

The *AshgrovePatient* Group

MINUTES of Meeting

Thursday 19 October, 6.00pm – 7.00pm

Present: Steve Carter (SC – Chair) Pat Jones (PJ) John Bodger (JB), Nicola Pugh (NP)
David Hardman (DH), Barbara Morgan (BM), Roy Davies (RD)
Moira Moore (MM) Elly Thomas (ET)

1.0	Apologies for Absence –, Terry Hopper, Phillip Woods, Ronald Smith, Peter Kerridge	
2.0	Confirmation of Minutes (13/07/17) – approved	
3.0	<p>Matters Arising (13/07/17)</p> <p>3.0 Deputy Chair Vacancy – it was confirmed that BM will remain temporary deputy chair until Terry Hopper returns. MM thanked BM for her continued support</p> <p>4.1 Doctors running late – MM confirmed that the feedback was noted and that although the doctors would ensure to start their surgeries on time, they could not avoid running late, in the event of a patient requiring a longer appointment than planned as this was outside of their control.</p> <p>4.2 Dewi Saint Health Park – SC confirmed that he had flagged to the Vice Chair the importance of appropriate bus services to the site.</p> <p>4.5 – GP Recruitment – MM updated the group on the current recruitment and also updated them on the intake of Registrars in August, Drs David Williams and Megan Millward, the appointment of a 6 month Academic Fellow, Dr Toby Dinnen, who is also a GP, and would be joining us next week. MM also highlighted that Dr Rebecca Rowlands was due to go on 6 months maternity leave in January. The practice would continue to work with the challenges of “Access”, in particular patients who DNA their appointments, and the pending “winter pressures” which is experienced across the NHS at this time of year.</p>	
4.0	<p>Patient Group Secretary Vacancy –MM thanked PJ for her contribution to-date following her decision to stand down as Secretary at the last meeting. Following discussions, and as no other member wished to take up this post, it was agreed that DH would liaise with his neighbour, who is also a patient at the practice, with a view to her joining the group and taking up the post of Group Secretary if agreed by the patient group. DH to update SC on progress. In the interim MM confirmed that the minutes and relevant distribution would be completed by the practice.</p>	DH
5.0	<p>Practice Pharmacist Team – ET provided an overview of the day to day role of the practice pharmacists team which included ET, who is also a partner at the practice, Dan Hay, who works as a part time pharmacists for the practice in addition to his role with the Cwm Taf Trust, and Jenny Ng who works part time as a cluster funded pharmacist. In particular ET outlined the importance of patients using the recently rolled out “Minor Ailments” scheme by the Cwm Taf UHB. The main objective being to enable patients to attend their local pharmacist for ailments that do not require them to be seen at their local GP surgery. Following discussions it was clear from the group that the communication roll out by the UHB in particular appeared poor, with the following examples given</p> <ul style="list-style-type: none"> • The group were not aware of the registration process required at the pharmacy of their choice before they could access this scheme 	

	<ul style="list-style-type: none"> The group were not aware of the list of medications included in this scheme The group were not aware that any medication provided by the pharmacist was subsequently reported back to their practice, to be included in their clinical records. <p>Therefore it was agreed that</p> <ul style="list-style-type: none"> ET would feedback to the UHB medication team of the need for improved comms by the community pharmacies taking part in this scheme to bring the above information to the attention of the patients. MM provided the group with further copies of the information leaflets that had been readily available at the surgery since the roll out in July. The practice would run a campaign during the month of November to highlight the information they have already presented in the public waiting areas, website, facebook and TV display. They would also include regular tweets to the patients. A further review with the group would be held at the next meeting in January <p>SC and the group thanked ET for what was a very informative discussion.</p>	<p>ET</p> <p>MM</p>
6.0	<p>Agreed dates for 2018 – MM outlined the proviso dates for 2018 which were noted and agreed by the group – please refer to dates below</p>	<p>All</p>
7.0	<p>AOB</p> <ul style="list-style-type: none"> MHOL – BM asked NP if she had been able to register for MHOL – NP confirmed that the identification part of the process had still prevented her from registration. MM sympathised with the clunky process rolled out by the Welsh Government, however after much lobbying by all practices, they were now due to launch a much more streamlined process where patients can complete their registration process from home. In the interim, MM would utilise the discretionary process allowed by practices to vouch for patients who were known to them. MM would arrange for a call to be made to NP tomorrow by a member of the team. Further feedback regarding this system would take place at the next meeting. Flu Campaign – both BM and RD highlighted examples of where the practice needs to consider improvements in the way they communicated out to patients e.g. BM stated that although she proactively books her flu appointment each year, she had never been contacted proactively by the practice. RD highlighted that we should use other channels for advertising our Saturday Flu Clinics, as it is only visible if you visit the surgery. MM agreed to revisit to build upon the communication arrangements to-date, and thanked them for their feedback. Patient Group Banner – MM outlined the wish to increase the profile of the group by the placing of a Banner in the surgery foyer. MM will circulate the graphics for the banner before it was produced. 	<p>MM</p> <p>MM</p>

Dates of Meetings for 2018

- **18 January, 2018 (5.30 – 6.30pm)**
- **19 April, 2018 (6.00 -7.00pm)**
- **12 July, 2018 (6.00 – 7.00pm)**
- **18 October (5.30 – 6.30pm)**