1. **Present**

Sue Evans, Emma Turner, George Heaton, Bill Kitchen, Sue Cox, Fiona Horsfield

1. **Apologies**

Brenda Lynton-Escreet

1. **Actions from last action plan.**
	1. **Electronic prescribing.** There will be a meeting w/c 16th June with EPS2
	2. **Surgery phones**. Sue and Emma have met with staff from Westmorland General and are due to meet with the existing supplier. WG System works through the UHMB hub and would use one number with a Kendal code for both sites. Ideas being a more dedicated phone team (as opposed to a receptionist who was available). If the lines are busy the patients would have the option of waiting in a queue or phoning back.
	3. **Nursing workload audits.** Baseline audit was done in October, and showed 11% of nurse time was used to take bloods. The surgery has trained a member of staff as a health professional to take bloods which means nurse time was down to 4% in March. It has crept up to 8% for the month 8th April – 8th May. Sue and Emma to find out why. Respiratory reviews are up from 9% to 11% to 14% (over the same period of time.

The practice now has 2 HCA’s (Health Care Assistants) and 2 phlebotomists. The HCA’s also do ECG’s (Doctors interpret), BP monitoring, ear syringing, and will do B12 training in September. Fiona felt it would be useful to get patient feedback on staff development with changing roles. Sue felt it would be good to introduce a similar feedback form as used by GPs for their appraisal/revalidation.

The surgery now has in place generic encrypted email so GP’s can send out emails.

1. **Access and urgent care survey feedback**

Sue and Emma had been at a joint meeting with Stoneleigh Surgery and an outside facilitator from the Primary Care Foundation to get feedback from data submitted around access and urgent care. Park View was doing well in all aspects looked at. Phone Triaging did not come out well, and in fact Stoneleigh is working much harder to achieve similar results. Continuity of GP is a key indicator for demand, too much on the day and not enough availability for advance booking can cause problems. A spreadsheet will be used to identify room for improvement in the balance of appointments and with a view to improve our appointment system.

1. **New Action Plan**
	1. PPG is promoted on the screen in the waiting room. Future PPG meeting dates are to be can be included on a ticker.
	2. George suggested adding the surgery web address to the screen, Emma said a movie regarding the surgery will soon be on the screen complete with web address.
	3. Look at balance of appointments, especially rejigging appointments to reduce waiting times for patients.
	4. Extended access, review this so that it is suitable for people who work. Review sessions to see if they meet patient needs (by surveying patients). Discuss ways to gather feedback.
	5. The group had a general discussion around CQC, it’s inspections and making the PPG aware as their input would be valuable. Pilot in area to agree criteria to meet the standards to be used across the country. We expect a visit in the soon.
2. **AOB**
	1. Dr Irving’s sabbatical has not caused any problems Sue had been made aware of. Dr David Morris has been well received.
	2. George asked if email reminders as well as text ones could be sent out. Sue C said she would not get an email one but did receive texts. Sue and Emma said they would look at adding email reminders.
	3. Brenda had sent a leaflet to the meeting re facilities for changing disabled people’s pads etc. Display notices regarding fully equipped disabled toilet available in Lancaster. No-one knew of any facilities in South Lakes, Sue suggested a patient representative enquiry to SLDC may help.
	4. George mentioned improvements to car park facilities, and overall improvements to Victoria Hospital, Blackpool.

**Next Meetings**

**Tuesday 23rd September Park View Surgery**

The meeting closed at 3.30pm