**MINUTES OF THE PATIENT PARTICIPATION GROUP MEETING**

**HELD ON THURSDAY 7TH DECEMBER 2023**

**COMMENCING AT 2pm**

Attendees: Edwin Oxley

Ken McCrea

David Hartley

Vanessa Stockley

Peter McCrindle

Ashvin Patel

Shirley England

Debbie Storr

Alex Hilton

Sue Culshaw (Practice)

Jayne Gelder (Practice) – Chair and Minutes (JG)

Introduction

JG opened the meeting and welcomed everyone. JG explained that Dr Hart will attend future meetings. We then went round the room and everyone introduced themselves. The ground rules for the meetings were discussed and agreed, namely:-

1. No individual complaints or personal issues.
2. No one person to dominate the meeting.
3. Open and honest communication.
4. Respect confidentiality at all times.
5. To speak up if there is anything to discuss as silence indicates agreement with what is being said.
6. All views are valid and will be listened to.
7. All telephones to be switched off / on silent.
8. No discrimination on any grounds.
9. All meetings to start and finish on time.
10. Adhere to the agenda.

We agreed to hold four meetings per year, however the PPG can request further meetings at any time.

JG asked the Patient Participation Group (PPG) for a volunteer to be Chair and for a volunteer to be Secretary for the meetings. Members considered this during the meeting and AH confirmed he would be happy to be Chair. The position of Secretary will be discussed at the beginning of the next meeting.

Discussion

The group asked for an updated list of all GPs, nurses and practice staff as the website was not up to date.

* *The practice manager has confirmed that the website is up to date with regards to permanent clinical staff and partners. We do not post locum clinical staff on the website as this can change.*

Concern was raised about the difficulty in logging onto the NHS app. Concern was also raised about booking appointments online, including face-to-face appointments as there is no facility for this.

*The practice manager has confirmed that booking appointments online for the GP has now been replaced by the total triage system, which commenced at the beginning of February.*

It was expressed that there are often long waiting times to see a GP. JG explained that the practice has in place an appointment system that allows patients to book urgent appointments on the day and that appointments are released every day to try and ensure that a high percentage of patients are able to book an appointment within 14 days. JG explained that demand for GP appointments is very high not just within our practice but in general practice across England.

*Practice Managers Comment: We now have a new system where all requests for a GP appointment are triaged by the GP to determine which clinician or service is most appropriate to assess the patient, how soon the patient needs to be seen dependant upon their medical problem and whether a telephone or face to face appointment is most appropriate. This system has increased capacity for GP appointments and reduced waiting times for those patients that need to be seen soon but are not urgent cases.*

The ANP’s role was raised, it was explained that the ANP is often able to deal with patients’ medical needs without the patient having to see the GP. JG informed the PPG that the ANP is able to prescribe medications and explained that the ANP has a full clinic of urgent appointments every day. The group asked that the role of the ANP be set out on the practice noticeboard and also in the parish newsletter.

*Practice Manager comment: There is now a poster in the surgery explaining the role of the ANP and other roles within the practice multidisciplinary team. This information has also been included in the Spring practice newsletter. A link to the newsletter has been texted to several thousand patients, it is also available to view on the practice website and copies can be found in the surgery. Copies of the newsletter have also been sent to the care home residents.*

JG explained to the group that we deliver other services as a practice to include physiotherapy, phlebotomy, podiatry and mental health services. These services are available to all our patients if required. JG explained that we have a pharmacy team who undertake medication reviews.

The question was raised about how someone can be safely diagnosed over the telephone. JG said that the GP, if in anyway uncertain about a diagnosis when having a telephone discussion with a patient, would arrange for that patient to attend at the surgery for a face-to-face appointment. It was discussed that telephone consultations are now routine across the NHS.

It was asked why the telephone number had recently changed again when most patients had only just got familiar with the telephone number from the last change. JG said that the practice has changed to a more efficient telephone system but unfortunately, we were not able to keep the previous telephone number.

