**Patient Participation Group Meeting Minutes**

**Thursday 11th August 2022**

**Attendees:** Lorna E, Andrew H (chair), Lesley W, Alan N, John S, Marilyn B, Norman Windsor, Ruth H, Alan H, Peter B

**Apologies:** Peter S, zoe and John M,

**Start Time:** 13:00

**Meeting Closure:** 14:40

**Minutes of Last Meeting:** Handed out to group members. Ruth gave update on the surveys that have been conducted- GP practice survey- every 5 years an external survey is required for GPS- complimentary, had improved from previous years. Overwhelming theme was telephone access and appointment times. Comments relating to phone lines being cut off when get to position one, these actions are ongoing. Now focussing on amount of receptionists answering phones. Patient knows best external platform, due to go live last Weds. Trainers cancelled so not happened and since LMC have expressed concerns regarding the link to the system and data protection. Online booking for appointments will now be our focus as a practice and will be looking to go live with this for flu clinics. Also online bookings for long term condition appointments with available slots. This will help to free up phone lines. Ruth happy to send report.

**MJOG**

Marilyn explained she has stopped receiving Mjog messages. Ruth confirmed that we are still using this system. If receive a message can see have a message but not access the information. Ruth or Lorna to look in to after the meeting if can be shown examples.

**Bull Farm**

Confirmed no issues. Helping to assist with phone lines with new opening times etc. completely signed off.

**Introductions**

All PPG members introduced themselves so that group members could familiarise themselves with people present

**Recruitment Update**

Nationally a problem with nurse and GPs. Locum sessions appear more appealing to clinical staff due to hourly rate and reduced workload in comparison to a salaried clinician. Ruth explained that the practice previously had a nurse manager but that this did not work out for various reasons and the nurse manager resigned. Long standing nurses at the practice also left due to retirement or altered roles slightly. Ruth explained the recruitment of Liz and Keziah. Lead nurse left after 1 week after waiting 12 week to be at the practice as change of heart regarding position. Currently no nurse available who can train or mentor our new nurses in the team. Have been using locum nurses to date. Only practice that has maternity policy in line with what nurses within the NHS would receive elsewhere. Sophie joined us as lead nurse (worked as locum for 3 months before this) but later changed her mind about joining the practice. Gemma does a dual role, practice nurse and also organises training for new nurses. Gemma joined us and applied for our lead nurse role and was successful; has been supporting Liz and Keziah. Later decided did not want the role of a lead nurse and took on role of practice nurse elsewhere. Ruth explained personal circumstances have resulted in this.

We have recruited nurse called Abbie who joins us 3rd October. Hybrid approach moving forward and writing a job description for practice nurse development mentor- 1 or 2 days a week. Looking to offer this to experienced practice nurses, this would be 18 month contract. 3 month zero hour contract offered to a nurse who currently works in Newark who can support Liz.

Have taken on HCA Wendy who joins us 30.8.22. Already has 20 years experience in dressings, can do bloods and ECGs. Where we are using locums to do dressings Wendy will be able to take on those.

GPs- because we are a training practice and support registrars Dr Tommy Moffitt joins us weds Thurs and Friday from beginning of October- will mean 3 salaried GPs and 6 partners which will increase the number of GP appointments.

**Introduction to Lorna and her role**

Lorna introduced herself to the team and explained the main elements of her role were: Patient complaints, Lorna will act as a point of call for all patient complaints whether this be a patient presenting at front desk, a telephone call or a formal written complaint. Lorna gave an overview of the learning events that happen within the practice and how these are dealt with. It was explained how the practice policies have become outdated since Covid and that this will be a large part of Lorna’s role; reviewing and amending these in relation to current practices. It was discussed how Lorna will also be involved with the PPG, attending the meetings and also communicating with the group to look at how we can work together to implement things for the patients in the practice.

**Dr Sanders Maternity Leave**

September 21st- August 2023. Dr Shan Hussain Tuesdays and Fridays and will be doing this up to August 2023. Dr Petkova did some shifts throughout July; will be doing Mondays Tuesdays and Thursdays and will cover Dr Sanders maternity leave. Because Dr Sanders working up to week before her due date she will not have any pre book appointments in September; she will only have book on the day appointments. The only exception is pessary and coil appointments. This is to prevent cancellations on the day etc. We have displayed this on posters at reception at both sites.

Chair Thanked Ruth for the work that she has completed whilst at the practice. PPG group all in agreement.

