MINUTES OF PATIENT PARTICIPATION GROUP (PPG) MEETING HELD WEDNESDAY 30TH OCTOBER 2024 AT 3 PM

Present

Sue Cousins (Chair), Hilary Mulholland, Pat Morris, David Morgan, Jean Halford, Gail Jukes, Anke Cooke, Karen Gutteridge, Carolyn Rhodes, Dr. Ladak

Apologies were received from Cheryl Burrell, Tony Cashmore, John Hipkiss.

Minutes of the last Meeting were agreed as a true record. New members were welcomed to the group.

Matters arising

Reception Staff – receive ongoing training regarding signposting to deal with calls in order to direct to the relevant professional. The Practice has a team of health professionals as well as GPs including a Pharmacist, Paramedic, Physiotherapist, Nurses, trainee GPs to assist so that GPs are able to spend more time dealing with patients with more complex medical issues.

It is noted that patients are able to see blood test and other results via the NHS or Patient Access app.

Confidentiality at Reception was discussed with an option being introduced that if a patient has concerns about being overheard when speaking to the Receptionist they will be asked to write it down and the Receptionist can then direct them to the appropriate professional. Some members of the group confirmed that they had already seen this approach in use. It was suggested that notices to this effect would be helpful in a place easily visible to patients; similarly a notice informing patients they can ask for a chaperone if required should also be easily seen, both at reception and within the clinical areas.

DNAs – Dr Ladak reported that although there are a number of DNAs each month this is a small percentage compared with failure to attend other NHS services eg hospital outpatient appointments.

DNA numbers are reported monthly and circulated via Facebook and X (Twitter). Appointments with nursing staff and blood tests are more likely to be missed than GP appointments. A system is in place to communicate with patients who fail several appointments, with exceptions for vulnerable patients.

Practice update

Dr Ladak reported that Dr. Ladd will be joining the Practice on a permanent contract from November for 2 days each week and a new Doctor will be appointed for 3 days per week to replace the 2 1/2 days worked by Dr Harrison who retires at the end of November. The group expressed their thanks to Dr Harrison for her years of service to patients.

Dr Ladak commented that it is very difficult to find a GP who wants to work full time. He expanded further on this to say that the role of the GP has completely changed over several years and they are increasingly dealing with patients with complex needs - people are living longer but have more health needs. Routine appointments have been increased to 15 minutes to reflect time needed to deal with these more complex needs.

A question was raised regarding the number of whole time equivalent GPs within the practice; Dr Ladak said that this is approximately 6, with an additional 3 registrars (trainee GPs).

The Practice Manager continues to be on long term sick leave and in the meantime Dr Ladak has had to devote some time to managing the Practice in her absence, together with the Assistant Practice Manager.

A new phone system has been installed in a bid to improve efficiency and offers a call back option. Those present commented on varying experience of the success of this.

Availability of appointments continues to be the biggest issue facing the practice, demand outstrips resources available. Discussion took place regarding other options for patients to access services. On the website E Consult is still available for consultations and advice for non-urgent needs.

Extended hours service available to book evening and weekend appointments where appropriate.

Routine appointments are released in blocks two weeks in advance in order to keep the system running and cope with demand. Attempting to find the most effective method of managing demand is an ongoing discussion. Releasing appointments 3 or 4 weeks in advance would quickly fill up resulting in even longer waits.

Patient Survey 2025

This is an annual requirement which needs to be submitted in March.

Discussion regarding the types of questions to make sure they are relevant and will provide the Practice with as much useful information as possible.

Sue to draft a Survey document based on the 2024 document and send out for PPG members and staff for discussion and review.

AoB

An item to be added to next meeting Agenda is criteria and classification for housebound patients.

Date and time of next meeting to be advised.

Meeting closed at 3.45 p.m.