

<p>SC.</p> <p>IN stated that change will happen but we can't complain after the event if we don't take the opportunity to engage with the consultation.</p> <ul style="list-style-type: none"> • Monday July 11th 2-4 pm there is a "listening event" in the Dove Room at the Town Hall. As many as possible were encouraged to attend. • GH commented that she felt people were "fearful" and "confused" about some of the changes that are going on. She related someone's experience of needing Out of Hours care and whether Cross St or the Walk in Centre in Swadlincote was appropriate. 	<p>Everyone</p>
<p>Electronic Prescribing Update</p> <ul style="list-style-type: none"> • RP explained the new system of electronic prescribing. A patient registers at a pharmacy and their prescriptions are then sent there electronically by the practice – be they repeats or issued as part of a consultation with the gp. • The practice has been checking that those patients who have registered with a pharmacy have registered with one locally rather than inadvertently signing up while on holiday or have moved house since registering. • The system went live at Wetmore on 27th June, just over a week ago. It is very early days but seems to be working ok albeit with a few technical glitches as they get used to what can be prescribed and the pharmacists rely on the server being active. RP asked for feedback from the group as to their experiences so they could discuss any problems at their meeting at the end of July. People should contact RP directly with their comments. • A patient can still ask for a paper prescription and some drugs eg controlled drugs will have to be issued as paper prescriptions as they need to be signed for. • If a patient wants to use a different pharmacy as a one off (eg they need a repeat on holiday or it is an urgent prescription and they just want to pop to the pharmacy next door) the surgery admin team can alter the record or a paper prescription or token can be issued. • The new system means the surgery can track where a prescription is and so they know if the gp has signed it off, if it is still in the surgery system or whether it is at a pharmacy and if so which one. • The timescale for requesting a repeat prescription is still 48 hours although it is hoped this may reduce in the future. • The electronic communication is via "The Spine" – the secure NHS cloud type system which links NHS systems and also where summary care records are stored. This is a very secure system which has been operational around the country for much longer than it has been used locally. GH raised the question whether patients needed more reassurance regarding the security of the system and RP was asked whether this could be publicised in the waiting room via a poster or the Jayex board. RP will look into this. 	<p style="text-align: center; vertical-align: middle;"> Anyone who has used the electronic prescription service </p> <p style="text-align: right; vertical-align: bottom;"> RP </p>

- IN questioned whether some patients were wary of signing up as it might reveal they had moved house outside the practice area if they were seen to have chosen a pharmacy some distance away. RP said that was patient choice and people may, for example, choose a pharmacy near their place of work so in itself this wasn't something the practice would monitor. However should they become aware a patient had moved (this could come to light through different circumstances) the patient would be contacted for clarification and removed from the practice list if outside the area.
- As an aside while discussing data protection there was concern that with Virgin Care now providing services patients thought their details may be shared with other Virgin brands. A letter has been sent out by Virgin Care directly addressing this and stressing it would not happen.

Practice Update

- 2 trainee GPs (Dr Saeed and Dr Munisamy) will be completing their placement this month and moving on. Dr Rachel Bovington will be coming in on placement as a new trainee and Dr Mackay will be returning from maternity leave later in the autumn.
- The practice is looking to recruit a salaried GP for 4 sessions a week but it is difficult to recruit at the moment as doctors are preferring locum work where there is less pressure.
- IN asked about the ratio of patients to GPs (A full time GP being equivalent to offering 8 sessions a week). It is currently about 2000 patients per FTE GP, a significant increase since the PPG was formed when it was less than 1000. This statistic does not tell the whole story as each patient is visiting the doctor more frequently than 5 years ago as well. GPs are continuing to offer additional appointments and an increasing number of telephone consultations but still can't keep up with demand.
- There are currently 10518 patients on the practice list; continuing to increase and will again as another local surgery changes its registration (moving its patients to a branch further away).
- The district nurses are now employed by Virgin Care but are based back at the surgery. This is good for communication between GPs and nurses and provides a small but useful income stream for the practice.
- After discussion 2 meetings ago RP had audited the 8am start appointments. The majority book in on the dot of 8am but the earliest was 7.54am showing the receptionists have opened the doors early on occasion. The longest wait to see a doctor for an 8am appointment was 10 minutes; the average waiting time for 1 GP was 5 minutes and for the other GP who does 8am appointments was 2 minutes.
- The Monday on the day appointment system is working reasonably well. The receptionists like it as they have plenty of appointments to offer when patients ring up. A few pre-bookable appointments have been re-introduced on Mondays to meet an identified need. The downside has been some of the original Monday problem has just

<p>become a Tuesday problem instead. The practice will continue to strive towards the best balance of pre-bookable and on the day appointments and endeavour to see any urgent concerns on the day, even if that means seeing more patients than there are scheduled appointments.</p> <ul style="list-style-type: none"> GH shared a couple of examples of when emergency appointments hadn't been offered to highlight there is still room for improvement. 	
<p>Single Question Surveys</p> <ul style="list-style-type: none"> Dr Law mentioned at the last meeting there were occasions when the practice would appreciate patient feedback on specific issues and asked whether the PPG could come up with a way to facilitate this without running a full blown patient survey. The first issue suggested to consult on was patients' experiences of the waiting time for the GP to issue a prescription requested by a hospital consultant. There seems to be an unreasonable time lag although it couldn't be identified whether this was due to hospital admin or GP, whether specific hospitals or departments within the hospital that were worse than others. Other suggestions were Virgin Care patient satisfaction, need for Walk in Centre and any questions that come up in the future relating to the hospital consultation. Everyone felt it was something that needed to be very visible within the waiting room and interactive to encourage patients to engage with it. The supermarkets have some good examples at their customer service areas – how easy are they to reproduce? They need to be accessible but not open to abuse, we need to be aware of children playing with them and the various related health and safety risks. IN offered to investigate prototypes, talk to Tesco, look at simple sweet jars etc and see what ideas he could come up with and bring to the next meeting. 	<p>ALL to continue to come up with questions</p> <p>IN to investigate for next meeting</p>
<p>Patient Education Events</p> <ul style="list-style-type: none"> SC had been looking at what other PPGs do to engage with their patients. One idea that seems popular is patient education events eg healthy eating, family first aid, dementia awareness. Tutbury have done something similar with roadshows and it was suggested that rather than re-inventing the wheel we see if we could join in with something they already do, especially if they are running them at De Ferrers. IN passed the contact details of the organiser to SC for her to initiate enquiries. 	<p>SC</p>
<p>AOB</p> <ul style="list-style-type: none"> The group were invited to an Improving Lives update by Virgin Care at Bridge Surgery on 16th August. 4 members expressed an interest in attending and RP said he would relay that information to the organiser. 	<p>RP</p>
<p>Next meeting</p> <ul style="list-style-type: none"> The next meeting is on Wednesday 7th September at 6pm. <ul style="list-style-type: none"> RP asked about inviting a guest. He will approach Wetmore Rd Pharmacy in the first instance and if they are not available talk to one of the practice nurses and make SC aware who, if either can attend. 	<p>RP</p>
<p>The meeting closed at 7.20pm</p>	