

Local Patient Participation Report 2013

Cornerstone Healthcare CIC, Bentham Road Health Centre

Stage One – demonstrate that the patient group is representative

Demonstrate how the Patient Reference Group is representative by providing a detailed breakdown of the practice population below:-

Total Practice Population

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
955	429	524	387	425	334	289	138	46

Gender	No.
Male	1642
Female	1885

Ethnicity											
White British	Irish	Mix Caribbean	Mix African	Mix Asian	Indian	Pakistani	Bangladeshi	Black Caribbean	African	Chinese	Other
3314	50	14	6	12	5	0	0	0	10	4	203

Specific care groups e.g. nursing homes, learning disabilities, drug users, carers

Specific Care Group	No. of Patients
Learning Disability	14
Carer	52
Substance Misuse	79
Housebound	15

Patient Reference Group

Demonstrate how the Patient Reference Group is representative by providing a detailed breakdown of the Patient Reference Group membership below:-

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
					2	2		

Gender	No.
Male	2
Female	2

Ethnicity											
White British	Irish	Mix Carribean	Mix African	Mix Asian	Indian	Pakistani	Bangladeshi	Black Carribean	African	Chinese	Other
4											

Specific care groups e.g. nursing homes, learning disabilities, drug users, carers

Specific Care Group	No. of Patients
Learning Disability	0
Carer	0
Substance Misuse	0
Housebound	0

All patient members of the PPG are on at least one chronic disease register each.

Differences between the practice population and members of the Patient Reference Group

Describe any variations between the practice population and the Patient Reference Group membership. Provide details of the efforts the practice has made to reach any groups that are not represented.

As was done the previous year, the practice has worked hard to publicise and engage a wide selection of our patient population into joining the PPG. Examples of how the PPG meeting were advertised include:

Personal invitations from staff members.

Details of the PPG on newsletters which are available to all patients.

Posters on notice boards advertised the initial August meeting.

Letters of invitation for the PPG were sent to 29 people who were specifically targeted for representing other catchment groups within our patient population. This list of patients can be broken down into the following categories:

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
	4	7	7	4	3	2	2	

Gender	No.
Male	15
Female	14

Within this group there was one patient on the Learning Disability register and one patient with a history of Substance Misuse.

Of the 29 patients written to with a personal invitation to our PPG meeting, only the 4 previously identified patients attended.

Stage Two – validate the survey and action plan through the local patient participation report

Survey

Describe how the priorities to be included in the local patient survey were identified and agreed with the Patient Reference Group.

A Patient Participation Group (PPG) meeting was held on Wednesday 8th August* to provide an opportunity to gain feedback from patients about their experiences of our services and highlight any areas which could be focused on within the upcoming patient survey. There were several recurring themes from previous meetings and also from other interaction with patients e.g. appointments and prescription ordering.

*Minutes of meeting 8th August 2012 Appendix 1

Describe how the questions included in the local patient survey were drawn up.

A draft survey was created in house for the follow up meeting on 6th December* based on the themes and issues previously highlighted. Attendees at that meeting were given an opportunity to review all suggested survey questions for relevance, format and structure, and these were subsequently agreed. The overall format of the questionnaire was also accepted as suitable. No further comments were made regarding this issue by the patients present.

*Minutes of meeting 6th December 2012 Appendix 2

Provide details of the methodology used to carry out the survey including the following:-

- *How the survey was conducted i.e. by paper or electronically, in the surgery or by mail*

The survey was conducted on a paper copy, available in the surgery to all patients who presented and also posted out to 49 people. A large print version of the survey was also available upon request.

- *How the patients to be surveyed were selected (they should be representative of the practice population)*

Surveys were made available to everyone who accessed the surgery in person by having a supply on the counter for anyone to complete. Staff also targeted patients opportunistically to ask if they would take a few minutes to complete the questions. For these, there was no specific reference to age, gender, social care group etc.

There were 49 surveys posted out to patients. They were included with letters sent out as part of our call and recall system, so we knew the recipients would be regular service users. Below are the details for the first 32 patients we sent to:

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
	4	1	6	1	7	5	5	3

Gender	No.
Male	12
Female	20

- *The number of patients surveyed*

Surveys were made available to anyone who presented in the practice, so it was not possible to record an accurate number of how many surveys were taken by patients for completion. We were only able to record and report on the number fully completed and returned to us.

