**NOTES OF MEETING WITH LORRAINE COOPER PRACTICE MANAGER CANDER AVON SURGERY 23-07-2013**

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| Item |  |
| 1 | **MEMBERS PRESENT & APOLOGIES** |
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| **In Attendance** |
| Robert Freel (RF) SCC | Lorraine Cooper (LC) Practice Manager |
| Beth Grant ( BG) SCC |  |

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|  | L C apologised for the meeting changes however this was mainly due to annual leave and availability. RF advised that the two main elements that we were meeting to discuss were issues raised at previous meetings :1. Call charges for 0845 number
2. Treatment room appointments
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| A | **Call Charges**LC advised that the practice had over two years of a seven year contract still to run however the practice have had some correspondence with the telecom system provider and will be having meetings with them next week to address some of the call cost issues. The Practice management team were not entirely sure of what options they will adopt but will seek to address the call cost issue. LC also explained that by law the recorded message has to advise that the call may be recorded and that they can not cut down the text on the recorded message for individual callers although they have heard the message multiple times.The surgery were also promoting telephone consultations however were aware of the costs. | DB |
| B | **Wound Treatment .**LC advised that Margaret Brown from the wound treatment clinic was available to come out and talk to the CC. The process of allocation was not as straightforward as everyone would think as the GP practice completes a form and the patient then has to make the appointment. Practice had objected to centralisation of treatment clinics and agreed that for elderly patients the walk could be too far. Follow up clinic visits were also a problem as the Stonehouse clinic was only available one day a week. And if a follow up was two days after the initial visit the patient has no option but to travel to another clinic. A clearer understanding of the allocation of appointments by the clinic or what clinics are available does not appear to be conveyed to patients.  |  |
| C | AOBLC advised on the latest developments within the practice.1. Telephone consultations, whilst not suitable for everyone these appeared to be working well.
2. An online appointment booking system is being looked at that will offer available dates and times. Security of patient information will not be compromised.
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|  | 1. A repeat prescription booking system is currently being considered however this was promised of for July this year but is still in development.
2. A triage system of emergency appointments for Larkhall is being trialled, it is nurse led and appears to be working well. Could be rolled out to Stonehouse.
3. DNA stats are down due to text reminders however LC has no figures but knows from experience that on a daily basis its down. Shortage of staff (sickness ) is main problem for not having s stats to hand.
4. Early morning and Saturday appointments are only available at Larkhall generally 2 three per month.

RF advised that if the practice wished to advise the community of flue jab campaigns or similar then CC were willing to put posters up at cross, or event the day centre at 4-5 The cross. |  |