**Ruddington Medical Centre**

**Patient Participation Group (PPG)**

**Notes of Meeting Held on Tuesday 5 November 2024**

**Present:** Gavin Walker (Chair) GW

 David Hardwick (Secretary) DH

 Shirley Higgins (Group Member) SH

 Heather Coombs (Group Member) HC

 Susan Sellors (Group Member) SS

 Marion Pell (Group Member) MP

 Janine Veitch (Support Services Manager) JV

1. **Welcome & Introductions**

GW welcomed everyone to the meeting,

1. **Apologies**

Annie Scally (Vice Chair) AS

Rita Kirk (Group Member) RK

1. **Correspondence**

There was no correspondence.

1. **Notes of last meeting 10 September 2024**

Agreed by HC and seconded by SH

1. **Matters arising**

**PPG Involvement with Health Issues**

DH suggested material relating eye injury prevention This was agreed as the topic to be displayed in the waiting rooms next. DH to supply to CS

 **ACTION DH**

**Pharmacy Issues**

AS has spoken to Mark at the pharmacy and he’s agreed to attend one of our meetings to talk about his work and the problems faced in today’s pharmacy world. (See also Chair’s report).

AS will liaise with Mark to come up with a mutually agreed date and time.

It was suggested that we had pre-prepared questions. When AS has obtained a firm commitment DH to canvass for questions.

On-going as AS was unable to attend the meeting.

As the next PPG meeting is scheduled for 7 January, AS to liaise with Mark to determine his availability for this meeting.

 **ACTION AS/DH**

**Eczema research**

SS remarked that Nottingham University is carrying out research into eczema and the team is looking for 300 volunteers to participate. Currently there are only 100. SS will provide a contact name, etc. should members be able to promote this research.

As there were no further developments on this topic it was discharged

**Social Prescribing**

An offer had been made to GW for a speaker connected with Social Prescribing to attend a PPG meeting. GW to follow up

Carried forward

 **ACTION GW**

**Newsletter**

DH and MP liaised and produced a form of words for The Rudd. It was hoped that these will appear in the November edition. MP to follow up.

 **ACTION MP**

**Dementia Training**

SH was unable to attend the Dementia training session.

1. **Practice report**

**Flu and Covid Vaccinations**

Firstly, I would like to thank the PPG members who helped with our Flu and Covid clinic on Thursday the 3rd of October. There were some delays in the morning which impacted the space we had in the waiting room. Following Shirley’s advice we changed the set up on the reception seating and it ran perfectly in the afternoon and everyone kept to time. So far, we have vaccinated the following:

Flu: 1517

Covid: 1169

**Total Triage**

We went live with our new appointment system on Monday the 14th of October. So far, it’s working very well and we’ve had a lot of positive feedback from patients that have used it. We are monitoring the data on a daily basis to ensure we have enough available appointments. On the go live date, by the end of the day, we had 10 empty urgent appointments not used.

**Week commencing the 14th of October – 1st week of Total Triage.**

Total requests – 389 Total Clinical requests – 280

128 patients this week were offered a face-to-face appointment on the same day with a Doctor which we were able to accommodate.

**Week commencing the 21st of October**

Total requests – 373 Total Clinical requests – 264

115 patients this week were offered a face-to-face appointment on the same day with a Doctor which we were able to accommodate.

**Data so far:**

Most clinical requests are made on a Monday.

The least clinical requests are made on a Wednesday.

Most online requests are made between 8am – 9am.

In the first two weeks of Total Triage, 413 online requests have had an outcome such as been offered an appointment, a prescription, a referral etc. within an hour of the request being submitted.

We now have pre bookable appointments which are sent out by a link once an online request has been submitted and an outcome has been decided by the GP. We still have pre-bookable appointments available this week whereas before the Total Triage system, patients had to wait a few weeks and they would be booked up within minutes of them being released.

The reception team have been submitting one sixth of patients request on behalf of them which shows a good proportion of patients have been able to use the system.

Our telephone lines are still busy as we direct patients to the online system or do the request on behalf of those patients who can’t do it themselves but we are slowly seeing a drop in our incoming calls easing the 8am rush.

