**PRG Meeting Notes Tuesday 14th August 2018**

Present:

Angela Marwood Practice Manager

Paul Stephens Patient Representative

Janet Neville Patient Representative

Gail Alexander Patient Representative

Sabrina Alexander Patient Representative

Kate Lamb Assistant Practice Manager

Rianne Norton Administrator (Minutes)

Apologies

No apologies were received.

**John Buttree**

The very sad news was passed to the group that our Chairman – John Buttree – had recently passed away after being unwell for some time. The practice had sent a card and some flowers to the family.

It was explained that a new chairperson was now needed for the group. Paul was nominated by Kate and agreed by all members of the group. Paul has accepted this new role.

Kate explained that historically Angela or Kate have chaired the PRG meetings due to John Buttree’s hearing problems, but she stated that the meeting was for the patients and therefore should be run by them. She also explained that previously a member of the group also took minutes, and asked for a volunteer to take the minutes at future meetings, although there were no volunteers. Suggestions were also asked for how we can encourage more patients to attend the PRG meetings.

It was agreed with Paul that he will chair the next meeting with Angela and Kate for support.

**Medicines Management Money**

Kate explained that we have received some money from Medicines Management and this has come as a result of savings made by the practice in the prescribing of alternative more cost-effective medicines in line with CCG guidelines. It was confirmed that we didn’t receive all of the money available to us, as unfortunately we were not able to meet all of the targets that had been set – some of which are unrealistic considering the area in which we are located. We received just over £9000.

Kate asked the group for any ideas on how we can spend the money, and confirmed that it has to be for the benefit of all of our patients. She explained that previously money has been spent on wipeable chairs and couches for example.

The following suggestions were provided:

* Ambulatory BP machine
* Phone headsets
* Additional high back chairs for waiting rooms (as highlighted to us through Comments & Compliments)

**Action Point**

Kate to ask Jayne Robson to look at the waiting list for the 24/7 BP machine

Kate explained that we currently have 3 x high backed chairs at Hemsworth, but unsure if there are any in Kinsley or Upton. There are also some in the theatre suite for patients recovering post-operatively.

A further suggestion was made by a member of the group to redecorate at Kinsley – says the décor is “awful”. Kate said that she didn’t think that we could use the money for this purpose, and confirmed the decorating is on the ‘wish-list’ when finances allow.

A testing machine for COPD was also suggested. It was agreed that the suggestions should be prioritised as follows:

1. BP machine
2. COPD testing machine
3. High back chairs
4. Decorating at Kinsley

Kate thanked the group for their suggestions and explained that she would keep in touch with Paul. She said that the suggestions would be discussed at the next Line Manager’s meeting, and then either she or Angela would speak to Paul to confirm whether his signature is required on the application form to spend the money.

In response to a question from a member of the group, Kate confirmed that the full amount of money that we could have received was £15000. Kate said that she did not know what would happen to the remaining £6000 that we had not received.

**Action Point**

Kate to contact the CCG to find out what happened to the money that we did not receive from Medicines Management

**Comments and Compliments**

Kate explained that considering the number of comments and compliments to discuss she did not propose to go through them all, but instead asked the group to have a read through them and see if there were any that they particularly wanted to highlight. Kate did state that high back chairs and the décor at Kinsley were both mentioned in the patient’s comments.

Hemsworth

*A massive thank you to Ann regards a tel call on 23.1.18. I called to make an appointment but due to my work hours it was difficult to call at 8am as I am getting on a train. Ann tried her best to find an appointment but there was nothing available. On the evening of 23.1.18 Ann called me to say an appointment had become available at 18.00 on 24.1.18. I was so grateful for her help and taking time out to call me back*

Hemsworth

*He has previously made a complaint about the surgery and he confirms it was satisfactorily dealt with. However he says the service he has received from the surgery this morning (in particular Emma on reception) was "absolutely fantastic" and if he could give her a pay rise he would. In his opinion "if we carry on as we are we will be the number one surgery in Yorkshire"!*

Hemsworth

*Just been speaking to a patient regarding her complaint. She did however say that while she was waiting in reception for someone to help her, she spoke to Sue who was "very helpful". The patient said that she explained what had happened (she had her daughter's urine sample but the locum GP had not given her a form), and Sue printed out the form for her and took the sample.*

