3 rd June 2024 Present		Meeting Minutes Patient Participation Group		
		Stuart Abbott – Manager (SA) 2 patients, JS and HM		
Apolo	ogies	Dr H Edwards (HE)		
	Agenda I	tem / Actions		To be actioned by
1	Anima Feedback			Sy
	w s a d fe lt m A a H n ic d J w V • H e n a t t p re	vasn't at the time of the meeting, but t urgery have dropped from 8,000+ in a nd April respectively. The number of ropped from 3,000+ in January and F espectively which demonstrates the b was raised at the last meeting that a nore patient Communication would be unima have produced good guides on dded to the practice website under the IM highlighted that he had had issues umber of open requests, so he was u dentified as a training need for the pra- own the requests properly which had S asked how many patients were now thich is roughly 63%. IM asked in Anima could be open from veryone gets up early. SA highlighte eed rather than who gets though first s much chance of being seen as som the night before may be overwhelming otentially a huge raft of requests rath equests.	one question was if Anima was saving workloads. It telephone statistics have shown that calls to the January and February to 5,500 and 4,700 in March Busy (engaged) calls that cannot join the call que February to 1,100 and 108 in March and April burden on telephone calls is becoming less. How to Manual and User Guide for Anima along with elp patients with their awareness and use of Anima. their own website and links to these have been the Anima Page and the News Section. Is with Anima as it only allows users to have a certain actice as some staff members hadn't been closing a knock-on effect. This has now been rectified. It wigned up for the app. We were currently at 4,400 Im the evening before rather than 7am as not d that the point of Anima is to identify by patients by and that someone who has logged onto Anima has been who logs into Anima at 8.30 or 9am. Opening of or the clinicians the next morning coming in to er than opening at 7am and having a steady flow of	
2	T W S P to o O H C d a d B re N re n n	vas sent via the Clinical systems inter A will send future emails via Outlook CN Survey – HM said that the recent ogether which was misleading. SA will ut the messages. Isealth Checks – JS said that she rec check and that Dr Reddy had referred oing these on behalf of the practice a s we do not refer. SA will ask the fect oing work on our behalf. Building appearance – JS fed back t eplacement of the flooring and redect lotice Boards – JS suggested that the eorganising, however Devon, our carro otice boards and we plan to have reg	It link for the PCN survey had 2 links very close ill discuss this with the care-coordinator who sends eived a call inviting her husband for an NHS Health him. Connect Healthcare, the local federation, are and the language used is misleading and inaccurate deration to change the wording to reflect that they are hat the building looks a lot better following the pration and it was much needed. he noticeboards were too cluttered and needed e-coordinator, had just earlier today worked on all the gular health awareness campaigns highlighted on the ggested we take down the disused TV bracket,	SA SA