**Ashville Surgery Patient Participation Group
Wednesday 22 June 2022, 5.00pm (in person and via Zoom)**

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| **Present:** | **In attendance:** |
| Anza CLARKE | Magnus NELSON, Practice Manager |
| Nina SHANDLOFF (via Zoom) | Leslie HUNTING, Admin |
| Mordechai KREITMAN | Beverley BOGLE, Admin |
| Sandra SMITH GORDON |  |
| Juanita TENNYSON DEYNCOURT |  |
| James WHEELER (via Zoom) |  |
| **Apologies**  |  |
| Rob COOPER |  |
| Heather PONTIFEX |  |
| Andrew GOODWIN |  |

1 Welcome and Introductions

MN welcomed all to the meeting (which was a hybrid zoom / in-person meeting) and in particular the two new members of the group, Juanita and James. MN also introduced Beverley, from the Ashville admin team attending for the first time.

2 Minutes / Matters arising from 22 June 2022

PCN incorporation: The Primary Care Network (PCN) had now incorporated. MN is an appointed director to the Board, representing Ashville Surgery. Each of the 7 surgeries in the network has an equivalent nominated board member. By becoming incorporated, the PCN can now apply for funding in a more streamlined manner, and will not be subject to VAT etc. It will also make it easier to appoint and manage recruit PCN staff, and formalise some of the previously-informal inter-practice working arrangements – which ultimately should benefit patients (in terms of care provided and access).

3 New Developments

* The surgery has been very busy over the last few months with additional polio vaccinations for children under 9. This has coincided with annual flu vaccinations, which has meant that many clinics have been fully booked for 2 to 3 weeks in advance. Demand for both vaccinations is now beginning to taper off, so hopefully the waiting times for other nurse / HCA appointments will reduce.
* Strep A Infections. Nationally there has been a small increase in the number of strep A infections (potentially – but rarely – a serious health condition particularly for children). This has put increased pressure on the GPs, with worried parents needing reassurance and / or antibiotics.
* 2 receptionists are leaving end of December. We are interviewing next week.
* We are now running a MONDAY diabetes clinic (for all patients in the PCN). This will run until MARCH 2023 (and hopefully longer). Tembi, who runs this, is a specialist diabetes nurse, so will be able to review patients with diabetes.
* Lung Health Checks: This is a national scheme for patients between 55 and 74 who are (or have been) smokers. These patients will be invited for a lung scan. Ashville patients are now being invited.
* PATCHS has now fully replaced eConsult. Feedback is generally positive. PPG members agreed this new system is easier to use than eConsult. Many patient concerns can be dealt with via this platform, but MN reassured the PPG, face to face appointments are still available. GPs and paramedics triage all incoming PATCHs and then take the most appropriate actions (invite patient in for an appointment / refer patient / prescribe medication / call patient for more information etc).

4 PCN developments

* The PCN has recruited a new Link Worker (Fran) and an additional pharmacist (Obi).
* The link worker role covers a range of issues including loneliness, debt management and social isolation.
* New access via Cassidy Surgery (evenings and weekends appointments with GP, nurse and HCA) and at Ashville between 7-8am and 6.30-7pm (mix of nurse and GP appointments).
1. Any other business
* The group discussed availability of appointments with the GP. The practice feels that the PATCHS platform has made the process of contacting and being seen / dealt with, a lot more streamlined for patients, though we recognise that the perception remains that GPs are offering fewer face to face appointments than previously. In reality, many patient concerns can be dealt with over the phone without the need for the patient to come to the practice. However, MN reassured the group that patients are still being seen and much sooner than they used to be, where we sometimes had a 3-4 week (sometimes even longer) waiting time for the next available appointment. It was highlighted video consultations are also available.

A suggestion was made that patients could be offered annual review (MOTs / medication reviews etc). At the moment, patients with long term health conditions (diabetes, asthma, hypertension, COPD) are offered an annual review to capture any potential contraindications. MN agreed that extending this offer to other patients is a good idea, but in reality, it would be difficult to provide all patients with an annual health review. However, we could offer, more proactively, medication reviews for patients on multiple medications, for example with our pharmacists, where patients can discuss their current requirements | voice any concerns (ie type of medication, dosages etc). If abnormalities or other health queries arose from these reviews, the pharmacist could then arrange a follow-up with a GP.
* MN was also asked about any post pandemic backlog in regard to patients being seen.

This is mainly impacting secondary care (hospital outpatients) but we are seeing an increase in the referrals we’re making to secondary care.

* With regard to strike action, MN advised no one at Ashville was preparing to strike.

MN was asked if the knock on effect of the strike would impact Ashville. It is hoped any cancelled hospital outpatient appointments would be rescheduled within a reasonable time period.

* Structure of the PPG discussion. When the PPG first met (in 2018), we discussed how the group should be structured. The group were asked to consider whether they wanted to appoint a patient chair, and any other Terms of Reference for the group. Attendees agreed that for the moment they would prefer MN continues to chair the group and keep the structure informal. MN was happy to do this and suggested for now, members of the PPG email MN about any agenda items or other issues they want to discuss in advance of meetings. MN advised the group, patient input is important and the meetings are a good place to bring up any concerns. Ashville is always open to new ideas, especially if there’s scope to make the practice (and it’s practices better). The group also suggested that we should aim for 3-4 meetings per year. All agreed we would revisit this item (structure of the PPG) down the line.
1. Date of next meeting
* To be a network-wide meeting (hybrid probably: Zoom and in person). Date TBC MARCH 2023