Upton

*Would like everyone to know how pleasant and lovely the surgery in Upton is. He likes how comfortable he feels making appointments and coming into surgery waiting to be seen. Making a special mention to the girls on reception who are always cheerful and accommodating.*

Upton

*Saw Rachel in Upton and asked me pass compliments to management for all the help Rachel has given them, over and above, she has been wonderful, he says. He doesn’t have access to internet to put on the site, but wants to make sure her help is acknowledged.*

Hemsworth

*I just want to write and say thank you. I had an appt at Hemsworth today and really struggled in the waiting room. I suffer from severe psychiatric issues and I was having a panic attack and started to cry. Your receptionist noticed my distress and talked me down just as well as any mental health professional. She took the pressure off me with reassurances and offered me a drink. From the bottom of my heart I appreciated this – I rarely if ever leave Upton but there were no appts there today. She even walked me to the door of my apt.*

Hemsworth

*I had an x-ray appointment at The Grange and I cannot speak too highly of the radiographer who dealt with me. He was prompt, courteous and made me feel completely at ease throughout the procedure. The results were with my GP the next working day.*

Hemsworth

*Patient ‘highly praised’ Kay Jowitt for her caring and friendly services.*

Hemsworth

*I still receive texts re online access – I already have this service. Are these texts really necessary? Save money.*

Hemsworth

*(Thank you card to Dr Herrero) - Thank you for your help writing to health assessments for my husband.*

Verbal

*Patient has asked me to thank Jayne for her thorough examination of him on Monday when she saw him at home. (From J Tab) His pain is much improved.*

Upton

*The fish that you have in the tank are unsuitable they are large fish breeds Koi Shabumpkin. They require 30 gallon for fish the surface area of tank means no air is entering the tank Need to rehome the fish to pond. The air bubbles are too big they are making no difference.*

*The fish are dying slowly this is the truth. Fish Hobbiest.*

Upton

*The standard of treatment and overall professionalism throughout the practice is a model for others to follow. Over the years I have received first class service from the practice. Many thanks to everyone.*

Hemsworth

*Thank-you box of Thornton’s chocolates for Vicki Burton (admin) for her help with letter.*

Hemsworth

*Thank-you box of chocolates for Carly Norcup for help with letter.*

Hemsworth

Great service. I was contacted this morning and advised that an earlier appt was available. This really works for me.

Hemsworth

*While dealing with a patient on the phone the patient tells me he had good service from Dr Hussein the locum with have. Nothing was too much for him, all very glowing. Reported through Richard Phillips.*

Endoscopy

*Excellent care, reassured throughout the process. Felt safe.*

Endoscopy

*A TV in the waiting room. It was quite upsetting being able to hear my partner during his procedure. Less upset for family in the waiting room .*

Verbal

*Through Rianne – “He has been brilliant…couldn’t have asked for anybody to look after me better” (Re Dr Oye).*

Kinsley

*I attended the surgery on Monday 11th June and I was in the grip of a full-blown anxiety attack. I just wanted to say thank you to Clare on reception who was extremely helpful and understanding.*

Upton

*A couple of high seat chairs with arms on to push up on - y 82 year old dad struggles with regular chairs – thanks.*

Verbal

*I attended the surgery on Monday 11th June and I was in the grip of a full-blown anxiety attack. I just wanted to say thank you to Clare (Pearson) on reception who was extremely helpful and understanding - also brought her a box of chocolates.*

Verbal

*Son rang, he isn’t registered with us but his mum is, he said every single time he speaks to anyone here ... all the staff are just so helpful, kind and polite and he really appreciates all our kindness and help, he said we are so much better than the surgery he is registered at! He said if he was in our catchment area he would without a doubt love to move to us!*

Verbal

*Patient has been to reception to say how she doesn't like coming to the Drs but how Emma (Womersley) was lovely with her and she wanted to show her appreciation.*

Written

*Dear Dr J, Just a brief note to say thank you for your help. I really didn’t feel as though I would get this far. Having come to the end of therapy which was professional intelligent caring and compassionate I realise I still have quite a way to go but with the help I’ve received things are looking more optimistic. Please continue with your good work and thank you again for your time and patience.*

Verbal

*She asked receptionist for the name of the nurse that she had seen for her bloods doing, this was (Emma Mair) Patient said Emma is lovely she’s really lovely and very good at her job.*

