**Patient Participation Group Meeting Minutes**

* **Tuesday 9th April at 11am**

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|  | **Attendees:**  Tracey Watson  Stacey Sutton  SH  Adele Mumby  Gay Matthews  Caroline McGuire  Valerie Dickenson | **Apologies**  Alison Belton  Janet Mcfarlane |
| **Item 1** | **Welcome/Actions from last meeting** | |
|  | TW welcomed everyone to the meeting and discussed actions from last meeting.  **Calm Room**: The calm room (next to Dr Craig’s room) is now ready for use, we have removed old furniture and added comfy chairs and a coffee table, much nicer space. Suggestions on promotion for the calm room, TW to look at promotion on website, facebook page(coming soon) & posters in waiting room.  The room opposite Dr Jarvis will now be used as a space for our PCN staff to use, a new desk and filing cabinets have been placed in there so they feel that they have a permanent base to work from.  **Enquiry online**: A good flow of patients now contacting the surgery via our website, SH commented that he has difficulty accessing it, just gets a blank page, knows others that get this too. TW to speak to Nathan our Digital & Social Inclusion Officer to see if he can help.  **Touchscreen:** New patient check in screen has now arrived, but as it’s a bigger unit than what we have now it requires a larger bracket to fix it to the wall. We are just waiting for that to be done, then will be up and running. The one on the left as you face reception desk has been fixed, so will be back to having two check in screens shortly.  **New Phone System**: Work on the upgrade starting it’s first phase tomorrow, should hopefully be up and running by the end of April. | |
| **Item 2** | **GP Contract - Stacey** | |
|  | We were hoping to receive a contract for 2024/2025 that would support us in continuing growth and improvement of our services and we are really disappointed that this is not the case. The contract proposal is offering just less than a 2% increase in funding. Decisions were made in December to increase pay in January based upon the National Living Wage increase to £11.44 in April. The proposed contract does not support this increase. In other areas of the NHS there have been proposals of much higher increases and these have been deemed not high enough. General Practice is being overlooked and undervalued. As a practice, because we remain heavily involved in the PCN and we continue to provide most of the enhanced services offer, we are doing well. Other practices around the country will be facing closure, have had to freeze recruitment and in some instances, partners have not taken any payment for several months.  General Practice conducts over 90% of the activity in the NHS yet the percentage of funding it received last year was just 7.2% of the entire NHS budget. We are all working really hard to ensure that patients receive the care that they need and locally we have a great reputation. As our mission statement says, we want to be a nice place to come to work, we want colleagues to be happy and feel valued, this leads in turn to providing the best possible care for our patients. Unfortunately, the new contract will not help us to meet our mission.  We have made changes to rotas recently to ensure that Clinicians, are working safely. We continue to tweak things and meet as managers regularly to check the changes are working and make any alterations necessary. We continue to recruit to ensure we have a highly skilled team. The partners are keen to ensure that staff on the front line are protected and we are all attending meetings, webinars and liaising with colleagues across the county and the Local Medical Council to see what we could introduce to help in this area.  The management team have also been given Key Performance Indicators, these have been introduced to ensure that we are all working to our shared mission and as such 'staff well-being' features heavily in these indicators. We continue to aspire to provide the best care possible and would welcome any thoughts or ideas you have to improve our ways of working. The other key element of the indicators is of course revenue based, without revenue from enhanced services, QOF and PCN involvement we cannot run at all. | |
| **Item 3** | **Update from Thalia – Health & Wellbeing Coach re Pain Group** | |
|  | Pain group is going very well! We had session five yesterday and some verbal feedback that we have had is that people have already seen a reduction in pain and shift in attitude. One participant said that her husband had said she wasn’t talking about the pain as much. We won’t have official feedback and data scores until the end of next week’s session, then I aim to go through everything and get figures etc Friday. Retainment has been good, we’ve had one participant defer to the next cohort as she missed a couple of sessions due to illness. Everyone else has attended each week and is really engaged. so far so good! 😊 | |
| **Item 4** | **Update from Ema – Social Prescriber re Crohn’s Group** | |
|  | Due to diary issues, Ema hasn’t managed to meet up with Thalia. SH confirmed that they all have a meeting on Wednesday 17th April. Hopefully more details to update you with it our next meeting. | |
| **Item 5** | **Spring Booster Campaign** | |
|  | Campaign about to commence, we will be vaccinating all our Care Home patients on 18th April, Housebound patients from 23rd April and sending invites out to the rest of the cohort (over 75’s & clinically vulnerable) to attend the surgery for their vaccination. We plan to hold a clinic one full day per week with Nursing staff. | |
| **Item 6** | **Armed Forces Friendly Accredited GP Practice** | |
|  | We have become an Armed Forces Friendly Accredited GP Practice. When a patient registers with the practice they are asked if the have ever served in the Armed forces (this question is included on the GMS1 forms). We are here to help improve the health and wellbeing and keep them mentally and physically well. This is also an area that Nathan plans to promote on our facebook page & website. | |
| **Item 7** | **Staffing** | |
|  | We said our goodbyes to our Practice Nurse Mary on Thursday 28th March, she had a lovely send off, we will miss her dearly.  Update on Diabetic Specialist Nurse: Unfortunately, Christabel was supposed to be joining up from April as a replacement for Mary, but due to complications beyond our control, she can no longer fulfil that role. We do have an advert running at the moment for another Diabetes Nurse.  On a positive note, our new nurses Jess & Eden have both started with us and have settled in very well. Jess has diabetes experience, so she will work alongside Alicia (who returns from Maternity leave next month) to manage our Diabetes list. We are fortunate that the Community Diabetes Team have an office in our building, so Jess is able to liaise directly with them if she needs advice. | |
| **AOB** |  | |
|  | SH asked if there would be a possibility of opening the online booking appointments to Face to Face as well as telephone appointments. SS explained the reasoning for them being telephone as we are unable to triage the bookings but said that it is something that we are happy to look in to. | |
|  | **Date of Next Meeting:** | |
|  | Tuesday 4th June at 11am | |