**Agenda – PPG Meeting Tuesday August 9 at 5.30 pm – 6.55pm**

**Apologies:** Hazel Capal; Ken Turner; Margaret Fitch

**Present:** John Fitzmaurice; Frank McLaughlan; Michael Higgins; David Darwin;

Yvonne Collyer; Pat Bagshaw

*From the Surgery* – Ana Mackintosh

***1 How is the Surgery now working – current staffing and plans for any further developments – ongoing pressures***

Ana gave a detailed description of how regular services for patients are provided (triage system through the phone – Drs doing appropriate follow up – including bringing in patients for face-to-face consultations where they judge it to be necessary – referrals on from there)

We asked about problems – e.g. abuse (as this widely reported nationally). Yes, there had been some. Nothing else mentioned - apart from volume of work.

*There had been previous discussions were about these posts - Social Prescriber: Clinical Chemist; First Contact Practitioner – Minutes - September 2019 – progress?*

These posts had been established.

Social Prescriber – available through the Drs referrals – there on Weds (focus on social support – supported access to other sources of help)

Clinical Pharmacist – there are 3 posts – shared work

First Contact Practitioner – 1 post functioning on alternative Tuesdays and Thursdays (focus on physio, etc as prescribed by the Dr).

***2.Potential winter crisis – vaccination plans, etc***

There were increased funds allocated last year which – provided the equivalent of 1 additional Drs time per week. Would this happen again? (- thinking of Covid and flu vaccines during the upcoming winter, etc). Apparently, there is some discussion about this. No firm information.

***3.How is the phone system now working?***

Apparently this seemed to be working well - despite volume of calls – several comments about being No 20,etc, in the queue – but getting through quite quickly, although sometimes having to ring again, at the next designated time, as all the appointments had gone.

***4.An explanation of how the new ICB/ICS structure works*** *– (which now controls the £2.8 Billion NHS Expenditure allocated to this region).*

*How do we access this and get regular copies of the Newsletter? - (introductory copy circulated to members of the PPG on 1 July).*

*(See repeat attachment, circulated with the Agenda)*

Ana was unable to respond to this - but said that she would check - (ACTION) – Patient can access the following website if they want to learn more about ICB/ ICS structure. They also have a newsletter if patients would like to sign up for regular updates

<https://www.kingsfund.org.uk/>

***5.Management of ongoing services*** *– (these are particular concerns raised with the Chair*

*(A)How does the surgery follow up on requests /suggestions from consultants for*

*ongoing treatment, such as 6 monthly blood tests, etc?*

We discussed how this could be managed – as it seemed that there was no automatic repeat for such testing. Ana thought that it MIGHT be technically possible to do this, but would check to see what ***could*** be done: otherwise, the patient would need to ensure that this repeat was done. We agreed if it could be done – it would be very useful. - (ACTION)

we have a recall system for patients on Long term condition registers eg Diabetes, Cardiovascular disease etc for annual reviews and blood tests

Blood tests requested by Consultants for 6 months time, we do not have the capability to schedule sms reminders to patients for 6 months time, we can make this request to the IT dept

Later in the Meeting, we discussed the idea of making sure that ***preventative*** blood tests were arranged for patients. This is possible through annual reviews (age group or condition

related) – but maybe could be done more widely? Working on the basis of promoting preventative care, rather than reactive care

We have expanded the number of health checks we offered last year and were comparable higher than most of the practices in the locality. Our plan is to continue to offer this service as we understand the significant benefits of preventative care

*(B) If your prescription isn't available once from your usual chemist, and has to be*

*sourced at another – what should happen the next time? How can that be managed?*

After discussion, it was thought that the patient would have to be sure to inform the Surgery, when the next issue became due, so that it should be sent to the original chemists

*C) How can access to a specific Doctor be managed without undue difficulty, if one is*

*advised to do so?*

This was NOT a question about seeing a particular Dr by preference– but rather when a Dr in the practice suggested a referral to another Dr in the Practice (probably because of that Drs specialism)

It seemed to be unnecessarily tedious to have to go through the whole’ phoning at 8 or at 2’ scenario, and then having to explain to the receptionist what was involved – and sometimes then being told to email.

Could not the Dr referring not make a note on a system to implement this? (Surely, there cannot be so many of those referrals?)

Yes I agree, this seems like a reasonable request –

Practice managers – Please check with Youssef and Seb and if in agreement, please can you email clinicians advising they can book directly with another clinician if they would like them to be seen by a particular clinician due to their expertise. If they do not know how to book directly themselves then they can send a message to reception and the receptionist needs to make a note which clinicians authorised it

***6.How do we think the PPG should work in future?*** *Possible Zoom and face to face meetings?*

Chair reported that 2 members of the Group were now not able to attend in person. After discussion – we agreed that it might be both possible and a good idea to have a mixed menu – both face-to-face and by Zoom, etc

It was also thought possible to perhaps vary the day on which meetings were held – as this was a possible way of ensuring better attendance

***7.Chair of the PPG?***

(I propose to stand down at the end of this meeting - so please think about the resolution of this issue)

There was considerable discussion on this matter.

It was agreed that it should be proposed to the Group that the Chair should be taken alternatively by members - as it seemed that no one among those present - (or not) - was willing to take on the individual responsibility.

Therefore – we need someone to volunteer for the next Meeting.

(I will not be volunteering!)

**ACTION – PLEASE VOLUNTEER**

**DATE of NEXT MEETING**

This was not fixed as there was not a Chair agreed as yet – but the usual pattern is to have one at the end of October/beginning of November. It was agreed that this should be agreed shortly.

(ACTION)

Pat Bagshaw

August 27 2022