Kate also mentioned the recent feedback that we had received via NHS Choices:

*“My mum was diagnosed with cancer last year and I want to share my story because I feel the staff at the grange did an outstanding job. Whenever we needed an appointment they were always understanding and booked us in as quick as possible. The reception staff were very helpful and accommodating and the drs and nurses provided outstanding care, compassion and comfort throughout. We decided to nurse mum at home during her final weeks and the drs communicated with us every week and then every day towards the end. The care, compassion and dignity they gave was incredible and it enabled us to make my mums final hours comfortable. The district nursing team were exactly the same and when we needed them they were right there within minutes. I feel you all deserve recognition for how you made us feel as a family. I want to thank each and everyone of you for making my mum feel comfortable and for providing her with outstanding care.”*

Kate explained that this feedback had been shared with all members of staff. She also explained that CQC will look at the comments we receive via this platform.

Kate further explained that when we do receive positive feedback from a patient or their carer/family, we do ask them if they would go online to the NHS Choices website and leave feedback for us.

The group commented that there had been some lovely feedback given by patients, especially as it was noted that patients are often too eager to complain rather than to acknowledge good work. Kate explained that several different members of staff had been mentioned by name, and in these cases the feedback is shared with the member of staff involved as well as their Line Manager.

With regards to the comments made by the ‘Fish Hobbiest’, Kate confirmed that she had contacted the company who look after the fish, and received reassurances from them that all of the fish were healthy. The reply we received on 3rd April 2018 stated that:

“Since our last conversation your aquarium has received its routine four weekly service (27.03.18) and I can confirm all is well. I can also confirm we have supplied the same species of fish to our aquariums since our beginning in 1977. I agree these fish can also live in ponds but they are also perfectly happy in an aquarium environment.”

The following comment was highlighted by Kate:

*“A TV in the waiting room. It was quite upsetting being able to hear my partner during his procedure. Less upset for family in the waiting room .”*

Kate explained that this feedback had also been discussed at the Endoscopy User Group Meeting. She explained that there is a corridor and two fire doors between the relative’s waiting room and the procedure room, and that the radio is also on in the recovery area during each procedure. Furthermore, neither of the consultants had reported any patients in distress during any of the procedures.

**Family and Friends**

Kate explained that we are required to routinely ask patients if they would recommend our surgery/services to their family and friends, and rather than having to fill out a paper questionnaire, patients can now provide their feedback via our practice website which is hopefully more convenience for our patients, and will help us to generate more responses. All members of the group were encouraged to use this service and also to encourage their friends and family to use the service.

**Patient Survey**

Angela explained that ‘The Patient Survey’ is a questionnaire sent out centrally by NHS England to selected patients. NHS England also collates the results. The practice is not aware of who the questionnaires are sent to, nor of any specific responses. We don’t write the survey and it is very lengthy and somewhat repetitive. It was acknowledged that patients may fill in the survey if they have had a bad experience, but not always if their experience has been positive.

Our scores have been low in the last few years compared to other practices in the Wakefield area. We have fallen down in two main areas – trying to get through on the phone; the experience of making an appointment.

It was acknowledged that if a patient has difficulty getting through on the phone and then no appointments are available – or even if appointments are available – this would present a poor experience.

Angela however stressed that the results of this survey are not representative of the experiences of all of our patients. Approximately 300 surveys were sent to our patients out of a practice population of almost 15000 patients, with only around 100 surveys returned. This is not representative at all. Angela however confirmed that we are aware of the issues which concern and frustrate our patients and we have made some changes. We introduced surgery mobiles for when clinicians need to contact patients so that they are not tying up a telephone line, and we have also asked all of our administrative staff – including the practice management team - to try and not make any calls during the morning when the telephone lines are at their busiest.

Angela explained that our new Wakefield Practice Premium Contract (the contract that we hold with the CCG) has financial incentives if we achieve certain targets, and this year there is a section on the patient survey. The CCG have asked all practices to achieve a minimum of 80% patient satisfaction in the areas of being able to contact the surgery by telephone, and in having a good experience when making an appointment.

The survey was sent to patients in July 2018, and the results are expected in or around January 2019.

Representatives from the CCG came out to speak to Angela and Kate to discuss our previous poor results in the patient survey. The meeting was with Liz Blyth who used to work at the surgery and has also been a good supporter of the practice, and Laura Elliott who works in Quality.

