**PPG Meeting Minutes**

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| **Date:** | **28th April 2021** |
| **Attendees:** |  *RU, JG, JS, MC* |
| Samiya Vahora – Administrator PPG LeadShabbeer Islam – Receptionist  |
| **Apologies:** | *LD* |
| **Place:** | *Kings Cross Surgery* |
| **Agenda:** | 1. Welcome and introductions
2. Aims and objectives of our PPG
3. Formalising Terms of References
4. Structure of PPG
5. Online services
6. Patient care- services we offer
7. AOB
8. Date and time of next meeting
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| **Item** | **Description** | **Action by** |
| 1 | Chaired by Samiya and Shabbeer |  |
| **Welcome & Introductions** |
| 2 | Introduction of all the new members who have attended the meeting today. We have encouraged patients to use Dr IQ more to get across their queries which can be dealt with quickly by our admin team e.g. medication request, e-consultation etc. |  |
| **Aims and Objective of our PPG** |
| 3 | * Diabetes Prevention
* Breast Screening
* Bowel Screening
* Cervical Screening
* Mental Health Services
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| **Motivation**  |
| 4 | The patients who had come in wanted to address certain points which they felt still needed improvement and were still not being addressed as it needed to.  |  |
| **Structure of PPG what we spoke about**  |
| 5 | **Appointments**JG and JS both found it quite frustrating that when he was booking in TC’s to speak to the clinicians, the phone would only ring for a little while and by the time he would pick up the phone the phone would have hanged up. And then he would have to call the surgery which would take him some time to get through to reception as the phones lines would be busy. And so this means he would have to arrange another appt for the following day if the clinician was unable to call him again. **PPG board** needs to have a regular update done after the meeting this should include the three main factors which will be, * What have they asked for?
* What has been actioned?
* What can be rectified in the near future?

Moreover, in order to ensure that there is a better volume of patients attending the PPG meeting we need to ask patients what time is best for them this will allow a better understanding on what needs to be a high priority. **Meeting agenda**Patients feel like they know what concerns they have and what they want from this meeting. And feel that certain things have been addressed but then ends up being forgotten after a while. **Medication** Medication was an issue here and their but started improving once Dr IQ was implemented, there are till a few issues where medication is either rejected or not issues and patients are not aware. We will try our best to keep patient in the loop of things for them to be able to understand what is happening. Also CD drugs must be strictly done by Gp and can’t be done by other clinicians, patients are aware that it may be longer if it is not on their repeats and request earlier if needs be.  |  |
| **Planned Actions** |