**DINNINGTON GROUP PRACTICE**

**PATIENT PARTICIPATION GROUP MEETING**

**Held at Anston Surgery Monday 9th December 2024**

**Attendees:** Annette Fagan, Valerie Morley, Judith Reynolds, Amanda Samhan, Sandra Boot, Kevin Boot, Andrew Watson, Joyce Cox, Diane Graham, Patricia Naylor, Graham Green, Claire Keightley, Kathryn Allen, Lauryn Elliott

Apologies: Jacqueline Huggins

**Minutes of the last meeting**: Agreed

**Matters Arising:**

* The issue with Dinnington car park is ongoing, and the decision to get vehicle recognition is still going ahead. This will hopefully be starting in January and will be a car park for only staff and blue badge holders. It will be run by a private company and will also be in operation on weekends. Anyone who is unauthorised to use the car park will receive a fine.
* The mental health message has now been removed off the phone line as requested. It was mentioned that the ‘call back’ option is moved up so it’s not the last thing you hear whilst waiting on the phone. **Action**: **To look into getting the order of this changed.**

**New members:**

* AW & SB have rejoined the group and DG and GG had come along to see if it was something they would like to be involved with in the future. Introductions were made by everyone and the new members were welcomed to the group.

**Total Triage Update:**

KJA informed the group that overall the new appointment system was going well. The group was issued some information and statistics on number and type of requests received by the Practice since the total triage system was put in place. In just under 4 weeks we have dealt with 3070 requests. In terms of our patient population this means we could have given help or advice to 15% of our total population although it is acknowledged that a lot of these requests will be repeat requests from the same people.

Our GPs are working to the new safe guidance of seeing no more that 26 patients per day in 15 minute appointments, which are mainly face to face.

The patients are triaged and sent links or reception ring the patient to book appointments based on priority- either same day, in 2 – 7 days or over 7 days. The number of appointments is determined by the number of GP’s each day with the triage GP deals with up to 80 queries in a session.

Once we have reached capacity the ‘on call GP’ deals with any emergencies from that day. KJA showed some statistics that demonstrated that the number of patients being seen by ‘on call’ has significantly decreased with the new system and the time that we reach capacity has been extended later in the day.

Mondays are our busiest day and we are finding that we need to increase appointments on that day so there is no knock on effect for the rest of the week.

It is important that the triage is done by GPs as they have the knowledge and experience to make quick decisions in care navigating patients

Figures were also given as to how many forms are being filled in by the patient themselves and how many were competed by the receptionist. On one day only 30 out of 300 were filled in by reception demonstrating that patients are getting used to managing the new system for themselves.

Information regarding the new system has been widely communicated via YourMag, the website, information leaflets and posters and the Practice would appreciate PPG members explaining this system to those who are unsure or have concerns.

The PPG members raised a few concerns regarding the system in that:

1. they felt elderly patients may struggle with the technology.
2. A patient did not receive the help they required in filling in the form

CK reassured the group that all members of staff have been trained in how to help patients and apologised if this was not the case. Patients can still phone the Practice or come to the front desk to make an appointment in person, where the receptionist will complete the form for them.

**PCN Pilot:**

KJA explained that Rother Valley South Primary Care Network (which DGP is part of) has been selected to take part in a national pilot looking at new ways for GP Practices to work.

As a Practice we will decide on our prioritise such as continuity of care and how that can be improved. As part of this government backed initiative, we have also been given some extra funding to employ new staff including GPs and ACPs.

In January we have 2 new GPs and an Advanced Clinical Practitioner starting with us which is great news. One problem we do have is room capacity for the number of clinicians that now work with us.

DG mentioned that the council has been given significant funding to renovate a local building that could provide rooms for Physiotherapists etc

**PPG Members Issues Forum:**

* GG raised concerns regarding the wording of a recent text message regarding blood results

**CK to look into this message.**

* GG queried why the Practice asks for blood tests when they have been done at the hospital. KJA stated that we can view hospital bloods but sometimes, when the Practice is responsible for the prescribing of medication it is important that they are monitored by the Practice.
* DG asked if the GP rotas could be put on in advance of 4 weeks. KJA stated that the GP rota is vey complex and changes regularly due to meetings, staff sickness etc which makes managing those changes more disruptive for patients having their appointment rearranged. This is something that can be reviewed.
* A concern was raised by a PPG member on behalf of a patient who was seen by a Trainee GP who was supervised at the time and they were not very happy with the advice given .**CK to review.**
* Concern was raise regarding seeing a Physician Associate, but on the door, it said they were a Doctor. CK explained all name signs on the door say who they are and are accurate **This was checked and found to say Physician Associate.**

KJA explained that there has been a lot of media coverage recently regarding Physician Associates. It was reiterated that they are fully qualified and are all supervised with a debrief at the end of each day where each patient gets discussed with a GP. They always identify themselves as a PA, so the patient is aware of this during the consultation.

It was also explained that as a training practice we generally have quite a lot of trainees seeing patients under supervision, such as Medical students, PA students, Trainee nurses and GP trainees.

* Concern was raised regarding the check in system for Physiotherapists. There is no facility for self check in on arrival. The physiotherapists, diabetic nurses, speech and language are outside services working for The Rotherham Foundation Trust who use our rooms so do not have the same check in system as that of the Practice. Patients seeing them need to sit and wait to be called. **Suggestion to make a new sign explaining this.**

**AOB:**

* KJA thanked the returning and new members and hopes to see everyone at the next meeting.

**Next Meeting – Monday 27th January 3:30pm.**