

Present: NJ, CG, SG, MP, SM, JW, JC

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- Introductions – We welcomed 2 new members to the PPG
- Active Patients – SM – Currently there are 7233 patients, in December 146 registered vs 118 leaving (471 registered vs 483 leaving in the last 6 months). Furnace Green is open to new patients – we could not cap our list until we reach 7300 patients.
- Number of Appointments – SM – NJ explained that it is very difficult to calculate how many appointments are available but provided the following information:
  1. There are 14 appointments per “session” which is a half day
  2. The Duty/Triage GP has an open ended list (on average will deal with 30 patients per day requiring on the day advice)
  3. 1 GP supervises Registrars/Students all day
  4. 1 appointment everyday has been added to allow GP’s to make follow up calls (to discuss results for example)
  5. Consider – chronic disease management, medical examinations, family planning, child health surveillance.....are all appointments that have to be included in a GP’s daily clinic
- No Caller ID – SM asked if the new telephone system would now allow a generic surgery number to appear when calls are made from the surgery to patients. NJ explained that this is less about functionality than about patient confidentiality (that a patient have privacy when taking a call because the number does not come up on the screen). The Partners have no plans to change this.
- DNA’s – SM – we reviewed the DNA figures for December as an example of the low occurrence of this event and to explain how it can be difficult to calculate. NJ explained the robust policy of writing to patients when they have not attended appointments.
- Winter Pressures – JW asked how the surgery had been affected. NJ explained that we were most under pressure immediately before Christmas when there was an increased demand from patients due to the number of cases of colds/flu’s in the community and the Strep A/Scarlet fever “outbreak”. Simultaneously, our own clinical and non-clinical staff were affected by the same illnesses and so there was an increase in staff absence.
- PPG Expansion – JW asked how/if the PPG could be expanded, and what the members could do to support the surgery. NJ explained that new members were welcome and that ideas for support would always be appreciated. Confidentiality and security are issues that can sometimes hinder effective support by patients but anyone with a particular interest or expertise in an area that could be better communicated to patients could discuss with NJ ways to help.
- JH sent 2 points for discussion
  - a. Prescriptions – she reported that the situation with prescriptions being delayed or missing had improved
  - b. Telephone queuing – some patients are frustrated by the telephone queuing system. NJ explained that at 0830 each morning, patients call to be added to the triage list but there are only so many staff to answer calls. Patients need to call before 10am if they would like to be on the triage list, but calling at 0830 is likely to lead to being held in a queue.
- Pharmacist – SM explained that he had made effective use of the expertise of the Furnace Green pharmacist. MP asked for clarification on her role and NJ explained that she offers support to the GP’s in regards to medicines, carried out Structured Medication Reviews for pre-determined groups of patients and is involved in some drug/disease monitoring.

Date of next meeting: TBA