- *The number of surveys completed*

In total 91 surveys were completed and returned to the practice. This is not as many as we would have hoped, but it is worth noting that, as part of our contractual obligations, the practice has to have a patient survey completed every quarter to obtain patient satisfaction rates. It is our experience that people often see a survey and believe they have already completed it when, in fact, that was a previously dated version, or one asking a different range of questions. As such, it can be difficult to reach high numbers when many people who are willing to complete surveys have often done so on many previous occasions because their willingness can decrease when they are so frequently asked.

- *Details of how the survey was analysed i.e. in house or outsourced.*

The survey was analysed in house. All results were recorded and collated accordingly. Any additional comments were noted alongside their respective questions and reported back to the PPG group along with the formal results, as follows:

BENTHAM ROAD HEALTH CENTRE QUESTIONNAIRE - RESULTS

91 surveys were completed in total, over a full 5 week period, starting Jan 2013

1. Are we meeting your needs as a practice?

Yes – 78.25% No – 21.75%

2. Are you satisfied with the appointment system?

Yes – 72% No – 28%

If no, please comment

to rigid to book an appt then wait for 30 mins

would prefer to be able to book for the next day if no available appts when phone up

never any appointments, always booked up

3. Do you know you can order prescriptions online?

Yes – 61% No – 39%

ACTION POINTS

1. Ensure leaflets with each outgoing prescription explaining the range of ordering options available.
2. A display in the waiting room to explain different ordering options.
3. Make prescription ordering a key focus of our next newsletter (April 2013).

4. Do you know about repeat dispensing? This is where you can get a 6 monthly prescription (that is kept by a nominated chemist) for 4 items or less. You need to be on the prescription without changes for 6 months or more.

Yes – 57% No – 43%

ACTION POINTS

Leaflets with each outgoing prescription, notice board display and newsletter focus (as suggested in Q3 actions).

4. Run a search on our clinical system to identify patients suitable for Repeat Dispensing and write to them with information about the service and how to set it up.

5. Are you happy with the facilities at the practice? Eg. Car park, seating, disabled access

Yes – 100% No – 0%

If no, please comment: [access sometimes challenging on entrance & exit](#) (nb this has now been resolved with the completion of new doors)

6. Have you read our newsletter?

Yes – 50% No - 50%

7. Have you been to any of the groups running in the community room?

Yes – 5% No – 95%

8. What services would you like to see the room used for?

Diabetic group discussions
didn't know
health promotion, drop in for young people
weight loss, healthy eating
maybe family counselling e.g. domestic abuse
keep the same please, will try to attend
general information

ACTION POINT

5. Look at a wider range of events to offer, which would relate to different patient populations. Further suggestions to those above include: Fire Safety and CPR. Link with Lynnette Bannister, Community Development Tutor Health & Wellbeing, for further suggested Health focus topics.

9. Would you recommend this practice to a friend if asked?

Yes – 76.5% No – 23.5%

If no, please comment:

4 friends have joined
lovely practice
I have
practice could not be better
yes and friends have moved
but a couple of doctors are wonderful (after answering 'No' to Q9)
we have already brought our neighbour with us from our old practice.
definitely
definitely

Provide details of how the practice discussed the results of the survey with the Patient Reference Group.

Due to only 4 patients expressing interest in the PPG prior to completion of the survey, it was suggested that a formal meeting may not be necessary. Each patient (actually made up of two couples) was asked if they would be happy to receive a copy of the results with feedback and suggestions from the surgery and then report their own feedback to us once they had reviewed it. Both couples agreed and so this was implemented. Replies then came voluntarily from each couple to say that they were happy with the reported results, feedback and our suggested action points about how to move forward from this point. No further comments were made from them.

Action Plan

Describe how the practice agreed the action plan for implementing the findings or proposals arising from the local practice survey with the Patient Reference Group.

The details of the Action Plan points as stated above were agreed with all members of the PPG verbally. None of the members wished to provide any further input. Given that our patient representation in the PPG is low and that none of the members have shown an interest in becoming more proactive in this, the practice has taken on the administering of the

action points independently.

