**ASHCROFT SURGERY WING**

**MINUTES OF PATIENT PARTICIPATION GROUP MEETING**

Wednesday 18th October, 6.15pm, at Ashcroft Surgery

Attendees: Dr A Silverman, GP Partner Practice Manager

9 patients

Apologies: 3 patients

1. Questions from patients submitted

The following questions were submitted by a representative for Wingrave residents.

1. *How many are resident GPs and how many are locums* – 4 resident GPs. We also have regular locums who are familiar with the surgery, some of whom perform specialist tasks who we use to cover staff holidays.

2. *Could we get information on how many of the GPs/Locums that work at Ashcroft Surgery are full time (38+ hours/wk) and how many are part time (less than 38 hrs /wk) -*  3 doctors work 3 days per week, 1 doctor works 1 day per week

3. *How many hours are spent by GPs and Locums in the surgery and how many outside the surgery visiting patients* – Patients are seen for appointments between 9.00 and 11.00am, early GP surgery 2.00 – 4.00pm and late GP surgery 3.40 to 5.40pm. Visits are as and when needed.

4. *What is the total patient number supported by the surgery* - 4000

5. *Is the general waiting time for non emergency appointments increasing, and if so, by how much (in terms of days)* – Pre-bookable appointments – 10 days or ring on the day. Urgent appointments are seen on the day.

6. *I believe there may be a general perception that the service provided since the Dr Dunford/Gibby era has reduced* – our patient feedback has remained positive and consistent since the change in partnership.

7. *Texting people about appointments is a good idea. Thought that appointments not kept should be charged a minimum of £5* – We are now texting reminders to patients and we hope that this will reduce the number of non-attendances.

8. *I have been with Ashcroft for nearly 30 years and are extremely happy with treatment &service received and always able to get a same day appointment. The only thing that would be nice is to have some indication of how late the doctors are running* – we always try to let waiting patients know if an emergency has caused a delay and is causing a doctor to run late. Patients are always welcome to approach our reception team if they need to know how long a doctor is running late.

9. C*ar park - maybe removing or narrowing the raised stone area near the entrance to car park would give more room and easier manoeuvre* – we will look into this issue

10. *Do budgetary restraints influence treatment, for instance having a PSA*– No. Tests will be carried out where indicated clinically and guidelines are followed depending on symptoms. The reason why there is no national screening programme for prostate cancer is that there is no good evidence that this would be beneficial to patients and not related to cost.

1. Music in reception

We have recently obtained a music licence to play a radio in the waiting area to improve confidentiality when patients are talking to our reception and dispensary teams.

1. Sexual orientation

The question of NHS staff asking patients their sexual orientation to record in patients notes was mentioned. It is not mandatory for patients to be asked this and we do not currently have a policy of asking patients this.

1. Proposal of Meeting at lunchtime instead of evenings

The attendees were asked if they would be happy to attend future meetings over the lunchtime period when the surgery was closed to patients. This would provide the opportunity for other surgery staff to attend and all meeting attendees were happy to do this.

Next meeting will be held on Wednesday 27th June at 12.30pm at the Surgery.