**Minutes of PPG Zoom Meeting held at 6.00 p.m. on Thursday, 27th January 2022**

**Present:** Sam Adams (SA) Practice Manager, Helen Boto (HB) Chair, John Fryatt (JF) Vice Chair,

Jenny Randall (JR) Treasurer, Janet Harper (JH) Secretary, Ann Rooney (AR), Kate Dawson (KD),

Catherine Aldridge (CA), Gwen Cooper (GC), Barrie Harper (BH)

**Apologies for Absence**: Mary Mannion

HB welcomed everyone to the meeting, which unfortunately was again by Zoom, and wished them a Happy New Year.

1. **Minutes of Last Meeting:**

These were approved as being a true record of the last meeting.

1. **Practice Manager’s Report:**

SA wished everyone a Happy New Year and expressed his disappointment that again the meeting had to be by Zoom.

He recapped that as everyone knew the end of last year had seen the departure of the two doctors Fernando, the absence of another doctor to attend a family crisis in Sri Lanka and a fourth doctor who had attended a family wedding in Jamaica. At the same time three nurses had been absent with flu. This had obviously been an extremely difficult time for both staff and patients.

Since then Dr. Negi, who had been providing locum cover, had joined as a partner from

1st January, 2022. Also, Dr.Owusu, who had been providing locum cover on Fridays, was to join the Practice as a partner on 1stMarch, 2022.

In February Dr. Hirsch would be increasing her days eachweek to threeand Dr. Wade would be covering a further two days a week. By March this would mean that together with Push Doctor, doctor availabilitywould be greater than it had been before the doctorFernando’s left.

Two nurses had left to pursue other careers and nurse Kayleigh Barratt had joined the Practice in November. A second nurse, Nurse Megan Lindon, was due to start on Monday, 31st January.

Regarding Nurse Practitioners, two had left and at the present time one was in the process of being recruited.

The Cottons were fully staffed on theAdministrationfront and a new position Reception Manager had been created and filled by Paul Hobbs, an experienced customer service manager who would take over training reception staff / back-filliing where needed and managing the reception team.

Dr. Rocha would shortly finish her year’s training and this would increase GP appointment availability.

At the present time there were 10,299 patients on the Practice List and so far there had been no official complaints in the current quarter.

In connection with the Primary Care Network, a mental health practitioner would be coming on board later in the year, together with a Safeguarding Officer who would be responsible for flagging up safeguarding issues with children and adults.

There had been an increase in patients taking an interest in Push Doctor following the text which had been sent out.

He added that the Practice was constantly looking at the problem of phone lines. Originally there had been 12 lines into the Practice, but this was to be updated and from February the capacity would beincreased to 31 lines. The system would also allow SA to monitor how many calls were queuing at peak times and divert them to other available members of staff, which was a great improvement.

HB thanked SA for his report .

1. **Report from Chair:**

HB commented that very little had happened regarding the PPG, owing to current circumstances, but

 we had received a communication from N.A.P.P. asking if our Practice had a Social Prescribing Officer.

SA replied that there were two over ourPrimary Care Network, which The Cottons are able to refer to. Our Primary Care network consists of 9 local Practices and the idea was to establish extra services within those Practices which would be for the benefit of patients throughout all nine. As the title suggested, this person was there to help with social problems which could affect the health of adult patients, aged between, 18-65. For example, if a patient had recently been bereaved and the person left had no experience of handling the household finances and was confused and anxious about how to cope, then this officer would be able to step in and assist and point them in the right direction to organisations that could help.

HB asked if there were any other questions to SA concerning his report and JF asked how patients would know about social prescribing and how to avail themselves of the service.SA said GPs can refer people for social prescribing.
HB pointed out that at the present time a patient logging on to their Patient Access could not see when their medication was due for annual review. This was not a problem if a patient obtained his/her medication from a pharmacist and therefore received a paper copy of their repeat prescription with the review date on, but if a patient dealt with an online pharmacy they never saw a paper copy of their repeat prescription. Bearing in mind patients had to make an appointment for an annual review or risk their medication being stopped, this was a problem and she asked if there was any way a medication review date could be added to the Patient Access record which could be viewed by the patient concerned.

SA replied that the system did not allowindividual Practices to make alterations, but he could make a recommendation. He added that it would also be useful if anyoneaffected by this problem made a direct request to Patient Access.

HB remarked that it was very difficult for the PPG to recruit new members as they had no access to patient names or contact details and were not a physical presence at the surgery. She asked if it would be possible for the Surgery to put out a short text to patients regarding joining the PPG.

SA replied that he thought this could be arranged.

HB asked SA who the doctors were actually seeing ‘face to face’ at this time. SA replied that anyone over the age of 70 should be offered this type of appointment and as an example, anyone with a suspicious lump would need to be examined in a face to face appointment. Patients would, of course, still have tobe triaged by the Care Navigator/Receptionist before a decision to bring a patient in was made.

JF asked SA how Push Doctor fitted with DoctorLink and SA replied that DoctorLink was a system which offered advice on how to deal with a problem e.g.try some self-administered remedy, go to a pharmacist, or advise that it was necessary to make an appointment to see a doctor, whereas Push Doctor offered a video appointment with a doctor who, although not from a patient’s Practice, would have access to the patient’s notes and would be able to prescribe or refer as necessary. This was a free service to patients paid for by the practice.It was intended to benefit patients who felt that they could not get an appointment in a reasonable time frame with a doctor at their own surgery.

HB added that it had been decided not to add Treasurer’s Report to the Agenda as nothing had happened regarding finances in the past few months. JR agreed with this, but did want to thank the staff at the Practice for all their hard work in very difficult circumstances over the past few months. JF seconded her thanks and said that he hoped to issue another Newsletter in the near future.

1. **Report from ENPA (East Northants Patient Association):**

JF reported that this new body replaced LPEG (Locality Patient Engagement Group) which had reported to the CCG. The new group was not linked to the CCG as such, and was envisaged as being more independent and proactive. A survey would be carrying out a survey in the next few weeks to gauge people’s opinions and issues.It was intended to put forward PPG views not from individual Practices but across the board.

1. **Any Other Business:**

There was no other business

1. **Date of Next Meeting:**

This was set for 6.00 p.m. on Thursday, 24th March, 2022 and it was hoped that it could take place in the Practice Meeting Room instead of by Zoom. It was also hoped that Dr.Perera would be able to be present and SB asked if, as background and in order that the PPG could understand how a doctor’s typical day worked, he could perhaps illustrate how he allocated his time between visits, appointments, administration work etc.

N.B. This meeting has been recorded for accuracy purposes only, but it should be noted that difficulty was experienced regarding internet connections and quality of recording.