Minutes

PATIENT PARTICIPATION GROUP

Wednesday 7th February 2024 – 1.00pm

Circuit Lane Surgery Chair AP Minutes LL

1.	Attendees:	
	PPG: Alan P, Chris G, Susan P, Philip, Peter, Sue J, Colin McC, Hazel McC, Patricia, Ann, Norman	
	Surgery: Lisa, Lucie, Jane, Sandy, Danielle, Sejal, Dr Hopkins, Dr Millar, and Dr Chauhan	
	The Potteries: David, Lynn, Jonathan, Ken, Julia, Jan, Linda, Brian, Alan, and Michelle	
	Apologies: Beti, Debs and Alice	
	The meeting was held in person at Circuit Lane Surgery. The meeting was also accessible via zoom for those who could not attend in person. We also invited PPG members from The Potteries to get a better understanding of how our PPG works.	
2.	Matters arising	
	Alan started the meeting by welcoming everyone, hoping everyone has been keeping well.	
	Telephone system Lisa informed the group that it was due to be signed off by 11am, today, 7 th February. All systems are go and it should be in place by the end of March. The Potteries already have the new system in place and it is working very well.	
	The minutes were voted as accurate and accepted.	
3.	Guest Speaker – Danielle Stanborough, Community Navigator	
	Danielle introduced herself to the group and introduced Christina who has recently joined as a Community Navigator.	
	The role of Community Navigator aims to support patients and to provide an essential link between health services and local voluntary and community provisions. For example, if a patient is feeling isolated, we will chat to them and then link the patient up to social or physical activities in the community.	
	The role was previously known as a Social Prescriber; however, it's been renamed and has been invested in across the board. It is financed through the PCN and Danielle and Christina work across all 3 sites.	

They both have a caseload of patients which consist of referrals from a					
clinician at the surgery. Since Danielle started last summer there have been					
150 referrals made across WECLS and 100 referrals from The Potteries.					

Patricia asked whether there are enough places where patients can be referred to. Lisa commented there is a lot of provision across the community. The RBH does a similar role as a proportion of the discharges made are more of a social need rather than a medical need. We will ensure that information regarding the role is included in the next monthly newsletter.

Guest Speaker – Sejal Patel, Prescribing Pharmacist

Sejal explained to the group about the new Pharmacy First scheme which was launched on 31st January. Pharmacy First is a national service offered by pharmacies across England. The service allows patients to either self-refer or have a referral from a GP too see a pharmacist for a consultation to treat seven common minor ailments. These include sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and an uncomplicated UTI. There have been some teething issues but it is early days and hopefully these will be rectified.

The consultation at the pharmacy will be uploaded and then practice staff can review the consultation information and add the data to the patient record. There are restrictions in place regarding UTIs. If you are over the age of 60, then a UTI infection can lead to complications, so these consultations need to be done by a GP as they are under a PGD (Patient Group Directive).

The scheme has been well publicised and the idea is that more patients will self-refer themselves rather than contacting their GP.

Alan P asked whether the pharmacy could see your notes/allergies, is it the same system that the surgery uses. Lisa responded that NHS 111 and Westcall use a national system, GP Connect. They can see more than a pharmacy can.

David commented that if the service becomes popular, there are concerns over capacity; is there sufficient resource to run it. Ultimately, it is a business arrangement and they'll give it a good go. There should be enough of them for it to work.

Lisa commented that similarly to CQC, all pharmacists must register with the GPhC (General Pharmaceutical Council) every year and they are the organisation which regulates pharmacists and pharmacy technicians.

4. **Financial**

The balance for WES and CL is £2,798.57.

Lisa informed The Potteries members that our fundraising efforts have included cake sales, selling books, and we've held a fete at a flu clinic in the past. Most recently we've held Easter and Christmas raffles. The funds go towards to purchasing equipment for the patients.

