**Notes – Loughton Surgery PPG – Monday 11 February 2019**

**\*\*Present – PLEASE NOTE –** I circulated a list for completion at the last meeting – but did not retrieve it – so I do not have a list of those who attended!

Please – when you receive these Notes – would you please indicate to me if you were there or not and I can amend the records\*\*

1. ***Notes from the last meeting – accuracy/any actions to note***

***Any items for AOB?***

Joining the NAAP – this has produced some hiccups - such as the

‘Welcome Pack’ being non-existent. It seems now to have been set up however.

1. ***Any further feedback/issues re: Phone problems***

* (including feedback from David Hatchard)

David reported that, as agreed at the last meeting, he had tried systematically to contact the Surgery – on both numbers over a period of time. He had found both lines to be equally poor, and no signs of any great improvement in the service. He reported wait times of between 2/3 and 6 to 30 minutes.

However, it was reported that the whole system was about to be changed. A new provider had been agreed: following advice, CEG had been selected, so matters were in hand to set this up by May. This is a smaller company.

They would set up a package which produces data to pinpoint when there was major demand – and then the Practice would use that to inform their provision. The same phone numbers would be used. It was hoped that this system would be more resilient as the lines were routed through the internet. However, there was to be a separate line to feed the computers in use in the surgery. They were willing to attend a meeting of the PPG. Someone asked about booking online. That will continue at present.

We will be able to see by the May meeting how things are progressing

1. ***Any Practice developments?***

(including possible appointment of Practice based pharmacist?

Coping with the winter workload?)

It was possible that this appointment now would be seen in the context of a new funding bid – which was linked to the concept of making a list of a whole range of additional practitioners. The challenge then is to work out how to navigate such a system and steer people to the right practitioner. This is about developing a new mindset and a different sort of appointment.

Bidding for funding had been accepted and a recruitment process was in hand.

However, more NHS funding is to be available in April – so the Practice is waiting to see what emerges from this.

1. There were 2 new staff members attending the meeting – and we gave them the opportunity to introduce themselves and to outline their responsibilities.

***They were Angela and Michelle – two new Nurse Practitioners.***

Their range of tasks included the following:-

* jabs/smears/diabetes reviews/general operation of the Treatment Rooms – and general upskilling of Health Services assistance – working to improve the quality of provision and streamlining services, such as in relation to the management of chronic conditions

They cited diabetes as an example of such work – as it is such a big area of their work. Currently, they allocate part days for appointments to see patients. This is the provision at the moment, but they are reviewing it to see if it meets the needs of the patients. It may be that it would be better at different times of the week – say 7.30 am on 2 days – and 2 evenings?

They are running dedicated baby clinics too.The actual start date is the first week in March.

They were asked about their role with patients with dementia. Research has been undertaken in this patch over the last year. This has involved looking at the concept of ‘frailty’ as well – which can mean a multitude of things.

This will be reviewed together with social care – to inform future planning of care in the area.

Working with these patients often means that there are several issues with which to deal at the same time – it is not as simple as slotting people into one category.

A further question was asked about ‘DNR’ issues – and where and how that was managed.

They are not doing domiciliary work at present – but again – adaptation of work practice will be considered if current arrangements are not suitable.

A question was asked about Primary Care Networks

In the last two years, together with the other two practices in the area, we have worked together on a project about ‘frailty’. The work covered the ‘neighbourhoods’ covered by the 3 Practices. Angela had referred to this in the previous section and she had been involved in what was referred to as ’unscheduled care’ in each of them. The Practices know each other better now and want their communications systems to work together. This sort of work will continue

1. ***Future activities/speakers***

We discussed adding the work on Diabetes to our list and the work of ‘Healthwatch’.

Ken mentioned the work of NAAP – and pointed out that there was an NHS initiative with regard to CCGs – they are supposed to be talking to ‘lay’ members in the area – i.e any PPGs!

There have been problems getting the CCG covering West Essex to respond to us – Margaret has tried

1. ***Date of next meeting***

13 May 2019 – speaker(s) - Angela/Michelle – Nurse Practitioners - on the subject of **diabetes**

Pat Bagshaw

14 April 2019