

(on an approved list). The PPG feel this service needs to be promoted more. Not all pharmacies subscribe but Manor do and they are only next door. It was suggested the this could be put on the website, on the Jayex screen in the waiting room and in the next newsletter.

RP

- There will be a new newsletter in the next few weeks and RP asked for suggestions of items to include. Contact RP directly or pass a message through SC by 7th March.

All

- Care Navigation is a national initiative the practice would like to roll out. Receptionists ask why an appointment is needed to ensure that what is booked is necessary and appropriate. Some requests can be dealt with over the phone (eg repeat prescriptions), at the pharmacy or by a nurse. It is intended to make best use of time and resources. Patients cannot be forced to tell the receptionists. More training is needed before the receptionists will be ready to operate this. The practice would like the PPG to be fully aware of the scheme and supportive of it. The PPG were happy to give their backing but would like to ensure that patients know why they are being asked and that is isn't simply medical triage. It was suggested that as well as explaining when the question is asked, why it is being asked to give confidence to the patients maybe there could be an item in the newsletter giving more details. The issue of confidentiality was raised, especially if a patient has come into the surgery to make the appointment and every in the waiting room can hear. Dr Slack reassured everyone that a patient could write it down. It was suggested maybe a tick form would ease & guide this with reasons such as repeat prescription, fit note, blood pressure check given as these are times when an alternative to an appointment with a gp might be more appropriate. RP said this could be considered. IN was concerned that the term "Care Navigation" sounded a bit like a Virgin Care initiative and we need to be careful there isn't any confusion.

RP

- There has been an increase in the number of "Did not attend" (DNA) wasted appointments. The PPG fully support the practice taking a tough stance on this and would like an appropriate consequence. It was suggested that there is more publicity about the cost of a GP appointment similar to the text messages sent out by the hospital.
- Shared care - following concerns raised at the last meeting about the practice not prescribing medications prescribed by consultants which required complex monitoring all patients affected were written to again. The date was extended from 31.12.17 to 31.1.18 to given more time for consultants to get systems in place and RP invested time in liaising with all the specialities affected to ensure they were aware of the situation. Patients were also reassured that the practice did not want to leave anyone without medication and please let them know if they were experiencing problems with accessing prescriptions needed. 1 particular speciality needed more time and the practice will issue prescriptions up to 31.3.18 for these. Patients affected by this will be telephoned by the practice. Concerns were raised about how the repeat prescription list looks on the online EMIS system in light of the changes. It appears you can still request repeat prescriptions online but if you try to do it an error message appears which doesn't give a reason for the error or differentiate between medications the GP issues and those they don't. RP will look into this. The medications have been left on the list so GPs are aware these medications are part of a patient's current treatment and any contradictions flag up. There was much discussion over the whole shared care issue and the

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<p>effective.</p> <ul style="list-style-type: none"> It was questioned whether we knew enough and whether patients in general understand enough about the situation with the merger between Queen’s Hospital and Derby Royal. It is scheduled to go through on 1st April. RP doesn’t feel the GP practices have had any more information that patients have had access to and IN may know more from being on the patient board. As DRH is a training hospital they have greater capacity to hold on to quality consultants. Rather than asking patients to travel to Derby many consultants will hold clinics at Burton. While some patients will have to travel to Derby because they have facilities or are licensed to carry out procedures that can’t be done in Burton the hope is to provide better quality care in Burton. While there have been public presentations it was asked whether there was anyone we could ask questions of on areas we particularly wanted to understand more about such as those relating to cross boundary issues (there are differences in prescribing guidelines between Derbyshire and Staffordshire CCGs), patients choice and e-referrals. IN suggested Chris Rigg may be able to answer some of these if he can come to our next meeting. Survey Results – if the link can be sent out as a text in the few weeks allowing sufficient time for responses before our next meeting the responses may raise issues for can take up. District Group - GR is not able to attend these meetings at the moment as they have changed the day of the meetings. Is anyone else able to attend? The minutes had a reference to issues with DRH communicating with GPs. RP felt this was an isolated issue with one practice and not an issue for us, if anything it is discharge paperwork from Queens’ that could improve but it isn’t anything for the PPG to work on. Organ Donation – if the government are pushing for an opt out system rather than an opt in system what should we be doing to ensure patients have the information they need? Staffordshire has the lowest uptake for smear tests in the country, the PPG used to get data through on issues such as this and there may be some campaigns we could get behind, support with promotion and measure our effectiveness. Wetmore Rd are very proactive with chasing patients who are due a smear test but there may be other campaigns if RP could access any data. The information from N.A.P.P. had included a video suggesting GPs offer more holistic care and signpost patients to local support groups. This fits well with the work GR has been leading on putting information together for the waiting room about support groups. RP had brought some flyers that had been sent to the surgery which GR took to organise. 	<p style="text-align: center;">All</p> <p style="text-align: center;">RP</p>
<p>AOB</p> <ul style="list-style-type: none"> It was asked that RP passed on our thanks to Dr Slack for taking the time to come to the meeting. Even when she can’t stay for the whole time it does make a big difference both to our effectiveness and motivation. 	<p style="text-align: center;">RP</p>
<p>Date of next meeting</p> <ul style="list-style-type: none"> To facilitate Dr Slack’s continued attendance meetings will continue on a Thursday – next meeting 19th April. 	