

Pilning Surgery Support Group Meeting

Chair: Michael Matthews

Meeting: 10th July 2008 TIME: 12.00

Held at :
The Surgery,
Northwick Road
Pilning
Bristol
BS35 4JE

Present

Michael Matthews	Gill Trawin
June Reynolds	Janet Green
Jane Davey	Sue Broad
Nicky Vickery	

Apologies for Absence:

Robert Griffin	Michael Woodhouse
Pam Gazzard	

Minutes

1. Welcome

MM introduced new member Nicky Vickery who will take on the role of Secretary.

2. Apologies.

As above

3. Minutes of the last meeting

Agreed and approved as correct account of the meeting held on 10th April 2008.

Matters Arising

- a) **Parking** - SB reported that BT are not amenable to surgery staff using the car park adjacent to the surgery. It was noted that staff and patients should not be encouraged to use the Cross Hands car park, and this could hinder/delay their deliveries.
- b) **'Open Surgery' Update** – SB reported that 'open surgery' and the 'walk-in appointment' system is going well. However, 73% of patients surveyed, said that they could not get an appointment within 48 hours, which is very disappointing. This is largely because patients do not view 'open surgery' or a 'walk-in appointment' as an appointment.
Reception staff are amenable to patients registering for 'open surgery', giving them an approximate time, and then coming back at that time. However offering timed 'walk-in appointments' to all patients is not a practical/manageable option.
- c) **Transport and Prescription Delivery Co-ordinator** – Ian Conway has taken on this role. Frances Barr has also volunteered to be a driver.
- d) **Extended Opening Update** – This is **not** negotiable as the local medical committee would like – the practice either 'opts in' or 'opts out'. There is much adverse publicity in the media surrounding extended opening and many misconceptions. It was recognised that very few people fully understand what it really means, and who would benefit. SB to put together a brief overview of the pros and cons. (MM/SB note for newsletter)

- e) **Patient Group Membership** – MM has sent out Letters and Documents of Intent to 2 people who have expressed an interest in joining the Group, however neither have replied so far. MM to follow up. GT confirmed that she would resign from the Group if numbers exceeded 12.
- f) **Multi-item Prescription Repeats** – SB reported that a new pharmacy technician will be starting in mid August, which will give the practice 2 pharmacy technicians' morning and afternoon. Repeat prescriptions are currently available within the stated 48 hours. Discussed how/if we could 'advise' patients more clearly, exactly what '48 hours' means (i.e. 9-5, Monday to Friday) – most likely via newsletter (note to MM/SB) and face-to-face. We will continue to encourage patients to order multiple repeat prescriptions at the same time in order to reduce workload and pressure on Practice staff.
SB to check last 'In View' for advice on repeat prescription orders.

4. **Adoption of Document of Intent**

MM has reworded this following feedback, and all have approved. MM copied to SB for records.

5. **Practice Requirements**

All agreed they would like to develop the surgery to be a more focal element of the community. All agreed that any fundraising should be 'patient driven' to avoid a conflict of interests. As many local community groups are working hard on fundraising it was agreed that this Group would withhold any fundraising activities until necessary.

6. **Newsletter**

NV to highlight any items considered worth including in Newsletter as a result of these meetings and comments from patients. MM will then take forward with SB.

7. **Any Other Business**

a) JG posed the question – 'when a member of the Group receives a question or comment regarding the Surgery from a member of the general public, who should they direct it to?'. All agreed that if it was 'urgent' it should be directed immediately to SB, however if considered non-urgent, then it should be raised at the next PSSG meeting.

b) SB provided note about polyclinics for all to read. RG had posed question by email – 'is there any chance to increase the number of Specialist Hospital Clinics visiting our surgery on a (say) quarterly visit?'. SB reported that there are long term plans to accommodate specialist clinics at the Surgery, however this is not in the immediate future. We will keep patients advised accordingly.

c) Secretary expenses – it was agreed that minutes would be distributed via email to members (thereby negating distribution costs), and subsequently published on the website. Any extraneous printing/postage costs would be met by the Practice.

8. **Next Meetings**

Friday 10th October 1200-1300 hours

Friday 16th January 2009 1200-1300 hours