

	<p><i>Footfall</i> What would you like on there? LT explained to the new members that this is the surgery website and it is still very new. We are creating new pages as we go. Some need to have templates drawn up so we can't do until we actually have something to enter. Items agreed:</p> <ul style="list-style-type: none"> • All minutes • Newsletters • Welcome letter to new members – 'What is a PPG' • Links to useful information • Dates of meetings • Access to comments form • Photos of who's who? GR commented on the new signage on the doors. LT advised it had been there for some months now. Everyone thought it looked a lot nicer and it was good to know who was going to be behind the door. • Specialist subjects – discussion around this was that everyone is a generalist and whilst the GPs share specialist advice with all colleagues it could clog a GP for a particular reason. 	LT	
3.	<p>Surgery News</p> <p><i>List size:</i> Currently 8720. Disappointing as it is not increasing despite taking on at least 20 patients a week. Some of this is due to still identifying people who have not been here, passed away or moved some time ago. Hopefully this will stabilise and we will start to grow very soon.</p> <p><i>Appointment statistics:</i> Between the 1st January and 31st January the surgery offered: 6481 appointments. This included everything apart from blood taking. 4795 of these were booked. 130 patients DNA'd (failed to attend)</p> <p>574 blood appointments were offered 520 were booked 25 patients failed to attend.</p> <p>The group need to look at this – is it now so easy to get an appointment that if something comes up there is a lack of concern over wasting the appointment? The surgery will be looking to change some of the on the day appointments to pre-bookable encouraging people to think about need. These also receive text reminders and you have choice over who you see. One of the receptionists is going to start contacting patients who do not attend to establish any patterns.</p> <p>Work force is static apart from one new appointment. The surgery is pleased to announce that Dr Jenni Eggleston has joined us working on a Monday and Tuesday morning. Dr Eggleston was a registrar at WES and has since come back to join us here.</p> <p>This incited a conversation on CL becoming a GP training practice. LT confirmed that this was the plan. Hopefully we will be assessed in April</p>	JK JK LT SSF LT IO	

<p>when WES has their revalidation. We cannot presently be a training practice as we do not have a CQC rating. WES has two partners and four associate GPs who have all been registrars at the surgery so it is imperative that CL becomes a training practice also.</p>		
<p>LD advised there was an income attached to this. LT advised that the reason to be a training practice was not financial as the monies only backfilled the time taken out of the day from the trainers. The reason was for succession planning of GPs and having new and well informed trainees in the practice who shared best practice and gold standard. It helps keep everyone current and the assessment process means we are running with a high standard of patient care.</p>		
<p>The Partners are looking to recruit additional permanent GPs. 'As long as Dr Ford stays' ... LT advised that we need to address this now! Dr Ford is a locum GP and the Partners wish to have a permanent workforce. If Dr Ford should leave then that would be his decision alone and we will have no control over that. The Partners acknowledge that the patients hold him in high regard; he has been wonderful for the surgery and has certainly supported us in the transition however we must aspire to recruit permanent GPs to ensure that there is not a repeat of what happened before.</p>	<p>LT</p>	
<p><i>Friends and Family:</i> 85% of patients would currently highly or likely recommend the surgery out of 238 responses.</p>		<p>JK</p>
<p>It is interesting that this has reduced by 10% since WES first joined CL. The patients were pleased to be able to be seen and could see the changes in the surgery and we were reporting 95%. It is evident that expectations have now changed.</p>		
<p>The single biggest concern is that GPs are running late. LT to put a notice up and a screen message about having some patience for the person in front ... Agreed</p>	<p>LT</p>	
<p><i>CQC Inspection</i> Still no confirmed date. Due to lots of leave in April we aspire to be ready by March?</p>	<p>LT</p>	
<p>They will want to meet the PPG. The PPG members said they had done this before and were happy to do again.</p>		<p>PPG</p>
<p><i>7Day Working</i> The surgery has been tasked by the CCG to obtain feedback on 7 day working and whether anyone had any experiences or comments to give.</p>		<p>All</p>
<ul style="list-style-type: none"> The group went through their understanding of the appointments and how they were offered. LT advised that Fridays and Sundays had since moved from Westcall to SRCCG as Westcall had struggled with the recruitment of GPs to offer the service. The surgery was advised every week how to access these appointments. 		

