

just volume of patients causing delays but there are insufficient consulting rooms. Many other interested parties were present at the meeting, eg Help the Aged, Diabetes Care and Arthritis Care. It was noted the public are apathetic about speaking up and taking part in consultations but complain after the event and we need to work at engaging more people at the early stages of the process.

- Virgin Care meeting at Bridge Street Surgery was attended by 40+ people and Bridge St emailed to thank GH for attending. There is some dissatisfaction with the service Virgin Care are offering, VC say it is new and teething problems but it had significant planning time. Many services (eg podiatry and physio) have already moved out of Cross St to alternative venues and more will follow. Cross St was seen as a more convenient location as it is central and has significant, free parking. So far VC are restricting themselves to a limited number of conditions; it is felt they need to “up their act” to cover the whole remit of frail, elderly and chronic conditions and there needs to be more joined up care in the community. CCG have left a lot to be done and VC may have not anticipated quite how big the remit was. Questions regarding 111 were brushed over.
- HB thanked GR and GH for taking the time to attend and for bringing the information back to the group.

Pharmacy Services

- Amelia, the pharmacist at Manor Pharmacy, Wetmore Road came to talk about the work of a local pharmacist. She was welcomed and thanked for coming.
- A pharmacist does far more than dispense medicines. They can offer services such a blood pressure and cholesterol checks, smoking cessation advice, give flu & travel vaccinations and give advice on minor ailments.
- The electronic prescribing service is up and running and the initial problems are being ironed out. Controlled drugs are being looked out to see if at least some of them can be added to the system. One of the big advantages is that if you are on holiday and have forgotten your medication, for example, you can go to a pharmacy local to where you are, get their pharmacy number and ring the gp asking them to send a prescription to them directly.
- If you are entitled to a free flu jab there is no charge at a pharmacy, otherwise there is a charge of about £10. There is no need to book, just turn up. They are expected to be available from mid-September. This can take the pressure off GPs and be more convenient for patients. RP pointed out that the surgery get funding for administering the range of seasonal vaccines and so they need to work together and not get too competitive.
- A significant number of people use the pharmacy for minor ailments. The pharmacist can diagnose and recommend medications. There is not much uptake for the “Pharmacy first” scheme.

<ul style="list-style-type: none"> • With the patient's permission a pharmacist can look back at a patient's previous records and review their medications to look at interactions and reactions. This can be very helpful for a patient. • So far this branch has not been significantly affected by the government's recent changes and the threat of closing community pharmacies but there are constant changes to be aware of. • RP was asked about EMIS removing the comments box from the repeat prescription page. This is out of the practice's control but EMIS have been made aware of the issue. Amelia suggested if a patient needed a comment making (eg for a change in date of issue due to holidays) this could be done through the pharmacists – they communicate with the practice multiple times a day and can pass on requests such as this. • The biggest issue and the thing the PPG could look at promoting is around the problem of medicine wastage. Once medication has left the building a pharmacist cannot take it back. They will always dispose of unused medication safely but this generally means it being burned. Some patients order repeat prescriptions out of habit or feeling it is the right thing to do without ever intending to take the medication and without appreciating the significant cost of doing so. • IN suggested that while patients shouldn't be charged cost price maybe printing this on the container would raise awareness of the impact of wastage on the tax payer. • The group noted their positive experiences of the service given by Amelia and her staff and thanked her for this. 	RP
<p>Practice Update</p> <ul style="list-style-type: none"> • Dr Rachel Bovington has started as a registrar trainee gp working 3 days a week and Dr Beth Mackay will be returning from maternity leave in November and also working 3 days a week . • Louise Goodyear's (practice nurse) appointment has been made permanent. • Still looking a recruiting an additional GP • There are currently 10565 patients on the practice list; an increase of 47 since the last meeting. • 3000+ patients will be called for flu jabs and there are also shingles and pneumococcal vaccines for particularly age and demographic groups. • There was a brief discussion about delays with referrals to the hospital. RP explained the GPs do not know when an appointment is issued so unless a patients makes them aware there is an inappropriate delay they are not able to chase them up. A quick phone call to the practice is all that is needed. LF highlighted another route for help is via the hospital PALS service; they are also in a position to check on waiting lists. 	

<p>The meeting was running significantly behind schedule and so the remaining agenda items (Patient Education Events & Single Question Surveys) were put on hold for the next meeting.</p>	
<p>AOB</p> <ul style="list-style-type: none"> • There was a message in the PPG box praising the bedside manner of Drs Kaye & Baldock Grimes and Sister Debbie. RP will pass on this positive feedback. • There was a question from the NAPP newsletter about patient access to their GP records – RP will talk about the scope of this at the next meeting. • There is a Burton Diabetes UK Group meeting event on 16th September with world renowned speakers. RP took a poster for this to display. • SC has not had a response to her enquiries about joining other local patient group events. IN will follow this up with John Bridges. • There is a patient board meeting at the hospital on 8th September. IN will be attending and will feedback to the group 	<p style="text-align: center;">RP</p> <p style="text-align: center;">IN</p> <p style="text-align: center;">IN</p>
<p>Date of next meeting</p> <ul style="list-style-type: none"> • While Wednesday isn't proving convenient for everyone the consensus was it was still the best day so the next meeting was set for 19th October, 6pm. 	
<p>The meeting closed at 7.30pm</p>	