**Potential changes to Extended Hours**

As a PCN patients should have access to appointments Monday to Friday until 8PM and on a Saturday 09:00-17:00. We always have GP and nurse at Oakwood until 8PM on a Friday. As a PCN we already open 08:00-12:30 on a Saturday. Ruth explained the current structure of the extended hours – Friday night and Saturday morning as PCN and also just our own practice offer 8 hours per week on a Weds and Thursday morning. These hours are now being combined across the PCN. As a PCN GP on site until 8PM Monday to Friday. Survey has been launched and is now finished 1190 responses across the PCN 1150 of those have been from Oakwood surgery & Bull Farm. Have not seen all of the data yet but was contacted yesterday to see how many paper copies we have. On average Oakwood will have 14 Saturdays per year. Suspect that we will keep Friday night as unlikely any other practice across PCN will want to open until 20:00 on a Friday evening. Unsure of what a GP rota on a Saturday will look like- the appointments must be available 2 weeks in advance. If those appointments aren’t filled on the day if someone phones 111 across the PCN they should be able to book in to a given surgery on the day. **Action: once days and hours are decided would be useful for patients to have a visual.**

**Bloods**

Unable to do blood tests after 16:00 and after Saturdays and reason why- be transparent to patients and display this.

List of GPs across both sites to be made available would be useful for patients

**DNA’s/ Policy**

Lorna explained the DNA policy and the fact that 53.5 hours worth of appointments were DNA’d in July 2022. Norman explained that patients used to received a reminder text that used to be really useful. Ruth outlined that since covid these have been turned off due to the fact that most of the appointments were telephone calls and patients were turning up to the appointment. As a practice we can look at turning the text reminders back on and monitor how this improves our DNA figures. Lorna asked how much we think patients rely on text reminders; there was a mixed consensus as to whether the message would be needed at the time of booking or a few days before as a text reminder. Will be interesting to monitor whether not receiving a text reminder is one of the reasons that patients are not attending appointments. **(Lorna to monitor any responses to DNA letters)**

**DNA’s and Smear policy**

Lorna explained the new policy due to 1) the health and wellbeing of the patient and 2) the QOF element for the practice. Ruth explained how QOF works in terms of being measured against the number of patients we have with a condition and how many patients (%) of those patients we see.

**Lift Update**

We rent the building from NHS property. Certain things have been raised- for eg May this year been told doesn’t meet fire regulations as no partitions in the ceilings. We have to change the doors and work in the ceilings (28 days worth of work). Should have been completed June 2021- this work is still ongoing. Self closure on reception door downstairs but has a lock on it. Left hand side near waiting room 2 a shutter that pulls down- if in waiting room 1 or upstairs if fire is in foyer there is a shutter on one side and a door with a lock on the other (fire hazard). Door downstairs structural issue with the width of a door; cannot fit through in wheelchair or overweight; fire brigade cannot access with equipment.

Fire signs not all appropriate and intact.

Lift needed to be turned off because if somebody is in the lift and the lift gets stuck to drop the lift to the floor to get the person out you would need to go on to the roof to press the button to release. The roof does not meet safety requirements (have to climb out of window and put ladder up to get on roof- no hand rails on the roof) unsure whether the structural integrity of the roof would withheld someone walking on this. Will turn off the lift. If roof okay temporarily will put in a risk assessment to allow engineer to access the roof to do any necessary work. The lift has now fallen outside of its service so could not turn the lift back on if they wanted to. Lesley explained her colleague Stephen deals with disability rights and if he was present he would list all of the reasons that NHS properties are breaking the law.

Alan explained what had previously discussed within the group/practice was the old police building. Also discussed the limes care home and how ideal the building is.

**Action: Lorna to chase fire risk assessment from general office/ NHS property**

Are we potentially discriminating against disabled patients in terms of their access?- we are making adaptations to ensure that they can be seen in a clinical room and can access the facilities. We do acknowledge that it looks poor and it does create extra work.

Confirmed that the Landlord NHS properties are responsible for the safety of the building and updating the work. **Action: Ruth looking at the name of the head of the NHS properties and Andrew happy to represent the practice/ the PPG. Potential for Andrew and Peter to speak to Ben Bradley MP. Ruth will speak with partners after drawing up a list of the outstanding issues and will feedback to the group the action to take.**

Peter explained that he worked for the government ensuring that buildings were safe in terms of fire safety and that the work required at the practice would required a large amount of work; almost too much.

**AOB**: Modern technology eg apple phones, smart phones and watches- what are the practice policies for ECG’s on smartphones etc. Peter gave example of son who was told by iwatch to see a GP immediately. Saw GP who ignored watch (not registered here) and patient ended up in hospital**. Action:** Ruth will speak with partners and feed back.

**Next Meeting Date:** 20th October @ 13:00