

Thornbury Road Centre for Health – PPG Meeting

Teams Meeting held on Tuesday 3rd November 1-2pm.

Attendees:

Present: - **Practice:** - Maria Power (MP) - Practice Manager; Simone Jesus (SJ) - Operations Manager; Dr R Loomba (DrL) – Practice Senior Partner.

Present - PPG: - (CH) - Chair; (BS) – Vice Chair, (AA): (VJ); (DR); (MR); (PE).

Apologies: JR, PBC, BG.

Agenda, Discussions & Actions:

1. Welcome, Introductions & Apologies

CH opened the meeting welcoming everyone and recording the apologies received.

2. Notes of last meeting held on 20th August 2024. Action items.

DNA's - included in Agenda. **New chairs** in place. **JX screen** still in place, delay due to complex electrical removal causing delay. approx. £700 +VAT. **PA's** in Agenda. **Tesco Pharmacy** – this is responsibility of Tesco and not NHS. **Patients registered with specific doctors** had been actioned using Notification e-mail. **Car park** on Agenda. **Numbers on doors** – renumbered.

3. Practice Update – MP, SJ & RL:

CH referred to the recent “latest Website Updates” issued in October which were very well received and contained lots of interesting and useful information for all patients. This was sent via e mail with a link and included on the website. (approx. 80% of patients use e-mail). A copy was also offered on the TV screen obtainable from Reception. The information was also very useful for the PPG meetings. The

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effort involved was very much appreciated and the relevant staff involved were thanked for their efforts. Updates were to be provided approx. every 6 months.

4. DNA'S (Did Not Attend.)

This continues to be a significant problem with 237 recorded in October! Despite efforts, including information on the website, messages on the answerphone, a notice on the wall in the Practice by the TV screen and also included in the TV messages etc, the numbers are not reducing! A good example of the wastage, was a recent Saturday morning clinic with the nurses waiting with no patients! There was discussion about what the Practice can do. Charges for DNAs have been suggested but dismissed by the NHS. Repeat offenders were discussed. MP explained that if they DNA >3 time in 3 months they used to target them and send a letter. However, she highlighted that many of these are people have physical, social and mental problems. The practice is very frustrated by the patients they call for regular checks, like diabetics, who then don't attend and have to be chased until they do.

Whilst DNA's continue to be a significant cost to the NHS and preventing appointments being made available to other patients, who often need them urgently, there are no known new initiatives being taken by the NHS. It was suggested that a national media programme by the NHS was needed. **MP would raise with the PCN** to suggest such a suitable national press release.

5. Physician Associates. (PA's).

PA = Physician Associate. Pas were introduced as an important role in general practice that have recently been questioned by many and reviewed by the BMA. No new PAs are being appointed. The intent was to utilize medical staff who have had 2 years training but who are not qualified doctors. The aim was to assist doctors and relieve workload whilst being carefully monitored. If safeguards were in place, it was thought that the position had great merits. Dr Loomba felt that the PA in our practice is being used as intended – is suitably briefed and supervised. However, there has been a lot of publicity about patients thinking mistakenly that they were doctors. We discussed that the name itself is confusing. So, following a

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discussion, it was suggested that on their introduction to patients, PAs need to make it clear that they are **NOT** doctors. There were suggestions about what our PA should say like “I’m calling on behalf ofwith the Dr or other professional’s name. This suggestion would be considered inhouse and the outcome notified in due course. Also, any decision/guidance made by the BMA, would obviously be adopted. It seems that next year they will all have to be on a ‘National Register’. **Action DrL & MP.**

6. National survey

This was mentioned for next year but details were awaited in due course,

7. Review of Patients Feed-back Requested After Appointments.

SJ had done considerable work on analyzing the results where all reports are considered and discussed in internal meetings, both Reception and Clinical staff meetings, and improvements are made as required. There is good engagement with staff and staff are involved in the solutions. Overall, the feed-back was good.

There is the annual patient survey in January but the results don’t come out until July.

8. Practice Car Park.

CH explained the recent actions to litter-pick the car park area which was disgusting, as commented on by patients arriving and departing whom we met at the time. Subsequently, a meeting in the car park was arranged by Sandra Holdip for 21st November where 4 Police officers, Sandra Holdip LBH Community Support officer, CH and local residents, discussed their long- standing concerns re ASB, car gatherings and loud noise into the night. Subsequently It was agreed that the car park Agency, NHS Properties, and the Practice etc. would be contacted and opportunities examined by the Police, with the aim of having much improved signage, ANPR cameras and improved lighting etc. In the meantime, the residents

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would report incidents to the Police on each occasion including using 999. Progress will be tracked by CH. The Practice thanked CH and BS for their efforts in making a significant litter pick on 5th November.

9. The next PPG meeting will be held in March 2025 and **MP will suggest** a suitable date. The meeting time to remain between 2-3pm.

The meeting closed at 1350 and CH thanked all for attending and again congratulated all the staff in the improving standards of care being provided.

Notes provided by CH. 5th. Dec. 2024.

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