**DINNINGTON GROUP PRACTICE**

**PATIENT PARTICIPATION GROUP MEETING**

**Held at Anston Surgery Monday 1st July 2024**

Attendees: Maureen Rogers, Amanda Samham, Jacqueline Huggins, Joyce Cox, Valerie Morely, Kevin Boot, Dr Eversden, Kathryn Allen, Claire Keighley, Anita Redfern, Lauryn Elliott

Apologies: Judith Reynolds, Annette Fagan, Patricia Naylor

**Matters Arising:**

* KJA informed the group that we now need to recruit more members which is currently been looked into and we have a few patients who are on our waiting list to join. Jane has stepped down due to other commitments.
* KJA informed the group that this is Maureen’s last meeting. KJA thanked her for her hard work over the years and wished her well for the future.
* The group are still looking for a member to become Chair - though no one in the group currently wants to take this role on.
* JH mentioned she is struggling to write the blog so this hasn’t been done yet. Suggested that maybe someone else could have a try if they are up to it, but had no volunteers as of yet.

**Noticeboards:**

* Valerie has been down to Woodsetts to work on improving the noticeboards. There was some confusion around what posters can be thrown away or need to be kept and the staff weren’t sure either. Anita said when she helped with the noticeboards at Anston and Dinnington, they rang the numbers that were on the posters so she could ask if they were still in date and relevant which may be a useful thing to try next time. The idea of the noticeboards that is currently being worked on is having one poster on the board and then a file underneath/ near the board which has copies of the leaflets for patients to take home if they wish. All posters will need laminating if they haven’t already been done. Valerie said the staff at Woodsetts were lovely.
* There were some queries regarding the community noticeboard as it has non relevant information to the practice such as gardening services etc. KJA mentioned previously anything non-medical wasn’t allowed and don’t think this rule has changed but **the practice will look into this and feedback.** Every poster that has been put up has been dated so we can clearly see when it has been put up.

**Dr Eversden - Protecting Practice and Patients**

* (Presentation attached to email)
* Dr Eversden came to the meeting and gave a presentation to the PPG explaining the current situation with GP Practices and the day-to-day challenges that are faced.
* The presentation explained that the population has increased whilst the number of GPs have fallen, meaning every GP in the practice is now responsible for 2294 patients each. Appointments are understandably a lot harder to get due this and so is continuity of care.
* We have been offered a 1.9% uplift to our contract but it has been worked out that we would need an 11% uplift to sustain our services. This offer hasn’t been accepted by the GPs. GP’s are currently now voting to take action to inform the Government that they aren’t happy with this offer.
* Dr Eversden explained she has worked here for many years and how much it has changed, very often leaving GPs no time for a break, lunch break, having to work extra hours and not having enough time in the day for the capacity that is needed.
* Dr Eversden spoke about what actions the practice can take; The GP’s can’t go on strike but there are some other ways that could help. These include: safer working, pushing back unfunded work and IT work.
* IT work includes switching off data sharing with third parties (we will continue to share information with people where it’s needed e.g. hospitals)
* We may implement saying no to brand switching. Often the NHS are asked to consider a different brand of medication which does the same job, because it is cheaper.
* Referral threshold is something else that may be changing where referrals will be done at our discretion. This means referring onto secondary care at the first instance if necessary, instead of waiting for advice and guidance.
* Reduce doing things we don’t get paid for e.g. hospital work. Hospital results should be given out from the hospital not the Practice as they were done there. Also reading clinic letters and explain things to patients, this should be done by the hospital team. Very often these letters are highly medical and patients may struggle to understand what it all means and would like a GP to explain it in a more patient friendly way, but this should be done by the hospital. It has already been mentioned that clinic letters should be typed more patient friendly which some departments are now doing.
* How can the PPG help support us during these times?
* Having patience with the Practice is one of the most important things, staff are doing everything they can to help and can’t physically do more than what is already been done. Our reception team are doing what they have been told to do by the Partners and management team.
* Go to the pharmacy where possible, they are now able to deal with minor aliments such as UTI’s and insect bites. Seeing the pharmacy will save a GP appointment for something that GP’s can only deal with.
* Use the NHS app and websites for advice when possible. A lot of useful information is on them.
* Phone hospitals directly for results.
* It was also suggested going into the appointment with a summary of the problem, having information that the clinician would find helpful e.g. how long has this problem been going on for, having already thought about answers to question that will most likely be asked.
* Fight our corner where possible and spread the word that we are trying our best!

Members agreed this presentation would be good to show to as many patients as possible. Could be presented at Woodsetts ‘Thursday club’ in the future.

**AOB:**

* JC mentioned that the phone line still had a long message whilst waiting for reception to answer the phone. KJA explained that at the last meeting they requested different messages rather than just the one on mental health. So Carl has gone to a lot of trouble to record information on several different topics.
* JC still feels this message is too long. The practice staff explained that this is to use the opportunity whilst patients are on hold and whilst we have their attention, to provide useful and important information that they might not already be aware of. If we didn’t have any messages on there, it would either just be silent leading people to think they have been cut off from the phone line, or it would just be every so often telling you what number in the queue you are, which we feel would be a waste of resources. Most other NHS services have similar phone line information when on hold to use this opportunity to provide useful information to patients.

**Next meeting – Monday 29th July 3:30pm**