**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON WEDNESDAY 26 JUNE 2024**

**Date:** Wednesday 26 June 2024

**Meeting Commenced:** 5.30 pm

**Members Present:** LV

 HW

 BW

 GM

 Dr RP

**Introduction:** LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. GM gave apologies from JM and then gave a brief resume of the previous meeting; matters then proceeded to hear updates from Dr RP.

**Surgery telephone system:** Dr RP said the functionality of the surgery telephone system had improved. The upgrade, mentioned at the last meeting, which allows callers the option of waiting in the queue for their call to be answered or exiting the queue with a promise of a call back after having left a message, had been installed.

HW said her recent experience was, when a caller was in a call waiting queue, that notifications were no longer being given that the call was moving up the queue. Dr RP brought one of the reception staff in to assist the discussion.

Some features of the system had been modified to conform with current NHS Data Protection protocols – the name of the caller would no longer come up on the display for reception staff (the callers number still would and that could be searched and linked if the phone had been registered to patient.)

LV asked if reception staff had been present when the Louiscom engineer had last visited the surgery? Dr RP confirmed that they had.

It did seem that the moving notification to the caller of their place in the queue was not currently installed or not functioning. Members saw this as something which needed to be put right. Dr RP said the matter would be taken up with Louiscom.

**Building work:** Dr RP said that at the last meeting he had thought that the buliding work to create the additional ground floor consulting room was 80% complete. He now thought it was 90% complete – there were just some minor works required to finish matters off (privacy curtains, for example). The new rooms were in use and everyone was pleased. A key reason for the work to be done was to avoid patients with mobility issues having to go up the steep stairs to the upstairs consulting room. There was no longer any need for that, patients could be seen in the doctors room, the nurse prescriber's room, or the nurse's room, all on the ground floor. Wheel chair bound patients had successfully navigated the corridor to the nurse's room. Members were pleased to hear that these primary objectives for the building work had been met.

GM asked whether the financial side of matters waas now complete? Dr RP said it was not. No money had been received thus far from the ICB. The surgery had been asked to raise an invoice for the total cost of the works – the ICB would then reimburse (two thirds) of the approved cost.

**AOB:**

HW said – and all others agreed – that the current reception staff were very good indeed and contributed greatly to the smooth running of the surgery and to putting patients at ease.

**Next Meeting:** The next meeting was agreed for Wednesday 11th of September at 5.30 pm at the surgery.

The meeting concluded at approximately 6.10