**PPG Meeting**

**6th February 2023**

**Held over Microsoft Teams**

**Attendees**

**PPG:**

Mike Etkind (Chair), Gita Kadirgamar, Bob Cox, Kathryn Wrennall, Lesley Newman, John Deakin, Lorraine Hayday, Alice McMurdo (Minute Taker) & Allan Cairns

**Surgery:** Dr Rebecca Mallard-Smith & Laura Russell

**Apologies:** Jackie Walker

**Meeting Minutes:**

1. **New PPG committee members, apologies, minutes of last meeting**

Mike opened the meeting and introduced the new members of the PPG to Dr Mallard-Smith and Laura.

1. **Surgery news**

**New Patient Packs:**

Laura reported that these have not been completed yet, however she will be involving the Practice Manager to include the staff perspective

Laura went on to update that they are working with Hanley Consulting, along with other practices in the PCN, to transform the telephony service. The aim will be to provide better access for patients, and she has pushed for them to include the PPG for feedback.

Hanley Consulting are currently looking at how they can function with the existing system and what improvements they can provide. The hope will be that telephone demand will reduce and patients will be rerouted where appropriate instead, for example to the NHS app.

Laura stressed though that this will exclude those patients that don’t have access to the app and that the PPG will be involved in providing feedback but during the testing phase not currently.

In the meantime, Laura stated she would share a video from Hanley Consulting to give some idea of what they can offer, however the current phone system may not be able to support all the functions available.

Mike responded that while he has been advocating for an improvement to the surgery’s communication and access for some time, the digitally excluded must not be left out.

**Surgery Staffing Update:**

Dr Mallard-Smith reported that Dr Stanbrook will be joining the surgery as a partner on 6th April 2023 doing 3 sessions a week. Dr Mallard-Smith will then reduce to 3 sessions a week.

There is currently a struggle to recruit nurses and an HCA. Meaning there will only be one nurse so the service on offer will need to change, no more health checks or reviews will be carried out.

Mike offered to draft an update for the website and Dr Mallard-Smith added that she will update the website regarding the reduction in her sessions also.

**Wait time for appointments:**

Dr Mallard-Smith then explained that under the new NHS and government guidelines for patients to be seen within 2 weeks the surgery scored among the worst in the county. This is due though to patients being able to book appointments in advance and the surgeries that scored well only allow appointments to be booked on the day or within 10 days.

The wait time for appointments did go over 2 weeks at one point, so 2 extra GP appointments a week were added which got the lead time back under. Also due to the enhanced access that came in in October meaning there was a multi-disciplinary approach, some appointments were taken by pharmacy or health coaches which left patients feeling like they had less access to GP’s.

Unless they stop offering pre-bookable appointments statistically the surgery will always score badly. The PPG felt unanimously that it was better to continue offering the appointments in this way.

Mike offered to draft a statement for the website to explain the surgery’s statistics regarding the lead time for appointments.

**Pharmacy referrals:**

Dr Mallard-Smith explained that patients are referred there, but they were being sent back, which was not helpful to the surgery or the patients. There has also been push back from some patients as they feel that pharmacists are not qualified for their needs.

Mike suggested the PPG teaming up with the Pharmacy to help get the message out about what they can do. Dr Mallard-Smith responded that this may be worth a discussion but expected the Pharmacy to not want to promote their services due to their own capacity.

Laura added that the Lead Pharmacist for the PCN is discussing with the pharmacy the push back they have encountered but so far, she has not heard anything.

Gita observed that some patients hold unrealistic expectations and believe that seeing a doctor is the best and asked how do we get patients to understand that at times seeing a pharmacist is the most appropriate. Mike responded that a change of culture around this is needed, which will take time.

All members of the PPG agreed that they personally were happy to see the pharmacist regarding minor ailments. John also praised the care he had received recently from the Urgent Treatment Centre in High Wycombe as another alternative.

**New GP Contract:**

Dr Mallard-Smith explained that this has been rejected unanimously as it was felt it took no consideration into the current workforce crisis, increased costs of running a surgery and the cost of living. Another offer will be presented, or they will remain on the current contact.

1. **Actions following PPG survey report**

Covered.

1. **PCN: is it adding value?**

Mike asked if the surgery felt like the PCN had relieved them of some burdens. Dr Mallard-Smith answered no; however, it is helping with work in other areas of medicine that are valuable and what is on offer is better than if the surgery were not in the PCN. Commending the Pharmacists work, as they do a lot of ratification, discharge and supporting patients with new medication.

The Health Coaches are also a supportive workforce for patients and their services include psychological support, weight loss and keeping fit advice. The Social Prescribers are great for the care of elderly.

The phlebotomist from the PCN has also alleviated time in the nurse clinic by running 1.5 hours clinics twice a week and they have recently started doing heights and weights too. Which should take some pressure off the nurse.

Dr Mallard-Smith reported the PCN to be a positive experience for the surgery, though a Paramedic is missing from the network. Adding that she felt that someone in the community supporting the elderly, including carrying out home visits was needed. As one home visit take can take her an hour and there are several patients in their 90’s who can rapidly become ill but want to be at home and require a huge amount of input to do so.

Mike added that the current PCN manager Bobby is leaving. Dr Mallard-Smith confirmed that Lynn Colley will be taking over and will be coming in this week to handover with Bobby.

1. **Publicising new members of staff on website**

Laura explained that the website is currently up to date and when the new GP starts her bio will be added. The reception team do not want their pictures on the website.

1. **Finance**

John stated that Laura, Dr Mallard-Smith, and himself will discuss this further out of the meeting.

Laura advised that currently they are relying on John’s annual donations to fund servicing some equipment, and they want to determine what the surgery would do if these funds were to stop. It may be considered for the Partnership to fund, a service could be decommissioned or perhaps the PCN could take over.

Dr Mallard-Smith added that some of the services may be moved so they are not available at the surgery, for example the blood pressure machines have already gone to the Pharmacy. Mike expressed concerned for those patients who can not travel easily to other locations for these services.

1. **AOB**

Mike reported that he is still trying to explore the possibility of a student from the Misbourne joining the PPG for a youth perspective. Allan added that if the school were aware of a Year 12 student who had an interest in medicine it could be useful for them to put on their UCAS form.

Dr Mallard-Smith confirmed she would be happy for us to meet in person for our next meeting.

Mike then asked if any patients are ever seen face to face without triage, as this question arose from the PPG survey.

Dr Mallard-Smith answered yes, however reception cannot book one directly. If a patient requests a face-to-face appointment a phone one will be booked initially then converted to face to face if appropriate.

Mike raised a comment from the survey, where a patient reported that reception told them ‘Becky doesn’t do any face to face’. Dr Mallard-Smith was aware of this and confirmed that the member of staff has been spoken to and stressed that this was not the case, however they do get some patients demanding face to face when it is not needed.

**Access to full records:**

Dr Mallard-Smith confirmed that the IT and GDPR will need to be resolved for October, which is the new live date though this has not been advertised yet.

**Actions:**

* Laura to share Hanley Consulting promotional video with PPG
* Mike to draft an update for the website on the current staffing levels of nurses and impact on surgery services
* Mike to draft a statement for the website explaining the Surgery’s score regarding the appointment lead time
* PPG to explore possibility of getting in contact with the pharmacy regarding the services they offer