Angela explained that she has known both of these ladies for a long time, and that she felt the meeting went well. Angela stated that it provided a good opportunity for her to explain the measures put in place by the practice to help improve patient experience, to update them with regards to clinicians in post, and to show them that we do have a plan.

Angela explained that we are passionate about the practice, and although we are very aware of the issues and problems we have had, we want to turn things around and we want to provide a good service to all of our patients.

We are aware that the practice may have a bad reputation and has received some negative feedback, some of which we feel is completely unjustified. All members of staff at the practice do work hard to provide a good service.

We acknowledge that we do sometimes get things wrong, but we have a learning procedure in place so that we do learn from our mistakes.

We are also now very close to having a full complement of clinical staff in post. Angela explained that we do all of this good work and then it is very demoralising to be criticised on the results of one survey.

Angela also explained that our star rating on NHS Choices has improved and we do get positive feedback from our patients.

We have also designed display boards in the corridor and in the waiting room to promote the good work that we are doing as a practice, and to highlight the positive feedback that we have received from our patients.

Angela also detailed another of the changes that we have recently implemented at the practice. She explained that on occasions, where there are early clinics taking place in Hemsworth, the surgery will open at 7.30am and, because the doors were open, patients were getting into the habit of coming down to the surgery at 7.30am and booking an appointment with the receptionist.

However it was acknowledged that this was unfair to those patients who were contacting the surgery by telephone to request an appointment as the lines do not open until 8am.

So as of 01.07.18 patients were unable to book an appointment in person at reception until 8am. Patients could still choose to come down to the surgery early, but they would have to queue until reception opened at 8am.

In the first couple of weeks of this going live Angela and Kate both spoke to patients in the queue to advise them of the new procedures, and also to explain the reasons why these changes have been implemented. Posters were also displayed in the reception area.

Patients were encouraged to use online access wherever possible, and it was also explained to patients that we have more receptionists answering the telephones during our busier periods - between 8am and 9.30am. This has involved the changing of rotas as shifts have to be covered between 7.30am and 8pm and we have also invested in overtime, but this is the commitment of the practice to make improvements to the service that our patients receive. Previously we had 1 x receptionist each at Kinsley and Upton and 2 x receptionists at Hemsworth. These receptionists had to deal with patients queuing at the reception desk as well as answering the telephone, and as patients at reception were given priority, this in turn meant an even longer waiting time for patients on the phone.

Angela explained that both she and Kate have also taken this opportunity to sit with receptionists as they have been answering calls, in order to look at the differing ways that receptionists are managing the calls, and ensuring that all members of staff are employing best practice.

The receptionists working extra hours answering calls on a morning have also been moved to rooms away from the reception area so that there are no external distractions. We have noticed a difference in the number of calls that we have been able to answer, which we hope will, in turn, be reflected in patient feedback.

On occasions we have also asked patients if they have had any difficulty in getting through to the surgery on the telephone, and the feedback we have received has been positive.

Angela gave an example of a patient who called the surgery early one morning – she was a carer and was wanting some help and advice and so the receptionist booked her in for a telephone consultation with a GP.

However now that we are using the Care Navigation Tool (a tool used by our receptionists to navigate patients to the most appropriate care service for their needs) the receptionist could have care navigated the patient to the carer’s option, and provided her with a telephone number which she could contact for advice and support. The patient did not request, and nor did she need at that time, a GP appointment. This would not only have been the most appropriate way of managing this call, but it would also have saved a clinical appointment to be used for a patient who needed it.

It was confirmed that although our receptionists do have full training, it is sometimes easy to slip into bad habits, and therefore the need for ongoing training was highlighted.

We do now have more clinicians in post which means that we have more appointments available, and we also have more receptionists answering the calls more quickly. We need however to ensure that appointments are being made efficiently and appropriately, and this also involves educating patients.

Some patients are phoning the surgery at 8am to book an appointment for a routine blood test. Blood clinics almost always have pre-bookable appointments available, and so patients can call the surgery to book these appointments at less busier times.

A member of the group asked whether any of the receptionists also carry out blood tests.

Angela confirmed that not currently, but said that it can be performed as a dual role.

Kate also acknowledged that it may sometimes take a little bit of extra time in order for receptionists to ensure that they book the most appropriate appointment for the patient, and that even if a same day appointment is requested it is not always required.