ACTIONS ALREADY TAKEN

1. The practice immediately began to advise people of different prescription ordering options verbally and using a leaflet which was attached to all outgoing scripts.
2. A display is currently being created for our patient waiting area to clearly explain different ordering options. This will be put up in the next few weeks.
5. Following on from some previous workshops, the surgery had a very successful Healthy Eating workshop on 19th March. This was attended by 16 patients and many have expressed an interest in attending further ones. Following a meeting with Lynette Bannister on 20th March, we have agreed on the following future topics:

Stroke Awareness – 30th April 2013

Summer Safety – 12th June 2013

Winter Wellness (a 4 week course) starting 1st week in October

It is felt that whilst some people may attend all of these, the range of topics may interest and draw in different demographics of people. The workshops are a great opportunity to informally educate patients, update them on what's happening in the surgery and build stronger relationships with them, encouraging them to take ownership of their health and wellbeing.

Feedback from the workshop held 19th March, and details of referrals made as a result:

"Really good workshop - good interaction with the tutor, good information to take away. Excellent link with the fire safety and service"... "Really enjoyed the session"

"Very very good"

"Very interesting"

"Well done - here's to the next one!"

"Here's to the next time - already looking forward to it"

"Even though you know many things talked about, it is good to be reminded of the best use of food and not to be complacent"

"Enjoyed it very much" Home fire safety referral made to fire service

"I have more knowledge" Home fire safety referral made to fire service

"Really good information on healthy diet, portion sizes and fire safety was informative and well illustrated"

I have learned about five different sorts of veg and fruit not the same ones Home fire safety referral made to fire service

"Great" Home fire safety referral made to fire service

"I have benefited" Health trainer referral made

"Good" Health trainer referral made

"Great" Health trainer referral made

Detail any findings or proposals arising from the local practice survey that have not been agreed as part of the action plan and the reasons why.

Regarding Q2 of the survey: The surgery has since started to review appointment availability again (e.g. advance versus same day appointment booking). Minutes from the PPG meeting held 8th December 2012 confirm that we continue to review appointments offered.

'APPOINTMENTS:

The practice aims to continue to review the appointment booking system. The group felt that the right balance between book in advance / same day appointments was critical to patients satisfaction. '

PPG Minutes 8th December 2012

This has commenced again since the action plan was devised in view of increased patient numbers and appointment

demand as well as the addition of a new ST2 student in Mid-March.

Regarding Q5 of the survey: Although this question about facilities at the practice scored 100% satisfaction, there was one comment made regarding the doors into the premises. New doors have been installed at the main entrance since completion of the survey and this was planned several months previously by the PCT who are responsible for the building. It is anticipated that this will eradicate any further 'challenges' on building access, therefore satisfying the one comment fed back to us on the matter.

Detail any proposals which impact on contractual arrangements.

There are no planned actions which would impact on contractual arrangements.

Local Patient Participation Report

Provide the practice website address on which the Local Patient Participation Report has been published. Please enclose a copy of the Local Patient Participation Report.

This report is published on our practice website:

www.cornerstonepractice.com/ppg

Opening Times

Provide the opening hours of the practice and the method of obtaining access to services throughout core hours.

The opening times of the Practice are as follows:

Monday 08:00-18:30

Tuesday 08:00-20:00

Wednesday 08:00-20:00

Thursday 08:00-18:30

Friday 08:00-18:30

Saturday 08:30-12:30

The surgery is accessible to patients throughout opening hours by the following methods: in person, by telephone, general email enquiries, fax.

We are available 24hours 365days for prescription ordering via Emis Access and for general email enquiries to be sent to bentham@cornerstonepractice.com

If the practice has entered into arrangements to provide extended hours access please provide the times at which individual healthcare professionals are accessible to registered patients.

Although regular practices (on PMS contracts) are required to be accessible Monday to Friday 08:00-18:30, Bentham Road Health Centre is open Monday through Saturday (hours stated above) including Saturdays in Bank Holiday weekends. This is as per our contractual obligations as an APMS contract and as such we are not considered to offer 'extended hours'.

Of the hours we open over and above a usual PMS contracted surgery - Tuesday eve, Wednesday eve and Saturday mornings – we offer the following services to registered patients:

GP appointments – Tuesday evenings, Wednesday evenings, Saturday mornings

HCA appointments – Wed evenings

Smoking Cessation Advisor – Tuesday evenings

Access to reception for queries, ordering and collecting prescriptions and booking through all hours.