	We are planning on reinstating minor surgery and there is a need for some new cautery equipment.	
5.	Surgery News	
	FFT – statistics from November 2023 onwards	
	Lisa explained that this month we have provided the data along with just the negative comments which consisted of 2 pages. There were 20 pages of good comments, however we discussed in the last meeting that we wanted to be able to identify the negative feedback to be able to focus on an area.	
	The telephone system is still a contentious issue, however hopefully this will be rectified once the new telephone system is implemented.	
	Online services and access to medical records is proving to be an issue. Across the country, the NHS is encouraging staff to become NHS app ambassadors. They are people who understand how digital technology can improve care and people's experiences of the NHS. Lisa proposed that Chris and Sue could be our NHS app ambassadors and perhaps we could look at doing some Saturday/ afternoon surgeries to get patients set up on the NHS App.	
	Lisa explained that the GPAC questionnaire ask you questions such as did you get to see the doctor of your choice. The questionnaire overall is not very helpful, especially for morale. We have compiled a new survey which we would like PPG members to help us facilitate with by coming down to the surgery to do some questionnaires with the patients. Lucie to send out questionnaire when the minutes are distributed and for the questionnaire to be given to patients by the end of March.	
	David commented that it is woeful how GPAC questionnaires are returned. With the Friends and Family questionnaire, this is more specific, however it is anonymous and if we receive a bad comment, we don't know who to ask. Without the relevant information we can't change the outcome, investigate, and make it better for the next time!	
	Regarding the NHS App, patients are getting confused with MyGP and other medical apps. Perhaps we need to highlight what is the NHS App. Lisa explained that approximately 14000 patients use our online services. However, the Government thinks that no one uses online services.	
6.	Patient Voice	
	The most recent meeting was due to take place on Tuesday 6 th February, however it was cancelled. It has been rescheduled for March.	
	Lisa explained that the Patient Voice meetings are an opportunity to receive good feedback and to provide support to one another. The needs across the area are very different. In previous years, the chairperson shared best practice, however we now have a nominated officer on our PPG Group who attends the meetings.	

	A PPG member from The Potteries informed the group that Healthwatch had been invited to a previous PPG meeting and was not overly impressed by them.	
	Lisa informed everyone that Healthwatch are the nominated provider for Reading, and they gather public views and insights about local health and care services. Recently, they held and open meeting and only 5 patients turned up.	
7.	AOB	
	Feedback from BOB ICS Primary Care Strategy Meeting, 6 th February	
	Lisa explained that Sanjay Desai, a senior member of the Primary Care Team led the meeting and discussed what the strategy is going forward for the BOB.	
	Overall, GP access is good. There is a high use of Clinical Pharmacy Services across the region. There is going to be a strong emphasis on inequalities across Berkshire West which will include using population health management to help identify key areas to improve population health and wellbeing.	
	The main challenges include worsening access to primary care which include 19% of patients not having access to a dentist. In GP surgeries, too much time is spent doing administration rather than seeing patients including a mismatch between demand and capacity. In the pharmacy sector, 14 pharmacies closed in 2023. Pharmacies are having difficulty recruiting and there are estate pressures. Lloyds Pharmacy is a prime example. They lost contracts and went into liquidation. Lisa to distribute slide pack from presentation.	
	David commented that at The Potteries there is the facility to be able to book certain appointments online. Lisa advised that this is also feasible at WECLS and we list on the website the days the doctor's work. David responded that this is possible at The Potteries and he will investigate having it put on the website.	
	Dr Hopkins commented that it is an NHS directive to diversify the workforce, therefore it would be fantastic if you could support us by sharing the message that we are a clinical practice and not a doctor's surgery.	
	Patient requests are increasing as the waiting lists at hospitals are so far behind, we are having to bridge the gap with pain medication, medical health etc. Clearing the waiting lists would reduce the workload.	
	At WECLS, we have GPs who work in total 68 sessions across the week. The demographic at WES is very diverse and at CL it is a poorer population group including more young people. Good practice would be approximately 1800 patients per GP, however currently that figure is around 3500. We have an ageing population and patients need to be more confident in managing their health long term. Due to the increase in social media on various platforms, patients feel they need to see a GP, when in fact they don't and those patients that genuinely do need to can use the appointments.	

	AP closed the meeting by thanking everyone for attending, especially those PPG members from The Potteries.	
8.	Date of next meetings: Wednesday 10 th April @ WES @ 6.30pm Wednesday 5 th June @ CL @ 1.00pm Wednesday 7 th August @ WES @ 6.30pm AGM - Wednesday 9 th October @ CL @ 6.30pm Wednesday 4 th December @ WES @ 1.00pm	