**Telephone Data October 2024**

|  |  |
| --- | --- |
| Week | Total Calls |
| 30th Sept – 4th Oct | 1171 |
| 7th – 11th Oct | 1250 |
| 14th – 18th Oct | 1212 |
| 21st – 25th Oct | 956 |
| 28th Oct – 1st Nov |  |

1. **Chair’s report**

I attended a virtual RAPID Group Meeting on 28th September.

**Rushcliffe Dementia** **Project**

* The Rushcliffe Dementia Project has concluded successfully, making a significant difference.
* The Dementia Directory remains an excellent resource for Rushcliffe and is embedded in the PCN Website
* Gwynneth Owen has secured a year’s funding to continue in a Dementia Link Worker post working across South Notts placed based partnership locality. Embedding work from Rushcliffe across other areas.

**Community Pharmacy – Presentation by Emma Anderson**

NHS Pharmacy First is up and running since end January 2024.

Pharmacy First is a healthcare initiative that allows patients to visit their local community pharmacy for advice and treatment for minor illnesses without needing to see a doctor first. It is designed to make healthcare more accessible and reduce the pressure on GPs and emergency services.

They cover a wide range of minor health conditions such as:

- Shingles

- Impetigo

- UTI – (women aged 16 – 64 only)

- Infected Bites

- Sinusitis

- Acute Sore Throat

- Ear Pain – (children aged 1 – 17)

These are all available in all pharmacies and have been running successfully in East Leake in conjunction with total triage.

It was noted that patients over 40 could request a health check. However, there were concerns about publicising this because of the extra pressure this would place on primary care. It was noted that community pharmacies can undertake blood pressure checks and these are funded.

**Future of Health**

This event was a great success for the Rushcliffe community, and the board is excited to offer its support again next year.

We are in the early stages of planning for June 2025 and aim to rotate the event across three locations: Cotgrave (north), West Bridgford (central), and East Leake (south) where we will host next year’s event. Currently, we are in the process of securing a venue large enough to accommodate over 100 attendees. Rushcliffe Borough Council will assist in promoting the event through social media and the West Bridgford Wire.

**Healthwatch - Pharmacy Precious Survey**

* Pharmacists rely on the NHS for 90% of their funding, but this has decreased by 30% in real terms since 2015.
* 66% of pharmacies are currently operating at a loss.
* 1/3 are breaking even.
* Only 1.4% are profitable.
* 50% of pharmacists believe patient services are being negatively impacted.
* Rising costs and medicine shortages are ongoing challenges.
* Pharmacies are increasingly sourcing medicines from alternative suppliers due to shortages.

James Naish, Rushcliffe MP, will be invited to a future RAPID meeting to discuss medicine shortages.

1. **AOB**

HC asked whether it would be possible to send an e-mail or a text message to patients to advise them of the new appointment booking arrangements.

JV will ask CS the viability of sending texts, which can only be sent out in small batches.

 **ACTION JV/CS**

MP had received complaints from patients who still use the telephone service for booking appointments because they didn’t understand that the receptionists have to complete the same form as if the request had been made on-line.

**Effects of the Recent Budget on Staffing.**

HS asked about the potential impact on the practice from the measures announced in the recent budget. JV said this was under discussion currently. JV/CS to advise on any consequences t future meetings

 **ACTION JV/CS**

**Web Site Item**

SS referred to a web site item dated 2015 that she thought was not straight forward. DH suggested that she might be referring to the CQC report of that date, and remembered that there had been a subsequent less in-depth inspection more recently.

DH to confirm with SS outside the meeting.

 **ACTION DH**

**‘Flu/COVID Clinics**

It was thought better lines of responsibilities of PPG members need to be in place before another session.

Some members had difficulty persuading patients to be ready for their vaccinations by removing clothing covering the vaccination site(s). It was suggested that although the TV in the waiting room is non-operational, a large notice could be placed on the screen asking patients to be prepared for their jabs.

Patients arriving on buggies were dealt with in the first clinic room irrespective of which clinician they were booked in with to ease congestion. This worked well, although wheel chairs posed problems in a busy area which may need to be considered at future events.

 **ACTION CS**

1. **Date and time of next meeting**

Tuesday 7January at 5.30pm

If Mark from the pharmacy is able to attend, the meeting will start at 4.00pm. DH will advise when the agenda is sent out in late December.

 **ACTION DH**