

	<p>4.4. Letter from the PPG: it was suggested that a centrepiece of the board be a letter from the PPG advertising to patients that if they engaged more with activities in their local communities, they could reap the benefits of a healthier lifestyle, more social contact and increased well-being.</p> <p>4.5. Use of website: members suggested having an area of the Practice Website which explained the Philosophy of “self-care” and pursuing activities for better well-being. Following the meeting, feedback from the Practice senior management team suggested that the website has a PPG page under “patient info” that could have the following tabs:</p> <ul style="list-style-type: none"> • What is PPG (members, role, frequency of meetings and how to join)? • minutes of previous meetings • a community links page <p>PPG would prepare the content, updates to which would be agreed at each meeting and updated quarterly by Practice staff following each PPG meeting.</p>	<p>Matthew to draft wording and send on</p> <p>HH to prepare website tabs and upload meeting minutes etc. after discussion at next meeting of how this is to look</p>
<p>5.</p>	<p>Care Navigation – now known as Active Sign-posting</p>	
	<p>5.1 David reported that EFD GPs want to have further discussion before embarking on this.</p> <p>5.2 Reception staff have completed on-line training and attended live training sessions run by the CCG.</p> <p>5.3 We are still awaiting information on the provision of more “pathways” to which patients can be directed. These are likely to include:</p> <ul style="list-style-type: none"> • advice from clinical pharmacists who can deal with many medication-related issues, • direction to Opticians for all eye problems (opticians have equipment for first-line diagnosis which GPs lack and can refer direct to hospital Ophthalmology with more detailed information) • direction to physiotherapy services without the need to see a GP first <p>5.4 GHCCG are arranging a press release – still awaited.</p>	
<p>6.</p>	<p>Retirements</p>	
	<p>Dr Bradley would be retiring at the end of June 2018 and Dr Akam would be retiring on 23rd July. Posters would soon be up in waiting rooms and on the website. The GP partners will be discussing how to replace these two GPs – it is possible that instead of new GPs, the Practice might instead look to recruit advanced nurse practitioners, clinical pharmacists or a “Physio First” service (or a mixture).</p>	

7.	Incoming Telephone Calls	
	Matthew suggested that if the Practice were to re-schedule its batch text messaging to the afternoon, patients would be more likely to phone with the resulting queries in the afternoon rather than the busy morning period.	HH to explore with PAs and Reception team what impact this would have
8.	Heating	
	David explained about the problems the Practice had been having with the heating ever since the new boilers were installed as part of the refurb. This was being actively pursued and a new firm had been appointed to solve the problems.	
9.	Uniforms	
	There was no strong feeling in favour of uniforms among PPG members. More popular was the suggestion that clearer name badges be used - which could be more easily read without peering intrusively at the receptionist!	MCM & HH to investigate new badges
10.	Patient Feedback	
	Les wanted to pass on positive feedback about how well the practice nurses had treated his wife on her recent visits	MCM to pass on to PN team
11.	Media reports of referral rationing	
	Les asked about a report he had read in a national newspaper about GPs allegedly being “paid not to refer patients to hospital”. David assured him that there was nothing like that going on in Greater Huddersfield and that initiatives to avoid inappropriate referrals, which would in turn save money much needed for other care, were often misinterpreted by journalists who possessed a less than clear command of the facts.	
	Next Meeting 5th June 2018 at Holmfirth	