Minutes from PPG 02.12.2021

Attendees: DJ, LB

FJ, TR, GB, ES, AH, JN, RN, JW

Apologies: AM, AT, BDM, LS

Opened meeting with the news that AM our PPG Chair has stepped down and needs to be replaced. PPG asked that a message was sent to AM to thank for her work over the years and to send her kind thoughts from the group. Would need a new chair and ideas to increase members would be welcome. PCN has got involved to try and recruit member and perhaps form a PCN PPG group in future. Facebook may be used to advertise both surgery group and PCN group.

TR asked about accessibility for patients who had difficulty contacting the surgery and telephone calls not being ideal contact for some patients. DJ explained that alerts were added to records to help with this problem. TR thought that was not working well as he had problems with phone call. DJ will look into and feed back.

TR also thought that the receptionist asking what the problem was when booking GP appointments was inappropriate and against CQC regulations. LB and DJ went onto explain reasons why receptionists asked this question. Various reasons and main ones being:

* To ensure the patient is booked with appropriate clinician
* To help to prioritise the appointment and to advise if should be seen sooner rather than later or to be directed to emergency services
* To aid the clinician in planning and preparing for appointment
* Signposting to various organisations – self referrals etc… Try to enable people to self-help where appropriate

TR would prefer not to be asked as against this, advised that he could tell receptionist that it was a private matter.

JN requested that we compiled a list of the different clinicians within the surgery and PCN – also asked about the structure of the CCG/PCN & Surgery (please see appendix 1)

GB discussed patients not wearing masks within the surgery – we do ask all patients to wear masks or a visor. Has per government guidance we cannot refuse to see patients who are exempt from wearing a mask but we try to encourage all to wear them. They are often asked to come back at a quieter time of the day and in a well ventilated room. More posters will be displayed. We do offer masks to patients who do not have.

F2F appointments have been increased and will continue to do so but with guidance from NHE England and government. Always been open and building has never been closed to patients. We have adopted different ways of working and cannot see that it will ever go back to pre-covid structure.

We have recruited a new salaried GP – DR Hogg who is with us for 4 sessions per week. We are still looking to recruit further GPs.

Our practice list is still open for new patients to register, difficult to close the list and has to go through process’s Not something we are looking at presently.

There was mention of the Riverside building and how it was financed. LB replied that it is council run but the landlord is private. PPG not really the place to discuss this issue.

There was also a brief discussion about the National GP Patient Survey, DJ printed our action plan and a copy was given to members. Statistics were discussed on how well we are doing and where we can improve.

Agreed by group that we would meet again on Thursday 7th April at 2pm, face 2 face but subject to guidance.

Main topic on agenda would be to recruit a new chairperson for the group, become more structured and have a goal/aim to what the group can work towards.

Close of Meeting

Appendix 1

Structure of Organisations

**CCG**

Clinical Commissioning Group

Nottingham & Nottinghamshire

PCN

Bulwell & Top Valley PCN

PCN Staff – shared between:

Leen View Surgery

Parkside Medical Practice

Riverlyn Medical Centre

Springfield Medical Centre

St Albans & Nirmala

Southglade medical centre

Rise Park Surgery

**Current**

Physiotherapists

Mental Health Worker

Clinical Pharmacists

Social Prescribers

**Future Recruiting**

Paramedics

All members of staff at all the PCN practices can book patients with the PCN shared staff.