

Reach Healthcare Patients Participation Group (PPG)

Notes of meeting held 6 pm on Wednesday 4th December 2019

at Lordswood Community Healthy Living Centre, Sultan Road ME5 8TJ

Present:

Amanda – patient

Ann E. – Practice Manager

Carol – patient

Daf – patient

Dr. Shum – GP Partner

Jeanette – patient

Kathryn – patient

Lin – patient

Marion R – patient

Martin – patient

Miriam – patient

Shelley – patient

Sue D – patient

Sue S – patient/Chair

1. Welcome and Introductions to our new members

Two new members were welcomed, Shelley and Sue D and everyone introduced themselves.

2. Apologies for absence

Two members, George, and Sue M had resigned due to health, and other commitments.

Apologies were received from AnnH, April, Dr. Lall, Dr. Musoke, Gill, Helen, Ken, Lesley, Marion A, Neil, Tanya and Tony.

3. Notes of the meeting held on 11th September 2019. (previously circulated)

Members present at the September meeting agreed the notes as an accurate record.

4. Action Log from 11th September 2019

Actions, except the following, had been completed or were on the Agenda:

a. Update on Final Report of Care Quality Commission inspection

Ann E confirmed that a summary of the final report by the Care Quality Commission inspectors, in which all the ratings were **Good**, had been placed on the Practice Website.

<http://www.reachhealthcare.nhs.uk/website/G82161/files/2019%20final%20report%20summary%20CQC.pdf>

b. Update on local pharmacy issue

There were concerns still on this issue. Dr. Shum will liaise with Dr. Musoke. The group asked if this could be brought back to the next meeting for update or resolution.

5. Practice updates (if any)

The number of calls to the practice has increased due to winter pressures which have started early this year. Babies and children, and those needing urgent appointments are being prioritised and treated. The telephone hub is fully staffed (minimum of 4 and a maximum of 7 or 8 on duty). The group was reminded the practice has 23,000 patients.

A new Clinical Pharmacist will be in place soon. This professional will be dealing with pharmacy/medication issues, but also has practice experience so will be able to speak directly with patients for reviews etc.

There is a new Social Prescriber in place, shared within the Primary Care Network and working for the practice 1.5 days a week. Her role is to visit and talk to those whose needs are not clinical and may be frequent attenders. The social prescriber can link these patients into other organisations, including the voluntary sector, for social interaction, housing or other issues. A better quality of life for the patients, and GPs and staff can now offer another option. Anyone can request this help, usually referred by GPs and practice staff.

The practice is to implement the “One appointment One issue” sign in the surgeries which until now has been resisted by GPs. The rationale is, patients bring several issues for a ten-minute appointment, which runs over, that impacts on GPs, reception staff, patients sitting waiting for appointments, and then those who cannot be fitted in through lack of time. There were some deep concerns from members; for example, some patients have more than one condition impacting on each other, or some may not feel able to raise the real worry at first. GPs are aware of this and if necessary, will encourage the patients to book further appointment. There was a discussion on this issue.

That led on to frustrations faced by patients who are not able to book ahead “non-urgent” appointments with GPs, or with nurses (even if requested by the practice), because the ‘online diary’ is not open far enough ahead. When attempting to book again, are then faced with no appointments left. A PPG member, who could not attend, had also recently monitored the MyGP app every day for three weeks, during which only once had there been an available appointment. While there are reasons; the actual system does not allow bookings too far ahead, clinical staff availability (holidays, sickness), and the necessity to block out appointments for urgent need, patients’ expectations have very naturally risen with the modernised systems. Dr. Shum said he would take back these concerns to see if there were other ways into how non urgent appointment requests could be dealt with, so that patients were not just turned away.

There were concerns coming from the practice of the public’s perception of it. Reach Healthcare is a normal GP practice just as it always has been and is not part of a large company. Whilst no one present had heard any murmurs, it was suggested that not being named after its “location” could be a reason, or even a misunderstanding of the difference between a GP practice and a Primary Care Network. Members agreed they would, in their own networks ensure that this message gets across if raised.

AE wished to thank those volunteers who had attended the two flu clinics this year and said their help had been much appreciated.

6. Receptionist training/role:

a. PPG involvement in receptionist training

In the new year, receptionists will be undergoing further training and members of this group will be invited to assist. Further details will not be given until dates are known.

b. Potential PPG promotion to patients - why receptionists need to ask questions.

Following on, it will be a good time for the PPG to spread awareness of why receptionists are trained to ask questions/triage, and patients' choice. Information could be shared in waiting rooms, on the website and online. The group agreed this would be a good use of the PPG's time.

7. Electronic Prescription Online service update

Dr. M. was not present, and the issue put back until the next meeting. However, the volunteers who attended the two 'flu' clinics confirmed they had handed out leaflets to many patients. Dr. Shum explained how activity was monitored.

8. Primary Care Network (PCN) - standing item.

A Primary Care Network is a small group of GP practices geographically aligned serving between 30,000 and 50,000 patients; working with community health and social care to build multi-disciplinary teams and share resources and offer local people a wider range of services than the individual GP practices can. They are newly in place but already providing services (i.e. the social prescriber and the enhanced GP appointment service). Reach Healthcare is part of Medway South PCN; Dr. Lall is its Clinical Director. The Chair had again sent round some slides, which explained in brief the three layers of the planned Kent & Medway Integrated Care System (of which the PCNs are the only layer so far in place). The NHS Long Term Plan is for everyone to have a better start in life, to keep as healthy as possible, to have the right care round them closer to home, and to keep as many people as possible out of hospital. The Lordswood Healthy Living Centre building should be much better utilised in the future.

9. Operational PPG sub-group

Referring to a previous discussion, the Chair asked if members were still interested in forming a sub-group within the PPG for more pro-active ways to assist the practice. Whilst there are occasional discussions on emails, there were other ways in which PPG members could help in person. The following were interested, (subject to times). Neil, April, Shelley, Marion R, Kathryn, Miriam, Lin, Daf, Carol, Sue D, Sue S, Jeanette, Amanda and Ken. In view of this, the Chair said she would be in contact when the practice had given dates for receptionist training.

10. Meetings/events attended by PPG members since the previous meeting.

a. Events attended generally

The Chair had attended Medway Clinical Commissioning Group (CCG) Annual General Meeting and had taken part in a question and answer session. Martin had also attended.

b. Medway PPG Chairs' forum feedback

The PPG Chairs' Forum had been given a presentation on the evolving Integrated Care System across Kent and Medway, and in particular future patient engagement in the Medway and Swale Integrated Care Partnership (ICP). Brief explanation of the ICP was set out in the slides sent round by the Chair prior to this meeting.

11. Date and time of next meeting.

It was felt important that Dr. Lall attend some PPG meetings, particularly now the PCNs are in place. So, it was unanimously agreed to change the day of the week next time. AE would request the room for 6 pm on **Thursday 12th March 2020** at Lordswood.

12. Any other business. There was none.

13. Action Log

- I. Update on the local pharmacy issue. **Dr. M.**
- II. Find out if there is a system whereby patients wanting non-urgent appointments ahead are not turned away. **Dr. C.**
- III. Send details to the Chair for receptionists training. **Dr. L. or AE**
- IV. Circulate to those on sub-group, details when they would be invited to assist. **SS**
- V. Update on Electronic Prescription Service and if volunteers are required further. **Dr. M.**
- VI. Book room for 12th March 2020. **AE**