APPENDIX 1

PATIENT PARTICIPATION GROUP

Meeting – Wednesday 8th August 2012

PRESENT: Dr Adam Black (arrived at 4.15pm), Dr Maryam Sonde (arrived at 4.15pm), Natasha Blows, Jill Cross (arrived at 4.30pm)

PATIENTS: LF, SF, LH, DH

APOLOGIES: None

OPENING/WELCOME

Natasha Blows (NB) opened the meeting at 16.05hrs. She welcomed everyone and apologised that Dr Adam Black (AB), Dr Maryam Sonde (MS) and Jill Cross (JC) had been held up and would, therefore, arrive later. She explained the locality of the fire exits and bathrooms.

The meeting started with a discussion of the action taken from the last meeting. Details of this are documented below:

FINDING/PROPOSAL: Most patients learnt about Bentham Road reopening through word of mouth. It is, therefore, important to keep promoting the surgery and its events.

NB stated that many events had been promoted in the most recent newsletter and will continue to be in forthcoming editions. She stated that we are looking at producing a 'What's on at Bentham Road?' poster for the surgery. This would take the format of a weekly planner, but we are having difficulties deciding where would be the best place to put it. NB further stated that we had approached a local pharmacy about promoting some of our events, but they had expressed concern that they would not be able to do this as it would appear that they were promoting a specific surgery. LF, therefore, suggested that we could do a leaflet drop.

FINDING/PROPOSAL: Patients were unaware that you can book an appointment up to four weeks in advance.

Action that has been taken to improve this includes:

- The clinicians have been encouraging patients to book routine appointments in advance.
- This has been publicised in the patient newsletter, on a poster in the waiting room, on prescriptions and on the Jayex (calling-in) system, and will continue to be.
- An appointment information leaflet has been produced that informs patients of the appointment system. A copy of this was given to each PPG attendee.

FINDING/PROPOSAL: Patients would like to see the same Doctor if they are attending about the same problem (continuity of care).

NB stated that the clinicians encourage patients to make an appointment to see them specifically to encourage continuity of care. The reception team also ask patients who they would like to see and always try to accommodate this if possible. This is done by asking the patient who they have seen most recently/frequently or by asking who the patient would like to see.

FINDING/PROPOSAL: Availability of Doctor/Nurse appointments before 9.00am.

AB stated that there are already nursing appointments available from 8.40am some days of the week. He said that there is a new nurse starting at Bentham Road from September but the times of her clinics are yet to be decided. Therefore, there may be a possibility of even earlier/later nursing appointments.

FINDING/PROPOSAL: Approximately half of the patients would like to be able to book appointments online.

AB stated that there was concern that allowing patients to book appointments online would disadvantage those that do not have access to the Internet. He was also concerned that the reception team would not be able to screen the appointments and, therefore, the appointments may be used inappropriately. Further consideration of this matter is needed.

FINDING/PROPOSAL: Communication to patients when a clinician is running late.

NB stated that the reception team inform patients how many other patients are waiting to be seen before them and that Gill Chapman (Senior Receptionist) had recently sent an email to the whole reception team reminding that they should continue to do this. NB also said that the team now asks the patient why they need to see the clinician and this, therefore, allows us to encourage patients to make double/longer appointments if necessary.

We have also purchased a Surgery Pod, so NB asked the PPG members if they had used the Pod and what they thought of it. LH stated that she was unsure what it was really for, so AB explained that it allows patients to check their blood pressure, as well as other standard checks, such as a contraceptive pill check. Therefore, it was concluded that the Pod needs to be advertised more. NB will ask Benjamin Gabb to write an article about it in an upcoming edition of the newsletter.

FINDING/PROPOSAL: Some patients did not seem to be aware of some of the services the surgery offers, e.g. synchronisation.

NB stated that most of the reception team have now been trained to synchronise medications and that we have been approaching patients that we think may like their tablets synchronised.

FINDING/PROPOSAL: Not many patients were aware of the surgery newsletter.

The staff were disappointed that not many patients were aware of the newsletter, as it is one of our main vehicles for advertising services/events at the surgery. Therefore, many actions have been taken to ensure the newsletter reaches as many patients as possible:

- The Spring 2012 edition has been uploaded to the website and it will be arranged for further editions to be put on there.
- A leaflet dispenser has been put up in just inside the front door to encourage all visitors to the surgery to take a copy.
- The Summer 2012 edition was a 'bumper' edition that highlighted much of the work that we have done with Happy, Healthy Communities, was delivered to all the houses in the Mill Hill area.