A member of the group commented that if a patient is able to get to the surgery then they probably do not need an urgent appointment.

Kate further explained that even if a patient comes into the surgery at 7.30am to book an appointment they may still have to go home and then return to the surgery for their appointment as routine appointments are not available until after 8am.

It was acknowledged that receptionists do a very good job in often difficult circumstances. It is easy to book a same-day appointment for the patient if there is one available – but it may not always be needed. It may be more appropriate to book one of the pre-bookable appointments.

All receptionists are trained in Care Navigation, although it was highlighted that one of the receptionists was not aware that there was a second screen in the programme which identified further care navigation services, and again this identified a training requirement.

Our ultimate goal is that our patients have a good experience when contacting the surgery on the telephone.

Care navigation also helps to allocate appointments more efficiently and, in turn, if appointments are allocated more efficiently then this will lead to less stress for our receptionists as there will be more appointments available.

The words used by the receptionists to answer the telephone are also important. Rather than asking, “Can I ask what the problem is or is it private?”, it may be more appropriate to ask, “Can I ask what the problem is so I can book you into the right clinician?”

One receptionist was found to be saying, “We’ve got an appointment for tomorrow – what’s the problem?” We need to ask the patient what the problem is first before offering an appointment – especially a same-day appointment.

A member of the group commented that they didn’t realise that GP’s specialise in particular areas. Angela explains that all GPs train in general practice but do often have specialist areas of interest – Dr Herrero’s interest is medicines management, Dr Kamal’s is minor surgery and Dr Johnston’s is Diabetes.

The CCG are satisfied with the plans that we have implemented, and even if we don’t achieve our target there is a clause in the contract which states that we have demonstrated improvements.

Kate did explain that she had conducted an in-house surgery looking at the areas in which we had failed in the patient survey, and the feedback we received was very positive.

Angela explained that at the end of each week the reception staff will be looking back on the week to see if there is any way in which we can improve our service – it is about continual learning and improvement.

In response to a comment from the group Kate explained that receptionists do have a basic script to follow when answering the telephone.

The implementation of the additional receptionists answering the telephones is going well, and Jenny (Reception Team Leader) is due to see Angela soon to provide a more detailed update.

It was discussed that if receptionists have the time then they will ask patients on the phone to describe their overall experience of contacting the surgery and making an appointment, and then we can also use this feedback to make further improvements. We will look at doing this over the next few weeks rather than conducting a paper surgery.

We are continually trying to show patients the positive aspects of this practice and to demonstrate the work that we are doing to improve our services. Unfortunately we have had some patients who have not been very accepting of the changes we have implemented, but we have taken the time to try and explain what we are doing and the rationale for it.

If receptionists have the time then we have asked them to continue to ask patients to fill out the short Family and Friends questionnaire – either the paper copy or online. We are doing OK for responses at this time, but if we do run short then we ask receptionists to make an extra effort to encourage patients, and we can also put copies of the questionnaires on seats in the waiting room.

A member of the group asked if we had considered using touch screen surveys for patients to complete. Kate explained that we had considered having a touch screen survey at Kinsley supported by appropriate advertising approved by NHS England, however unfortunately there was a lack of interested sponsors. It may be something that is considered in the future, whereby patients could also use the service to order prescriptions and/or book online appointments.

Some organisations do allow patients to provide feedback via tablets but this would be very expensive.

**Staffing**

Clinicians

It was explained that we are now very close to having a full complement of clinical staff.

Kate explained that Jayne Robson was now the new Nursing Manager. She explained that Margaret Taberner had stepped down from this role, and was now doing 2 x clinical sessions a week. Jayne will also be continuing to work as a clinician in line alongside her new management role.

It was explained at the previous meeting that Siobhan – our CASH (Contraceptive and Sexual Health) – Nurse had left, and we are pleased to have a new member of staff in that role – Maura Parkin. Maura can undertake smear tests, biopsies, give advice and insert implants. She is also undertaking training for the insertion and removal of coils. Maura has fitted in very well with the team.

Dr Oye has been a locum GP at the surgery for approximately 1 year, and we are delighted that he has now decided to join the practice as a permanent salaried GP working 8 sessions per week. It was confirmed that there may be the opportunity for a salaried GP to join the practice as a GP Partner in the future.

