PPG 14th March 2024

Present – NP (Chair), PC, SD, HS (minutes), DP, JF, NS, LT, HS JG (Teams)

Apologies: RY, AB, SG. AB.

1 Welcome

N.P. Welcomed two new members (L. T. and H. S.) to the P.P.G.

N. P. Thanked C. for her support and commitment to the group. Now C. has resigned we wished her well for the future.

2 Minutes of last meeting 11 January 2024

Minutes have been agreed and can be viewed on the website.

N. P. explained the minutes are checked by the Chair and Practice Manager; they are then shared with group. Once all have agreed the minutes they are posted on the web site.

3. Health Promotion.

NP has meeting with the SD (pharmacist) to discuss health issues and to explore ways the surgery can promote new information which can benefit patients to ensure their good health.

4. First Aid Training

N.P. informed the group that St. Johns Ambulance can provide free training sessions on the 15 June. This opportunity will be advertised and if interested please contact pickeringppg@gmail.com and give your name or leave your details in the available box at reception.

The training will include treating heart attacks as well as using the de fib machines, C.P.R. bleeding, strokes etc.

5. Maps for De-fib Machines.

The group gave examples of where the de-fib machines are placed, as locations change, more are added and some removed, developing, and updating a map could be challenging.

L.T. checked the website, if 999 is called the call centre staff are able inform the caller of the nearest machine and will provide instruction of how to use the equipment.

Also, there is an up-to-date map of de-fib machine locations on the British heart website accessed through google maps.

J.F asked who responsibility it is to maintain the machines, J.F. informed us that the organizations installing the de-fibs are also responsible for the maintenance.

N.P. was told that if one of their machines is used the appropriate parts would be replaced. The equipment is checked weekly.

4 R.K Occupational Therapist.

Explained her role in the community, she is currently studying for a P.H.D. RK is concentrating her research on older people in remote communities. The aim is how to engage older people in activities to help prevent frailty and to improve better recovery time. R.K also wanted to identify if people would be prepared to travel out of area to engage in activities.

J.Y. commented that mental health is as important as physical activity especially in professions where individuals retire from a busy work life to social isolation. E.g. farmers.

A survey will be sent out to 700 people in the identified rural areas with the expectation of approx. 200 responses.

A link was shared with the group to provide feedback.

Anonymity discussed R.K. assured the group it is anonymised, the need for postcodes at the start of the survey was discussed, as this may enable identification of the, participant, R.K explained postcodes are needed to identify the areas where input could benefit the residents, however the outcome of this discussion was that the postcodes will required be at the end of the survey. The length of the individual questions was also discussed, R.K. explained the questions are governed by ethics.

A link providing further detail is attached to the minutes. The results of the research will be published in a years' time. Implementation of the finding will be developed over the following four years.

5 Practice updates.

Staffing interviews for a nurse practitioner (N.P.) and G.P. are to take place shortly,

Urgent care Service has received positive feedback indicating it is doing well. There is now daily cover for Pickering and children up to the age 18 can be seen by N.P. or G.P. The success of this service has freed up G.P. time.

Ideas were discussed to promote the group as well fund raising, NP said all contributions will be welcome. Ideas for stalls were discussed these could be base Pickering during the 3rd to 9th of June. We could be selling cakes or similar items; other ideas will be welcome.

6. Promoting National Health Service.

S.G. Previously reported 3 incidents of verbal abuse, causing distress to 3 receptionists. This resulted in letters being sent to the offenders.

The surgery receives many complements, however there are also a few unreasonable comments made. This is a problem right across the health service. We agreed to include complements on the notice board.

7. Patients Concerns

Concerns have been raised in the press regarding the closure of the surgery between 1.00pm and 2.00 pm.

N.S. explained this was not for a lunch hour for staff the surgery was still contactable for emergencies and the practitioners where still working with patients both in the community and the surgery. It is also a time for staff to catch up on paperwork. It was suggested the sign on the gate was changed to reflect the surgery is closed to walk ins but was still operational open.

There was also a concern raised by N.P. regarding a wasp sting in a patient's eye, when such an issue is presented at reception a triage system is in place to ensure the patient is referred to the correct place as soon as possible. The reception team would use the signposting toolkit and it might have been the case that urgent care was necessary to treat the eye, to avoid delay at the surgery the patient would be advised the quickest way to receive appropriate care was at eye hospital.

The question of chid vaccinations was raised by N.P. especially due to recent concerns with a measles outbreak. Any children needed vaccinations will be referred to the children immunisation team for advice.

Any Other Business

None

Next Meeting 16 May 2014