FINDING/PROPOSAL: Patients have difficulty parking on the car park at school start and finish times. This is especially a problem for disabled patients.

NB stated that this is an ongoing problem and something that will take a long time to solve. She said that it is a problem for all schools, e.g. St Wilfrid's school parents use the old Focus carpark. AB stated that at his children's school, they use the local cricket club carpark.

SF said that he had made a complaint about the carpark (but did not specify who he had made the complaint to) and said that he had received a letter of apology.

NB stated that we had tried to make the carpark as safe as possible by installing barriers to try and direct where the pupils/parents can walk.

FINDING/PROPOSAL: Some patients were dissatisfied with the way the reception staff enquired why a patient needs an appointment.

NB stated that the reception team has held a meeting and decided on a uniform way of asking patients why they need an appointment. She said that all staff members are encouraged to do it. Generally, we feel it has been received fairly well. AB said that he encourages the reception team to enquire why patients need an appointment.

FINDING/PROPOSAL: Better signage is needed to direct patients to Room 10.

It was stated that the Facilities Manager had ordered a new sign for this room, but we are still waiting for it to be put up. NB said that this room is now occupied by the Chaplain and Community Development Officer, Ian Ferguson, and, quite often, he comes and meets people in the surgery waiting room before taking them to his room.

NB then summarised the action points that have already been taken and the actions that the surgery intends to implement.

Action points that have been implemented:

- Events and services have been published in the most recent patient newsletter.
- An appointment information leaflet has been produced.
- Information on booking advanced appointments has been published in the patient newsletter, on a poster in the waiting room, on the Jayex sign and on prescriptions.
- All staff encourage continuity of care.
- Nursing appointments are available from 8.40am on some mornings.
- A surgery pod has been purchased.
- Reception staff have been trained to synchronise medications.
- A new sign for Room 10 has been ordered.

The actions that the surgery intends to take include:

- Discuss with local businesses whether they would be willing to display a poster outlining the services/activities at Bentham Road Health Centre.
- Continue to assess and improve the car parking problem at the surgery, especially at school start and finish times.

The Patient Leaflet

AB explained that we would like to update of our patient information booklet, as it is now almost three years old and is out of date. The PPG members were each given a 'What Should be in a Practice Leaflet?' list that was taken from the NHS Identity website. It was identified that many of the suggestions on this list were already included in the previous leaflet.

It was suggested that the names of all the surgery staff are put in the leaflet. It was mentioned that we change our FY2 every few months which could be a problem, making the leaflet out-of-date very soon. AB commented that shortly we will have a Registrar (qualified doctor at Registrar level who is completing their training) in post and the post will be for one year so will be OK to put them in the leaflet. NB queried whether this would be a good idea though, as the leaflet will not be reprinted on a yearly basis.

Other services that are available that could be put in the leaflet were discussed e.g. smears, drop-in centre.

It was queried where the local walk-in Urgent Care Centre is other than the hospital and it was stated that Barbara Castle Way Health Centre have this facility available for dressings etc.

DH brought up the issue of the telephones not being answered first thing in the morning. He mentioned that on occasions he has not been able to get through at 8 am and actually walked up to the Health Centre in order to get an appointment for that day.

It was explained that a receptionist is always here at 8 am but, as there are four lines, it is not possible to answer them all straight away. It was resolved that the telephone system be checked.

A discussion was had about different types of answering system. SF queried whether a messaging system could be put in place via an answer phone. Jill pointed out, however, that, by the time the receptionist had got round to picking up the messages after answering all the telephone requests for appointments, all the appointments for that day may already be taken.

Dr Black added that, even if all the appointments are booked up, real emergencies will still be seen on the same day.

Any Other Business

There was no other business to discuss.

Dr Black thanked everyone for attending the meeting and for their input and declared the meeting closed.

PATIENT PARTICIPATION GROUP

Meeting –Thursday 6th December 2012

PRESENT: Dr Adam Black, Dr Nicola Pugh, Rachel Cunliffe, Andrea Robinson, Ian Ferguson and Trudi Jenkinson

PATIENTS: LF, SF, LH, DH

APOLOGIES: Dr Adam Black

OPENING/WELCOME

Trudi Jenkinson opened the meeting at 16.05hrs. She welcomed everyone and apologised that Adam Black could not attend the meeting. She explained the locality of the fire exits and bathrooms.

