**DINNINGTON GROUP PRACTICE**

**PATIENT PARTICIPATION GROUP MEETING**

**Held at Anston Surgery Monday 26th February 2024**

**Attendees:** Eddie Parry, Valerie Morely, Patricia Naylor, Joyce Cox, Kevin Boot, Annette Fagan, Judith Reynolds, Amanda Samhan, Jacqueline Huggins, Jane Walker, Maureen Rodgers,

Dr Tim Douglas, Kathryn Allen, Lauryn Elliott

**Minutes of the last meeting:** Agreed

**Group discussion:**

* KJA mentioned that there are 4 patients sill wanting to join the PPG group but explained we are now at full capacity. It has been taken off the website that we are no longer looking for extra members and these patients have been informed they have been put on a reserve list.
* EP praised the website and said he is impressed with how regularly it is updated.
* It was agreed that the mini meeting the members have before is working well and they have some good discussions in them so will keep having them for now.

**Car Park Update**

* Dinnington car park – JW emailed Alexander Stafford after the previous meeting to see if we could use the ‘JADE’ car park. His reply (attached below) states we should speak to the JADE owners and see if they would be willing to let us use their car park. CP, the group manager, tried ringing them but couldn’t get through, is going to try again soon. JW also offered to try to see if she can get through to them.
* It was mentioned it may be useful to put on the noticeboard the importance of it being a staff car park, allowing GPs to come in and out of visits easily with full access and allowing ambulances/other services the need to be able to park close to the building. We are currently looking into a key barrier for the car park. KJA informed member that all staff now have ‘staff’ badges in their car dashboard to help identify staff from patients.

**PPG Blog**

* A few amendments on the blog have been made which EP is happy with. It will be amended following the discussion today re pharmacist.

**Noticeboards**

* Amanda discussed the notice boards and that she has a meeting with AR soon to discuss these. They think that there should be 3 separate notice boards one with ‘what’s on?’ and one about staff and their roles in the practice, the other to be discussed. It was agreed that the noticeboards need updating as does the PPG noticeboard. **Anita / Amanda to report back on progress at the next meeting.**

**Reception**

* KJA mentioned that we are currently looking into utilising the TV in the waiting room and we considering making our own video with staff /practice information. **JW offered support with film making.**
* The reception side room was brought up that is used where patients are able to discuss sensitive matters in private. EP said he had a positive experience using this and was easy to ask for and the reception team accommodated this with no issues.
* KB spoke about the NHS app and the fact that he has seen some appointments that are booked without him knowing, which are the LTC review slots. KJA explained that we are already aware of this issue and are currently looking into how to prevent this from happening. It was explained that patients don’t need to be aware of these appointments, sometimes a clinician will call or just review notes, and if the patients don’t pick up the phone it won’t go down as a ‘did not attend’ - the clinicians will then just review their medical notes. We are aware this is causing patient confusion and work towards preventing this.
* PN expressed concerns that a receptionist told her we are unable to prebook appointments. CK explained it is very hard to see the same GP every time as they may be on leave and just because they are in the practice doesn’t mean they have appointments, they may have a set rota on e.g. care home visits, baby clinics, joint injections, but where possible we will always try and book patients in with their preferred clinician. TJD explained continuity of care is important for both doctor and patient, but the appointment system unfortunately just can’t work like that all the time as much as we would like it to. TJD also explained whatever clinician the patient sees have full access to their medical records and can see previous consultations and past medical history.
* PN spoke about an ongoing issue with using the website to book an appointment as she struggles to use this. CK offered to show her this after the meeting and explained reception are always happy to help with this. CK also mentioned that this online service frees up the amount of phone calls going through to reception, so people who’re less able to use the online system can get through quicker and easier.
* It was discussed once the Accurx system has reached capacity (70 requests a day) it cuts off to prevent the system from flooding. This opens at 8am Monday-Friday, each day is different, some days it might stay open until midday, other days such as a Monday this will fill up quicker and therefore cut off earlier.
* **TJD challenged the group to try the online service before the next meeting and then give us their feedback. They can either not actually go ahead with the request and just pretend or submit the form and put in the box ‘Test PPG’.**

**Practice Pharmacists**

* TJD spoke about our practice Pharmacists. The members of group had shared their concerns that medication has been changed without patients agreeing to this. TJD explained that the Pharmacists are fully trained and able to do medication reviews and that by them doing these it is freeing up appointments for GPs to see patients instead of doing the reviews. TJD explained that the government have said that they can’t afford funding for more GPs, but instead gave primary care funding for these new roles (Pharmacists, Physician associates, Social Prescribers) which is why we have new members of staff around the practice. The Pharmacists have gone through full, vigorous training to do their role and are very skilled in medication and in some cases, they are more skilled in these areas than GP’s.
* **JW said it would be a good idea to put the explanation about funding onto the website/future blog to help patients understand a bit more on why we have these new roles in the practice.**
* TJD informed the group we have 2 practice Pharmacists with us, and 1 Pharmacy Technician and they are a great help to the practice.
* The group shared concerns that nobody seems to know who these Pharmacists are as all the appointments are over the phone. It was explained that they are part of the PCN team who work inside the practice, and we have had a lot of positive feedback about them.
* The group were encouraged to go on the PCN website to learn more about their roles.

PCN website link:

<https://www.rothervalleysouthpcn.co.uk/>

* TJD agreed that if a patient has anxiety about the Pharmacist changing their medication and don’t agree with them, they are always welcome to getting a second opinion. KJA expressed that consultations are a two-way conversation, and they are acting for the patient’s best interest.
* JC mentioned that a voicemail was left from a Pharmacist and all that was said is that was the Pharmacist calling, it was explained they need to provide more information such as where they are calling from (the chemist or the GP practice) and how to get in touch with them when returning their call. **KJA to inform the practice Pharmacists of this feedback.**
* JH said she had a consultation with our Pharmacist Luke and had a positive experience.
* The pharmacy First scheme was then discussed. This is a new scheme that all pharmacies have signed up for and it is where patients with minor ailments such as a UTI and Shingles can go to the chemist and will be treated accordingly without the need to see a GP/anyone at the GP surgery. Patients must be signed up to that pharmacy to be able to use this service.

**AOB**

* **Agenda item for the next meeting – Out of stock medication process.**
* Messages on the phone system, was an idea to mix them up a bit instead of just having the mental health message.
* **EB attended the last PCN PPG meeting - KB mentioned that he didn’t receive the recent invite, make sure this is circulated and he is added to the mailing list.**
* Agreed to stick to monthly meetings for now as the group still have a lot to discuss.
* The DNA policy was brought up, MR did a draft survey for these patients a while ago. **MR to re-send and then circulate to the group.** The survey could be potentially handed out at the Thursday club.
* Future meetings -when someone would like to speak, need to raise their hand to ensure that everyone gets a chance to speak and avoids people talking over each other.
* Link for Alexander Stafford letter -



**Next Meeting – Monday 8th April 3:30pm Anston Medical Centre**