinic) when usual security not on. New security person in place now on a Friday</p> <p>Continue to experience abuse although many of our phone calls are now being recorded and system in place to deal with offenders, in line with our Zero Tolerance Policy. Aggressive/abusive patients are discussed at the weekly practice meeting.</p> <p>Measles and Mumps outbreaks</p>	
Future Plans	<p>Continue to develop research programme. NHS APP Improvements to EPS Continue to develop carers register to offer more support to carers Promotion of Herbert Protocol with local agencies Different methods of consultation coming on line – email, Skype</p>	
What can we do to improve	<p>Marilyn asked the group on ideas they may have to improve the service.</p> <p>The Group asked for some more leaflets to be made available on the new appointment system and on line booking.</p>	
Development of the Group	<p>Increase numbers of patients attending and specific patient types e.g., those with dementia Volunteers required to chair and run the group.</p>	
Feedback from patients	<p>GP Follow Up Appointments - patients asking about GP's asking them to rebook in several weeks' time. GP appointments are available to book 30 days in advance. Sometimes the GP will rebook a patient for urgent cases/review.</p>	

	<p>The Group asked what constitutes an emergency to be booked into a 2pm slot – Dr Collins advised that this would be: a patient that was acutely unwell</p> <ul style="list-style-type: none"> • a patient referred onto us from another clinician eg the community heart failure team or the Urgent Care Centre • lumps/bumps • Infections • Pain <p>Emergencies would be classed as anyone with chest pain, breathlessness or concerns about infections, however, if patients think they have Sepsis, or are having a heart attack or stroke then they need to phone 999.</p> <p>The Group asked for antibacterial hand wash to be made available on the reception desk – It was reported that this is already available but it may have been removed overnight and not replaced in the morning. Hand wash is always available so please ask if not visible on the front desk.</p> <p>The Group asked for an explanation on the on line booking process. Please present to the front desk with 2 forms of ID (one of which must be photographic) a consent form needs to be signed and then a password and user name are then generated by the Practice computer system to enable the patient to log on and use the on line system. Please ask reception staff for help to take this forward.</p> <p>The Group advised that Medication Review dates are not being passed on by pharmacies. Dr Collins encouraged patients to take responsibility for their own medication – whilst we would never refuse medication it could be reduced until a medication review is undertaken especially if a review is very overdue.</p>	
Any Other Business	Practice Nurse, Ruth, advised the group that she will shortly be starting a group meeting to discuss diabetes and pre-diabetes – more details to follow during the year.	
Date of Next Meeting	To be arranged in approximately 6 months' time.	Practice