The meeting started with a discussion of the action taken from the last meeting. Details of this are documented below:

FINDING/PROPOSAL: Update on practice leaflet.

As a growing practice there will be inevitable change and development within the practice so providing an up to date practice leaflet has been a challenge. With that in mind it has been decided that the majority of the leaflet will be the same for all Cornerstone surgeries with a middle insert just for Bentham Road. This will cover any events/services that are relevant to our surgery alone.

The surgery plans to continue to produce regular newsletters which will inform patients of any in-house events, provide updates and advice from our Doctors / Nurses /Health Visitors etc. Current newsletters will be kept in the leaflet dispensers as you walk in the main door of the surgery.

The group talked about the possibility of purchasing a television monitor for use in reception to reduce the growing number of leaflets/notices that are currently promoting new services and events.

NEW QUESTIONNAIRE: as part of the agreement with the PCT every year we need to send out a questionnaire to gain feedback from our patient's re- our performance/services. The questionnaire was discussed and each question considered within the group, all parties were happy for it to go out, likely in the New Year.

MILL HILL COMMUNITY CENTRE:

The community centre is a work in process. It will be taken over by the board of trustees in the first week in April 2013 subject to license agreement. The aim of the Mill Hill Community Centre Trust is to improve quality and increase the availability of the centre. They want to make the centre the focus of the community. They are currently discussing the management of the centre.

PHONES:

The group discussed the recent problems of the phones cutting off when patients are ringing in at busy times. It was felt that an engaged tone or a message would be preferable to the line being cut off.

Action point- TJ to raise at the next management meeting/speak with IT.

APPOINTMENTS:

The practice aims to continue to review the appointment booking system. The group felt that the right balance between book in advance / same day appointments was critical to patients satisfaction.

The meeting then went on to Ian discussed his various roles within the community and the surgery.

Chaplain

Ian highlighted how his role is quite unique there has only been between 8 - 12 people nationwide that are chaplains within GP Surgeries. People can drop in (Ian will see them wherever he is able to) or they can make an appointment. They do not need to be patients at Bentham Road to see Ian. Ian can help access various resources which can include reaching for the practical needs. He has vast networking skills within our community which he is only too pleased to share.

Blackburn Food Bank

Ian discussed what exactly the Food Bank is and how it helps people in need. Clients need to be referred by agencies such as Citizens Advice, Social Workers, Care Networks, Doctors etc. The Food Bank service will provide food along with encouragement and support with their difficulties. The aim is not to see anyone go hungry. Once the voucher is issued clients have got 3 days in which to exchange it. The Food Bank is open Monday, Wednesday and Friday 11.00 - 2.00. Tesco and Asda have made a commitment to provide £250 of toiletries every 3 months. There is still a need for volunteers for the Food Bank. Ian is a trustee for the Food bank so has been involved in its setting up.

YMCA

Ian is also a trustee for the YMCA. YMCA concentrates on work with teenagers. They believe that all young people deserve to have a safe place to live and the opportunity to reach their full potential. The YMCA's vision is of an inclusive Christian Movement, transforming communities so that all young people truly belong, contribute and thrive.

He also works alongside Christine Allen who is our Health Trainer in the surgery. Therefore if she comes across anyone that could benefit from some additional help then she refers them onto Ian who will help them in the best way he can.

Be Part Of It

We are still running the **Be Part OF It** campaign, as part of this we can now offer funding for grants towards education/qualifications. It is not specific to age or location. The only criteria are the fact that it would need to benefit/support the community.

PLANNED FREE HEALTH WORKSHOPS run from our community room. Future workshops ...

The group discussed workshop ideas/ preferences ...

CPR - This was of particular interest to all- **Action point** TJ to investigate.

Weight loss group

Massage (ladies)

Cancer Awareness

The actions that the surgery intends to take include:

- Highlight the issue re- the phones cutting off and investigate the options available within the system we have.
- Makes enquiries about any CPR training courses that could be available to us?
- To gain feedback from our Patient population re- our new questionnaire
- Make final amendments to our new patient leaflet which will be available in the New Year.

AOB

There was no other business to discuss.

Trudi Jenkinson thanked everyone for attending the meeting and for their input and declared the meeting closed.