MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION GROUP HELD ON 28th June 2022, AT 2.00pm

**Present:** *LR (chair), EL (secretary) MM, RB, JB, KG, MC, EF, SI (Speaker), HB(PCN), EA (Pharmacy Technician), RE(Pharmacist)*

**Apologies:** *SW, SB*

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| **Item** | **Description** | **Action** |
| 1. | **LR** thanked everyone for attending and opened the meeting. Everyone introduced themselves. |  |
| 2. | Apologies were given from PPG member who couldn’t attend. |  |
| 3. | **Minutes and Matters Arising**  KG requested that discussions and questions be mentioned in the minutes | **EL to Action** |
| 4.  4.1.  4.2  4.3  4.5  4.6  4.7  4.8 | **Primary Care Network Update**  **EF** introduced herself and introduced the primary care network, discussed how the surgery was involved across the west Wakefield district. **EF** discussed the long-term plan and explained the care and how it was making a difference for patients. **EF** went though all the services that the primary care network covers including practice pharmacists, pharmacy technicians, first contact physios, paramedics, care c-ordinates, health and wellbeing coaches, mental health workers, nurse associates and social prescribers. **EF** advised of care navigation and how the receptionist is using this tool to get the patients to the appropriate services to be able to free up GP appointments.  **Discussions arising this.**  **RB** asked if **EF** had the figures that shows how much these services are freeing up GP appointments. **EF** said that she could and that she will be able to send them figures across for the group to view.  **MC** asked what a nurse associate was. **EF** explained that they are working with he practices delivering extra care and skills for housebound patients and seeing patients in the surgery and they work along side the nurses we currently have in practice. And they have similar qualifications the nursing staff at the surgery.  **RB** asked if it’s the way forward now for people as more doctors leave the profession and can patients request these services. **EF** informed that he is correct and that while you can request these services our reception team are trained in care navigation to be able to direct patients to the correct services that could be better suited than a GP.  **MC** asked if the receptionists have been trained in care navigation and obtained a qualification in care navigation. EF confirmed that this is the case and the reception team have been trained and obtained a qualification.  **RB** asked **EF** if she knew **SI** has been in the surgery for a few years and able to do social prescribing and asked if those in the service do a similar job. **EF** informed that she did and that they do a similar role they also work alongside the health and wellbeing coaches/ care co-ordinators, and they are able to speak to patient for longer period of time than the GP.  **MC** asked who the best person was to direct to these services. EF advised the receptionist.  **RB** stated that the receptionists have changed from being the gate keeper to the navigator and asked are they under a large amount of pressure on a morning at 8am. **KG** also inputted that this may cause a massive strain on the phone lines at 8am. **EF** advised they had been care navigators for a while and are very skilled at navigating these patients to different services and its just as quick to book in with them than as it is to book in with a GP.  **RB** stated that he found it very difficult to make an appointment with the practice pharmacist when he calls up.  **JB** advised that she was always able to get an appointment with the practice pharmacist.  **RE** advised the group that her appointments could be booked at any time when available.  **EF** moved on the discussion about what is coming up for the primary care network. Those included a new office space for the team with a telephone line in Middlestown Surgery, a website, team net, newsletters, proxy access for care homes, fit notes that other services can issue besides the GP, work flow teams, health inequalities i.e. learning difficulties coding, heart failure assessments, video group consultations, CVD projects, TVTO care, network agreement updates, prevention of ill health, webinars, staff wellbeing, metabolic syndrome, group pain clinics and group learning difficulties exercise. Also discussed a young person service that will be available soon.  **Discussions arising this.**  **MC** asked how many care homes are in the district, **EF** advised that we have currently 11 care homes.  **MC** asked if the schools up to the ace of 16 will be involved in the young person service. **EF** advised that they will be, and the primary network will be supporting them but unlike other services they won’t require consent from family members, if the young person is Gillick competent then they will be able to access this.  **RB** asked how the group fit into this and how can they as a group of patients help other patients be aware of this so that the patients on the phone lines at 8.00am are aware. **EF** advised we need to advise representatives of the patient groups to get the word out and advertise round the surgery and the website.  **RB** suggested we find out patient expectations and patients experience with the services. **EF** advised that patient surveys are sent nationally and LR is doing a lot in the surgery to approach this.  **RB** suggested we need more young people’s input; **KG** advised it may be difficult to get young people to engage.  **EF** advised that as of the 1st October 2022 the network will be opening 8-8 weekdays and 9-5 on a Saturday.  **RB** advised we need to get the message out and we should make more progress in meeting patients’ expectations.  **EF** advised the group about the amount of DNA’s (did not attend) they get on a Saturday.  **EF** closed the presentation and discussion advised that the group would get a copy of the presentation for them to read, and she left the meeting.  **RE** and **EA** discussed the Pharmacists and the Pharmacy Technicians and how their roles differ and what roles they could do within the practice and how they support the GP’s.  **Discussions arising this.**  **RB** asked if we could have some figures to show how this service effect the surgery. LR advised she would get some figures together to show the group on how the surgery reduces on booked GP appts.  **KG** asked if the pharmacists could go to the GPs for help if needs be. RE Advised that they work closely among the GPs  Group discussion around how we can raise the profile of the pharmacists as they are well versed in medications and can do a lot more than people’s perceptions. As well as all the other services discussed. **MC** asked how we would identify people who need home visits by the nurses. **LR** advised its all done by searches and codes on ardens so we can contact those people and arrange any visits that are required.  **SI** advised that more new services will be able to identify these people by working with other services to pass on the information.  **LR** advised with the population growing we need these services now as the GPs cannot do it all on there own anymore.  **LR** told the group of the upcoming CQC inspection on Friday 22nd July and asked if any members were willing to come in and speak with the inspector. **MC** advised she would be able to attend. **RB** advised he would need to check his diary.  **KG** advised of an issue with disabled access within the surgery as the eternal door room is not electronic. **LR** advised she would look at adding a fire door holder both doors and we will advise that the reception staff prop open all fire doors on a morning. | **LR and EL to action Reception Door** |
| 5.  5.1.  5.2. | **New to the practice**  Pinpoint blood tests  **LR** discussed the new blood test coming for two week wait referrals it will use artificial intelligence to detect cancer. LR will send them all a document explaining it.  **Menopause Group**  **SI** has set up a group open to all women from this surgery and others in the district running the 3rd Monday of every month. **LR** to display leaflets around the surgery, giving information on the group. Next meeting is Monday 18th July 5.30 to 6.30. Mindfulness session requested in the future GP or **RE** to come in a discuss HRT further. | **LR to action**  **LR to action** |
| 6.  6.1. | **Thoughts on the patient leaflet**  **KG** stated it was a vast improvement.  **JB** advised that the salaried and associate GPs should be mentioned in the news leaflet, more info to be provided on GP Care Wakefield, the practice network services to be amended and expanded, opening hours from October to be mentioned and test result access to be mentioned.  **KG** mentioned that A&E (Accident and Emergency) is now ED (Emergency Department) and should be changed. | **LR to Action** |
| 7.  7.1.  7.2.  7.3.  7.4. | **Patient access to the practice**  **LR** advised that we are in the process of setting up a patient call back system like what other surgeries have recently introduced. RPM (the phone company) are doing a demonstration with the practice in the next few weeks.  **JD** says excellent idea to improve the system but would like it to be available for all departments examples secretaries. **LR** will ask if this suggestion is possible.  **LR** also discussed promoting patients to ring after 10.00am to book other routine appointments example blood test, cervical screening etc.  **LR** discussed using mobile phones for sending SMS for booking blood tests and other clinic appointments from the message.  **LR** advised that the online pre-bookable appointments would be coming back for patients to book face to face appointments. |  |
| 8.  8.1. | **Complaints and Compliments**  **Complaints.**  LR briefly explained that the surgery has received numerous complaints regarding the telephones and the volume of calls, especially between the hours of 8am and 9am throughout the week and several clinical complaints.  **Compliments.**  LR briefly discussed compliments received about the surgery, explaining that the compliments are fed back to staff and shared around the surgery. |  |
| 9.  9.1.  9.2.  9.3. | **Staff Updates**  **LR** briefed on the following staff updates:  • Dr Davies leaving the practice  • Dr Lawrence joining the practice  • New apprentice- currently looking for 30 hours per week  • New ANP in February when ANP MS reduces to 2 days a week  • ET will go on maternity leave in November  GP Retirements – Dr AP Sheppard will retire in May 23 and Dr R Jones will both retire in June 23. |  |
| 10. | **Primary Care network/ CCG update**  None discussed. |  |
| 11.  11.1  11.2  11.3.  11.4  11.5 | **What would you like to do next meeting?**  Would like Dr Sheppard or Dr Bolton to come and to a question-and-answer session. **LR** advised the group to think of four questions and Dr Sheppard will be able to discuss them.  **KG** suggested communications with other surgery’s PPG group to get ideas and support and look at the primary care network PPG  **RB** asked if **LR** could provide some figures from the practice i.e. medication reviews done.  More services to come and speak to the PPG  Patient surveys to be given out in flu season | **Group to action**  **Lisa to Action** |
| 12. | **AOB – None discussed.** |  |
| 13. | **Date of next Meeting**  **Wednesday 31st August 2022 at 2.00pm**  **Proposed Dates for next 12 months:**  Monday 31st October 2022  Wednesday 4th January 2023  Thursday 7th March 2023  Wednesday 10th May 2023  Monday 10th July 2023  Time of meetings to be confirmed |  |