

**Minutes of PPG meeting**  
**Wednesday 17<sup>th</sup> January 2018 3.30 p.m**  
**Long Furlong Medical Centre, Abingdon.**

<b>Present:</b> 8 members plus Practice Manager <b>Apologies</b> received from 7 members	
Items: - notes of the last meeting	Action:
<p>Flu – encouraging clients to uptake the offer. 500 still outstanding. Reminders are sent by email and phone.  Children’s flu – done well but a few still to target.  Volunteer driver service – SWOLF – LJ attended.  Patient survey is out – emailed etc. link is provided on the website and paper copies in the waiting area. Till end of Feb 18. Tom will complete the work and analyse.  No music system yet, question is on the patient survey, await feedback.  Repeat prescription problems have been resolved by the software provider.  Minor Eye Conditions – The service is working well, but changing, reducing the number of opticians that provide the service. ? launch April, 2018.</p> <p>Physiotherapy Services. New service is provided by Healthshare –but patients are reporting problems of not being able to contact the team by phone. Abingdon patients only can be seen in Oxford, Didcot and Faringdon. Limited access.  Abingdon X-ray walk-in service, no official feedback yet.  Autism audit is continuing, looking at how we are improving our service.</p>	<p>DD to follow up</p> <p>DD to update</p>
2.1 Dr Allan’s retirement – 24 <sup>th</sup> January 2018 small informal reception for patients and professionals. Lunchtime 25 <sup>th</sup> 12.30-2.30 at the practice. Retirement book for messages in reception.	
<p>2.2 Dr Barter – maternity leave 15.02.18 off for six months.  2.3 Welcome to Dr Susan Lowe joining as a new partner. Was GP in London. Working 4 sessions per week.  2.4 Welcome to Dr Rachel Preston locum providing mat cover for Dr Barter.  2.5 Stevie West, HCA, taking maternity leave from April.  2.6 Emma Moore clinical auditor leaving to take up a new position. Replacement – ongoing.</p>	DD ongoing.
<p>3. Patient Survey  Going on until end Feb 2018.  Good national patient survey results which are published on NHS Choices.</p>	
<p>4. SWOLF – surgeries being asked how to use the money, i.e. support mental health workers, clinical pharmacists.  Phase II will be held in a different way.  From DD. Prescribing data for the first ¼ is available. The practice has software to support GPs when prescribing which provides options on drug choice based on clinical efficacy and cost effectiveness. If savings are made and audits to review prescribed medication completed, practices are eligible to receive a small budget to purchase items for patient benefit. Previously purchased training, ECG machine, Doppler machine. New couches, patient self-arrival machine.</p> <p>Prescribing budget – this may fluctuate year on year.  Allowances are made for patients that have been given expensive drugs.</p>	

<p>List size 9384 able to take more patients. Premises – still on the agenda.</p>	
<p>4.1 Physio services 4.2 Smoke Free Life – Service has been recommissioned by the CCG and awarded to Solutions for Health. Mainly working from outreach clinics rather than in practices. When information is released – it will be provided in the practice newsletter. In the meantime, a link to Smoke Free Life is available on the practice website. 4.4 Early visiting service – money has been allocated to the Abingdon Federation to set up a Home Visiting service. The intention is to employ e.g. paramedics/advanced practitioners to work across all the practices. Model will be looked at and discussed. Purpose to release GPs.</p> <p>LF is able to offer a placement to a trainee paramedic as part of the degree course (Brookes University)</p> <p>4.5 Care Home Service – Currently residents in care homes can register with any GP practice which could result in two or more GPs from different practices visiting the same care home on the same day. The aim of the new service is to provide pro-active support to the patients and the care homes by allocating one practice to each care home. This will require each practice in the federation to provide GP services to at least 50% of patients in their allocated care home. 4.6 HCA training and development – This is ongoing. The aim is to upskill the HCA teams to free up nurse time, which in turn will free up GP time.</p>	
<p>AOB – Mobile Phones in Waiting Room. A member reported on use of mobile phones in the waiting room which is distracting and not appropriate. DD is to source larger notice to be displayed in entrance. Artists Display – This is welcomed by the patient group and asked if it could be extended. Parking in Loyd Close. Members reported ongoing problems of cars parking in Loyd Close even when the car park is empty. DD explained that she had worked closely with the residents and Highways, who agreed, following consultation to restrict parking on the corners of Loyd Close with Boulter Drive only.</p>	DD
<p>Date of Next Meeting: Discussed and agreed that one more afternoon meeting should be held mid March with evening meetings being held through the summer months i.e. when it is light.</p> <p><b>NEXT MEETING PROPOSED: Wednesday 21 March at 15:30</b></p>	

Minutes typed by LJ

Meeting concluded at 4.00pm