

## Meeting Pound House Patients Group

19<sup>th</sup> January 2017

### Minutes

**Attendees:** Trevor Barnett, Catherine Monger, Alexis Lockhart, Joyce Bowden, Alan Matson  
Rosemarie Sheehan, Julia Adey, Anne Ronan, Dr Elizabeth Bailey, Dr Shareen Hallas

**Apologies:** Sue Marsden, Caroline White

#### Agenda:

1. Welcome & Apologies
2. Minutes of Previous Meeting
3. Matters Arising
4. Chairman's Report
5. Secretary's Report
6. Practice report
7. Comments & Feedback NAPP Bulletins etc. CQC Report
8. Publicity/Technology Reaching Patients
9. Nominations Chairman & Secretary
10. A.O.B.
11. Date of Next Meeting

**2. Minutes of previous meeting of 17<sup>th</sup> November** were read and accepted.

Accepted by Rosemarie & Seconded by Julia.

#### **3. Matters Arising**

No matters arising

#### **4/5. Chairman's, Secretary's Reports**

Trevor suggested that we held our first AGM in May this year. He confirmed that he will be resigning as chairman at the AGM.

No secretaries report as we do not have a secretary

#### **6. Practice Report**

Anne Ronan reported on the CQC inspection report. The practice was rated good. Dr Bailey commended Anne on her organisation of the practice that led to this result. It was suggested the CQC report be included in our next newsletter.

The practice is to have an updated web site, which is expected to go live towards the end of this month. It was agreed that there should be a link to enable patients to sign up for Newsletters.

Trevor acknowledged that this is the busiest time for the practice.

#### **7. Comments & Feedback**

Trevor informed us that it was suggested in the Oxford Bulletin that some CCG groups merge. He suggested that we look out for future bulletins

Dr Bailey asked for feedback on the prescription survey, which formed part of our last newsletter. Alexis has analysed the 44 responses. 34 were from Wooburn & 10 from Bourne End.

All, but 1, were for repeat prescriptions.

Of the 16 responses where the prescription was not at the chemist, 8 of those for were for 1 item only.

Patients who have larger number of medications on the script also identify that 'not all items were on prescription' and therefore the highest evidence of having problems. This could be due to repeat dispensing?

11 were put in the red box plus 3 asked the receptionist. So that was 14 who's script were not at the chemist. Alexis suggested that this could be simple human error in that not all staff are fully familiar with the process. Anne will look into this.

20 patients use EPS and all but 1 had some issue. 8 reported that there was no prescription at the chemist, 6 said not all items required were on the scrip, 4 said the pharmacy was out of stock, and 1 worryingly said that the wrong strength drug was provided.

#### Patient Comments

Two patients comments included the note that Months don't equal weeks. 3 said that the wrong drugs/dosage given out. Another comment was that they found that it often took longer than 48 hours as doctors who sign, might be on holiday. Occasionally prescriptions are lost, and a few commented on the attitude of staff.

Alan has spoken to the chair of PPG at Cookham surgery. They have 300 emails so they can contact these patients. Alexis has spoken to Cherrymead PPG and is to be invited to one of their meetings. Alexis also spoke to John Hamdon practice who said that the Simpson Centre send emails to their patients asking if their emails can be shared with their PPG. Anne asked if Alexis could find out if other practices have a dedicated member of staff to deal with such emails.

### **8. Publicity/Technology Reaching Patients**

Trevor informed us that two people have requested info on our PPG. New patients get an info pack when they join the practice. Alan suggested that a slip with info on the PPG be included with the 'welcome pack'. Anne will give the PPG a copy of the info so that we can ensure our PPG info is of the right size.

### **9. Nominations Chairman & Secretary**

None

### **10. A.O.B**

Dr Bailey & Dr Hallis asked that the PPG promote the Bowel Screening Programme. It was agreed that info on this will form part of our next newsletter. The idea of a coffee morning was also suggested to promote this & other subjects. Catherine has looked at the Macmillan web site & it states that fund raising coffee mornings can be held at any time.

Rosemarie mentioned the problem of loneliness in the area. We could have the occasional coffee morning for these people also.

Dr Hallis asked us to consider alternating our meeting evenings. Some doctors would like to attend our PPG meeting but may not be working on Thursdays.

### **11.Date for Next Meeting – Wednesday 8<sup>th</sup> March at 7pm**

**Meeting closed at 8:30 pm**