*The practice manager would like to add that the previous telephone system was supplied and maintained by the ICB. We were informed that they were no longer providing this system so we had no option other than to find a new provider.* *We did request to retain the same phone number, however the ICB were unable to facilitate. Furthermore, we were having a lot of technical issues with the previous phone system and lots of patients were experiencing difficulty with this. When sourcing the new system, we worked with our PCN to ensure that we bought a new system that was fit for purpose, reliable and would be an improvement for patients. The phone system we have now is a more superior system and provides a call back option which prevents patients having to wait in the queue, we have also had a significant reduction in technical issues.*

The group asked that patients be kept informed when changes are made to the appointment system and the way appointments are booked. It was again asked that any information pertaining to changes at the practice be made available to patients via the parish newsletter, the library noticeboard and the practice noticeboard.

*Practice Manager comment: I can confirm that recent changes to appointment system were communicated to every patient by text message, email or letter. We have a number of posters up in surgery. The changes have also been posted on our website, Facebook site and phone queuing message.*

It was asked why the practice would only prescribe for a maximum of 28 days. JG advised that this was a decision made by the practice on safety grounds and to try and stop the hoarding of medication.

*The practice medicines management co-ordinator has confirmed that this policy has been in place for many years across Lancashire. Practices are required to adhere to this policy to ensure we are prescribing safely and ensuring medicines are not wasted.*

The question was asked as to how many GPs per 1000 patients are needed, how many are full-time and what is the benchmark at other surgeries. It was then asked as to how many full-time GPs do we have and are we at capacity for GPs or are we understaffed. JG advised that she would need to refer this to the Practice Manager. JG was asked to feedback at the next meeting.

*Practice Manager’s response:*

*According to the BMA December 2023:*

* *Average number of patients per GP nationally is 2,295.*
* *Coppull Medical Practice – March 2023 – average number of patients per GP was 2,169.*
* *We have 6 part time GP partners. This is equivalent to 4 full time GPs.*

It was asked if there are any future plans to move the practice into a hub setting. It was also asked as to where the GP practice fits within the NHS pyramid.

*There are no plans for Coppull Medical Practice to move to a hub setting.*

*More information on the NHS structure can be found at https://www.england.nhs.uk/long-read/structure-of-the-nhs/*

The question was asked as to what the doctors and nurses want to get from the PPG meetings.

*The aim of the PPG is to discuss practice related issues, patient experience and provide support in developing our service for the benefit of our patients.*

It was asked whether the current members of the PPG are a balanced representation of the patients. JG explained that several thousand patients from across the practice were invited to join the PPG and the members of the current group are the patients who responded.

*Practice Manager response: We are pleased with the number of members who attended the meeting and would like to thank those who took the time to attend. Numbers have improved since our previous patient group meeting. We will continue to promote the patient group and encourage more patients to join. This is a positive start for our new PPG. We welcome ideas from the PPG on how the PPG and the practice can increase uptake.*

It was suggested that future meetings could be arranged to take place in the evening, at a weekend or online as this may open the meetings to more patients.

*Practice Manager response: When we invited patients to join the patient group we did offer the option of an online meeting, this did not improve uptake. If the current group would prefer to meet online, we can certainly facilitate this. Due to the pressure on staff time, we are unable to facilitate a weekend or evening meeting at this time.*

It was also raised that we should possibly look at other venues for the meetings. Agreed that this would be discussed further.

*Practice Manager response: We are open to suggestions from the PPG regarding the venue for the meetings. We would need to consider any cost implications as we do not receive funding for this. We do not have capacity within the surgery to hold the meetings there, hence the reason for booking the Church Hall.*

It was also suggested that education sessions could be started up again at the surgery.

*Practice Manager response: We are happy to look into whether this can be restarted. We welcome suggestions from the PPG as to what sessions they feel would be helpful.*

The Patient Group agreed that it is a positive step forward for patients to be able to read their medical records online.

The Patient Group also referred to the Practice Website stating this is a definite positive for the Practice.

Antibiotic prescribing was discussed and the fact that it is not always the right thing to treat with antibiotics. The GPs are in agreement with this.

It was asked what percentage of face-to-face appointments and telephone appointments there are in comparison to the same pre-covid.

* *The practice manager has confirmed that the data is now available in the Spring Newsletter.*

Funding for self-help and social prescribing was raised and the question asked if this is in place.

* *Social prescribing has been in place for several years. We have posters and leaflets in the surgery.*

It was suggested that the option to join the Patient Group be given to new patients when they join the Practice by adding this option to the registration forms.

* *This has been actioned.*

Next Meeting

The next meeting will take place on Thursday 25th April 2024 at St John’s Church Hall and will commence at 2.00pm (access via the side door off the car park).