	<ul style="list-style-type: none"> • No-one present had used an appointment or was aware of anyone that had. • They felt that it was a good thing that they didn't have awareness as it would infer that patients were being looked after appropriately by their own surgery. • Patients want to be seen at their own practice. • Some felt it wasn't offering more appointments, it was offering more choice and that is not always good or financially astute. • It's all down to how well run your surgery is ... last year we may well have had to use them all! • If I feel poorly on a Sunday I know without doubt I can be seen on a Monday at my own surgery. • One member is a member of a PPG face book forum page and is going to ask if anyone on there has any experience of this – he will feed back. • If there was a great need it would have been swamped. • Is it publicised enough – our two new members today were completely unaware of the new 7DW. • How many people at A&E are diverted to a GP appointment – it would be good to see some more statistics as to usage. Are the same people using A&E? 	<p>PD</p> <p>CCG</p>	
4.	<p>PPG Issues</p> <p><i>Minutes / AOB / Agenda's</i></p> <p>GR said that she had discussion with LH over the management of minutes etc. LH is very keen to have set guidelines over the issuing and approval. LT asked that there be a high level of trust from the group and that once the Chair and the PM had approved, they be circulated and any amendments could be discussed at the next meeting. Agreed.</p> <p>GR to discuss further with LH and put together a plan.</p> <p><i>Direction of PPG & growth</i></p> <p>We have two new members this month – do we think we would like more? Everyone agreed there was capacity for more. Can everyone think about how we might encourage people to join? Some of this will happen when Footfall is populated more.</p>	<p>GR LH</p> <p>All</p>	
6.	<p>Patient Voice</p> <p>In the future all minutes and leaflets from these meetings will be circulated to the group to read at their leisure. Any things to share with the group formally will be put on the agenda.</p> <p><i>Identifying veterans and Top tips on managing respiratory conditions</i></p> <p>Information will be sent to everyone after the meeting. We need to think about how we identify veterans. They are entitled to swifter access to some services when coded.</p> <p><i>PPG event 20.02.19 at the Town Hall – GR & LD to attend on behalf of the group – how to get PPGs across BW involved in the CCG</i></p>	<p>GR</p> <p>All</p> <p>GR LD</p>	

7.	<p>AOB</p> <p><i>New BP machine in the waiting room.</i> LT encouraged everyone to have a go! It is there for people to just drop in and check their readings – this is helpful to those who have white coat. We are actively sending out texts to patients who have not had a BP this year to come in and do one, giving the slip to reception with their name and date of birth on.</p> <p><i>CL Open Day at Community Centre</i> LT had met with Steph from the CCG. We would like to work together in a community partnership with the community centre. LT had suggested that we hold a 'fayre' of stalls to support and help local residents and patients of CL and indeed WES. Suggestions:</p> <ul style="list-style-type: none"> • Carers • Veterans • Financial support • Healthwatch • CL PPG • WES PPG • Take your blood pressure on the machine • Coffee and biscuit • Everyone agreed a good idea and to proceed. LT <p><i>SHOUT OUT TO CIRCUIT LANE...</i></p> <p>LT advised that CL had been recognised in the Berkshire Wide newsletter for the work it had been doing to support the reduction in Diabetics with an HbA1c.75 with a 7% reduction from quarter one this year. Well done everyone for all their hard work in this.</p> <p>DE said it would be great to publish this in the Southcote Echo – GR to draft a one liner.</p>	<p>All</p> <p>LT SF</p> <p>DE GR</p>	
8.	<p>Date of next meeting: Wednesday 3rd April 2019 – 6.30pm CL Waiting room</p>		