|  |  |
| --- | --- |
| **Date** | 12/03/2019 |
| **Time** | 18:00 |
| **Note Taker** | Sabrina – Practice Receptionist  |
| **Meeting Chairs**  | Samantha Timlin – Practice Manager Kathy Crockford – Patient Representative  |

|  |
| --- |
| **Discussion****Actions / Outcomes** |
| **Topic**  | **Notes and Actions**  |
| **Patient Groups and community support**  | PM presented ideas to help the community and to support individuals who might be vulnerable, isolated or struggling to cope or manage with certain conditionsMembers discussed various possibilities such as group meetings for patients with long term conditions such as diabetes, arthritis, chronic pain, respiratory where people could share experiences and help each other walking groups and community gardens  |
| **Changes within the NHS**  | Members were concerned about some of the changes within the NHS. They feel the NHS is asking practices to reduce staff (less doctors, clinicians, nurses) and replacing them with preventative medicine and health promotion. Members felt that, although they understand the benefits of these they had concerns that this was going to replace existing services. One member asked the PM to talk a bit about the GP forward review. Patients were reassured that any health promotion, support groups would be in addition to the current services that are being provided at Falmouth Road Surgery and are in no way going to replace the doctors’ appointments.  |
| **Appointments**  | Member wanted to discuss booking appointments with the practice. They said there were not enough appointments to see the GP, sometimes it was more than 2 weeks wait to see a GP. The booking system was explained to members and the benefits of the telephone consultations (telephone triage) with the Clinical Pharmacists. PM also informed members that a female GP Dr Jess Overbury would be joining the surgery in April on Wednesdays – this would be an additional 32 appointments a week with a GP. Members wanted to discuss how many issues could be discussed in one 10 minute appointment with the GP. PM explained the GP would spend 10 minutes with each patient and discusses as many issues as they could within that time. Some members said they had been told to book another appointment when mentioning a second issue. GP’s had told the 1 issue per appointment. PM said she will need to discuss with the GP partner and feedback at the next meeting. The group also discussed Patient Access and the benefits of managing appointments with this tool. Some members were concern that patients using patients access were able to book appointments before others without access to the internet could book them. PM reassured members that this was not the case and only 18% of patients use Patient Access. Members wanted to know which days and times the clinicians worked. **PM will make a poster to be displayed in reception with the clinician’s weekly schedule.**  |
| **Letter requests**  | Letters requests have not been carried out in a timely manner and the quality of the letters have not been satisfactory. PM explained letter can take up to 4 weeks to complete although we try to complete letter requests as soon as possible. Any particular cases where the deadline was not met will be looked into separately. |
| **Test requests**  | Some members were concerned with the practices process for handling samples and test results. PM explained that if the practice receives a result that does not require any action then the practice will not contact them although the patient is welcome to call the practice and follow up. If a result requires an action the patient will be contacted. Any particular cases where these standards have not been met will be investigated separately.  |
| **Questionnaires**  | The attached questionnaire was handed out to patients and the results are as follows: **2 Caring and Carers 2 Sleeping well 1 Breathing - Asthma and COPD 1 Arthritis 1 Mental health** |