AMG Minutes – 4th March 2019 – PMP and Oakwood 13.30 – 14.15

Chairperson: Dr G Mustafa.

Present: PR, EP, CC, JM, JL . Apologies: YL

	Discussion	Action	Person Responsible	
Review of Minutes from Previous Meeting				
ECG audit	PR presented ECG audit in previous meeting and to the partners.	plan would be to go back to the old system of booking ECGs	GM, PR	
Extras in new rota	Extras are being booked even when appointments are available later on that day. Extras (more appropriately to be called emergency appointments) are not discussed with GPs prior to booking them.	CC reassured the group that, receptionist are asking GPs prior to booking emergency appointments .Some of the newer receptionists might not be aware of this procedure	CC,	
Visits for Uni	Some GPs when oncall from uni , have to visit at the end of their surgery and on those days we don't seem to have a GP visiting late	JM will kindly amend template so that if oncall GP is at university, another GP will have a late visiting slot	JC	
Ward round allocations	Could this be put on the rota in advance to save changing plans on the day and altering planned visits etc.	Ward round service might be discontinued in the near future?when. In the interim, they are allocated on the day	GM.	
AOB	GP only appointments on the new rota are not being used appropriately	CC kindly did an audit of appropriate use of these appointments and will re audit	CC	

FUTURE MEETINGS: 13 May

AMG minutes – 13th May 2019 – PMP and Oakwood 13.30 – 14.15 Chairperson: Dr G Mustafa.

Present : PR, EP, JL, CC, JM Apologies : YL

	Discussion	Action	Person Responsible
Review of Minutes from Previous Meeting	Minutes of previous meeting discussed		
ECG	This was discussed in the previous meeting	GM will email all staff to inform of AMG decision - all routine ECGs to be referred to secondary care. - Only urgent ECGs will be done in-house. They have to be booked ON THE DAY with a nurse / HCA & the GP requesting (NPs to book with GP covering them). If no appointments left, then to be booked as emergency appointment with the GP and nurse. - If no HCA / nurse onsite or faulty machine, then refer urgently to MAU /	GM

		A&E depending on clinical presentation.			
Ward round allocations	Discussed in previous meeting	GM to work out a rota for ward rounds so JM could incorporate it in the new appointment system.	GM		
Audit of GP only appointments	CC completed an audit use of GP only appointments.	JM will split the 2 GP bookable appointments with one in the morning and the other still be the last appointment of the day . CC will re audit in the next 6 months	CC, JM		
Still getting high number of DNAs .	At a time of extremely high demand for appointments, DNA rate still remains high. PMP and OS has a DNA policy where patients are sent letters (alerting them of their DNA and risk being removed from practice list) on 2 of their DNAs and the 3rd DNA, their name is forwarded to a partner for consideration for removal from practice list.	CC will speak to HS to see if we can put a recorded message on the phone to alert patients of practice's strict DNA policy. DNA policy is published on practice website	СС		
AOB	We need a bit more clarity on who is responsible for e-script queries and the script box as there has been some confusion	Solutions were discussed. GM to email this to all staff.	GM.		
	Scripts queries and telephone appointments are sometimes booked AFTER the allocated time has passed. This is unsafe and could potentially be missed. GPs normally do not check appointments that have past their time.	CC to kindly email all receptionists not to book appointments in the past as they could be missed.	CC		
	Some GPs would prefer to have one form of patient contact all together for the day, before moving on to next form e.g. all telephones, followed by face to face etc.	JM will sort the rota to that effect for GPs who would prefer that.	JM.		
	Time allocated for home visit triage is not enough to be done appropriately. Need to rethink either the time or the way visits are booked.	Could visits be put through as telephone triage calls? – need to discuss this further.			

DNA's:

	Feb 20:	Feb 2019			March 2019			
	GP	NP	Nurse	HCA	GP	NP	Nurse	HCA
Chadd + Borrowash	36	12	44	17	30	21	47	31
Oakwood	7	4	17	0	10	7	14	4
University	21	12	6	2	30	17	6	10