

1	Welcome and Introduction: In attendance: SP, RW, AR, MM, MS, SA, JD, SL, MM, GM, PTa, PT, PR (via Teams)	
2	Apologies: JB, JG, RP	
3	<u>Approval of minutes</u> Minutes were approved by the group.	
4	<u>Actions' Arising</u> RW – balance of account. No items required currently so agreed monies would stay in bank account. SP – has updated website for travel advice	
5	<u>Treasurer's Report/Receipt</u> £81.83 in the bank. Monies will remain.	
6	<u>Surgery Update</u> - Staff Appraisals have been taking place over the last couple of weeks. All are going well and a post appraisal meeting will be held to discuss and make any changes required. A member asked if they were hierarchical or peer appraisals. RW confirmed that the Practice is too small for peer appraisals and each appraisal is conducted by 2 senior managers – eg line manager and a partner. Partners will discuss RW/SP in more detail though. - Staffing. Dr Hayward who has been on sick leave has decided to move onto pastures new. Registrar Dr Nicholls will leave us at the beginning of August and we will be joined by 2 new registrars; Dr Maria Chowdhury and Dr Lauren Stultz. A Business/Admin apprentice will start with the surgery on 15th June and will support both admin and reception teams. One of our receptionists returns from maternity leave in July with another team member due back in the Autumn. - Prescriptions. SP explained that whilst the average number of calls to reception has dropped significantly, we have found that they are now increasing with many patients calling to request prescriptions. This takes up a considerable amount of time meaning wait times increase. As the only practice in the PCN to still take phone requests, the Partners have decided to stop script requests by phone. Prescriptions should be requested by using the NHS app, SystmOnline/Airmid, via our website or by bringing in the repeat slip from the prescription. The website and the phone message has information explaining this and a message will be sent to patients shortly. JB has offered help to patients to get online in the past and MM also offered her support with this. SP confirmed that reception colleagues and herself will happily show patients how to order using the tablet in reception as well. - Call in screens and check in screens. Our previous provider was increasingly unresponsive as well as the self-check in screens not working.	

	We have moved providers and so far, the system is working extremely well. Please try it out when you next have an appointment.	
7	<u>Investigations Process</u> A member asked what should happen following a clinical investigation. SP detailed the following: ○ Normal results will be autofiled with no further action. If the patient is still symptomatic, they should complete a triage form ○ Urgent/Abnormal results – pathology labs/diagnostic world will call our bypass line number. Triage form will be completed by staff member and raised with triage GP ○ Requesting GP gets all other results and will add to their own follow up slots to contact patient. Depending on GP leave/urgency it may go to another GP ○ If a nurse requested the investigation, a triage form will be completed. ○ Some GP's will ask a patient to follow up themselves A member shared information regarding a pt asking who should follow up in a particular case. RW confirmed that if they think they should have had a response and haven't, please contact us to check. A discussion took place about whether a parent could follow up on behalf of their child. This would depend very much on the age of the child. From age 16 they are classed as an adult and in control of their medical record. This can be younger if the GP believes Caldecott guidance applies. At the older end of spectrum, the patient needs to write to confirm that we can share their medical information with a family member. A GP would need to confirm of a patient was losing their cognitive ability to determine whether the record could be shared without permission.	
9	<u>O & W PCN Update</u> The PCN continues to provide evening and Saturday clinics – bloods, smears, ears, some GP appointments by phone. The Governments 5 year plan has a greater emphasis on neighbourhood (O&W) provision but no decision yet as to how this will happen. Likely to not hear until October. A member asked re Central Surgery using an AI receptionist. Will we do this? Who knows what the future holds but no mind to do this yet. A member asked why we send so many reminders for appointments Because people forget and DNA which causes a lot of wasted appointments (this is something we monitor as an Operations Group) There is a constant challenge from NHS to ensure we have the correct information and patients are looked after, for example, how many patients have high blood pressure. Therefore, we have to send reminders out to ensure we get the information needed. If you have already submitted blood pressure readings/booked an appointment and are getting further texts, please just delete.	
10	<u>AOB</u> Vaccination clinic – a patient commented 'we didn't have time to sit down'! Well done to vaccination team. No other business.	

10	<u>Meeting dates for 2026</u> 8 th September 8 th December	