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**PPG Meeting Minutes - 19th May 2022**

**Attendees:**

Kath Wild

Andrea Bennett

PPG members; F A, F K, Z O, P P + D L

**Minutes:**

Kath explained throughout Covid the majority of appointments are telephone consultations, for the prescribing Clinicians, but they are still seeing patients face to face if needed. The Prescribing Clinician will call the patient and then if deemed necessary they will arrange a mutually convenient time for the patient to attend the surgery to be seen. However, the Practice Nurse, the Nurse Associate and the Health Care Assistant had continued to see patients face to face.

It was explained that the practice uses AccuRX, a computer programme linked to the clinical system, that enables the Practice to send text information to patients and also allows patients to send in Photographs of rashes, cuts etc for the clinician to triage. This system is also use to ask patients to book in for annual checks. This means it is important for patients to update the practice if they change phone numbers.

 Kath informed the group that due to a 6% growth, during Covid, the Practice had taken on more staff. We had employed a new receptionist and are awaiting one receptionist to return from her sabbatical. The practice has also taken on two part time GPs to increase the number of appointments offered to our patients.

Charlotte’s has a new role, after successfully completing the Nurse Associate Course, her new role was explained to all in the group. It was also explained that due to Charlotte’s new role we have given the position of Health Care Assistant (HCA) to Louise and she had completed the basic training and was looking forward to starting her Level 3 course in August. Jacqui has now altered her position from being a Practice Nurse to our Safeguarding Champion. This entails looking at our Vulnerable groups and offering support. She also specialises in Respiratory Conditions.

The group enquired about Blood Test and it was explained that the practice will do blood test for our vulnerable patients, when necessary, but most patients are asked to attend a local blood clinic which have to be booked in advance at the treatment centres.

The Practice is still offering weekend appointments, via the hub, these are telephone consultations, but our patients records are updated by the clinician at the time of the appointment. When asked about prebooking appointments Kath informed the group that there are a certain number of these appointments that can be booked in advance, but once they are taken you may have to ring on the day you require, however due to the practice taking on more Prescribing Clinicians there is more choice of appointment times.

The Group suggested a “who does what poster” and possible timetable of what days times the clinicians work. This was going to be considered and the practice would investigate the best way to go about this as some of our clinicians are camera shy.

The group was advised that hospital waiting times are extremely long in most specialities and the clinicians in the practice were regularly updated on these times. If a patient needs to know these waiting times its best if they contact the Secretaries for an update. The clinicians can expedite appointments but unless the patient condition worsens it may not be beneficial to do so.

The group was given insight into the Social Prescriber, one of the group had experienced this and explained how he had been helped and assisted by the Social Prescriber and was happy with the service given. Kath explained that the Practice could now refer to our PCN Mental health worker and also TAPP’s for low level mental health issues. Our patients can be seen by these PCN Colleagues in the practice and more quickly than the secondary care services.

The question was asked as to why GP’s hide behind closed doors and not see patients face 2 face. Kath explained this was not the case all patients when booked in with a GP are called by the GP who then uses their clinical judgement to decide if the patient needs to be seen face to face or if they can deal with the issue over the telephone. This worked well during Covid and so the practice was continuing to use this system. However, the practice has and will continue to keep the appointment system under review to ensure that the practice offers all our patients the best possible care.

One patient was concerned that reception staff were getting abuse for lack of appointments and not being able to get through. Kath explained that the two new clinicians will hopefully help that as patient have more appointments. The phone system is an ongoing issue and being looked at, as we may have to change our suppliers in the near future. It was also mentioned that the practice should have a queuing system and the practice will look into this.

Self-referral services for Antenatal, Physio, Podiatry Mental health etc. were mentioned as it is now possible for our patients to refer into certain services with out see a clinician. However, their referral would be triaged and the service would decide to proceed.