We have 3 current GP Partners – Dr Kamal, Dr Herrero and Dr Johnston and the CCG are happy with this current arrangement. Angela explained that the CCG may become concerned if we drop down to only 2 x GP partners considering the size of the practice.

We also have Dr Bellas in post working 6 x sessions per week. She is currently working more at Upton and has also fitted in very well.

Dr Meena is currently working at the surgery as a locum GP for a period of 6 months. She initially applied to become a salaried GP, but she decided to do 6 months first as a locum. This 6-month period will be up in October 2018. Dr Meena has confirmed that she does wish to make her position permanent, although we are not sure of the exact timescales as yet. She will be working 6-7 sessions per week.

A question was asked as to whether Dr Hussain was still working at the practice – it was explained that Dr Hussain was employed as a locum GP and now that we are close to our full complement of staff we did not require as many locum clinicians.

We have now received confirmation that Dr Ahmed will be joining us as of 01.11.18 working 8 x sessions per week. He has also expressed a definite interest in a partnership which means that he is looking to stay at the practice long term, which in turn provides stability for both staff and patients. It is also incredibly important that the practice management team and the GP Partners do have a very good working relationship at the practice.

A member of the group asked why GPs would consider being employed as locums rather than as permanent members of staff - mainly for flexibility.

A question was asked as to whether the newly employed GPs were young – as stated there still appears to be a national shortage in recruiting GP staff. Angela stated that the practice has to submit data every quarter regarding the staff employed at the practice and any forward planning measures – this will include the ages of all members of staff and whether they are due for retirement.

Angela also confirmed that Dr Meena and Dr Ahmed would be in post before we hit the peak period associated with winter pressures.

Pharmacy Technicians

We have had pharmacy technicians working at the practice and employed through the Federation. We had Erica and Sadiya in post but then the project that they were working on came to an end.

However the Federation has now secured some extra funding and we have Emma and Sadiya in post as pharmacy technicians, although they are unable to carry out face-to-face medication reviews.

Emma and Sadiya are employed by the Federation and they will spend their time working at different practices, although they will go first to practices that are overspending on their medicines budget – of which we are one.

If we can use these members of staff to help us reduce our prescription costs and make efficiency savings then we will be given some money back to use for the benefit of our patients. The more money we can save then more money we will get returned to us.

Dr Kamal will always argue that while we are always overspending, our budget has never been set appropriately for our geographical area, and also does not take into consideration the patient demographics for this area.

Sadiya is responsible for running reports and identifying cost saving measures. She will look at particular medication and see if it can be switched to a more cost-efficient generic drug.

Emma has previously worked within the CCG. She is a higher banding and can do less complex medication reviews over the phone but not in person.

Angela explained that we will also be getting a qualified pharmacist allocated to the practice, and they will be able to switch medications if appropriate. The pharmacist will be a prescriber but not a clinician, and in some cases it may still be more appropriate for the patient to speak to a clinician for advice on their medication.

It was explained that our Administrative Team will make changes to a patient’s medication if this has been authorised by a clinician e.g. via a hospital discharge letter.

A member of the group commented that lots of patients are not aware of all of this information.

Angela explained that when we have all of our pharmacy technicians in post, we will arrange a meeting with Dr Herrero who is the Medicines Management Lead, so that everyone is clear on what our overall objective is, and what we are trying to achieve. We can then publicise this information to our patients. Any changes that are made by the technicians will have previously been agreed by the GPs, and they will also be working under the strict guidelines of the CCG.

GPs can also then advise patients that the pharmacist may be contacting them in order to carry out their medication reviews.

The technicians will also be looking at patients who have historically received medications on repeat but have not been taking them for whatever reason.

Although the technicians are not directly employed by us we still want to make sure that they feel like part of our team.

HCA’s

Laura Mattison has now left the practice. We have a new HCA due to start, and we are currently carrying out her pre-employment checks.

Carly has also now completed her phlebotomy training.

Ruby decided not to return to the practice after the completion of her maternity leave.

**Engagement Meeting**

Members of the group were informed that the Engagement Meeting was taking place at 3pm today in Wakefield. Angela, Kate and Linda were all attending. It is an open meeting and therefore patients are free to attend although they cannot ask questions.

**Next meeting – Tuesday 18th September 2018**