**Minutes of Patient Participation Group Meeting held at 4.00 p.m. on**

**Wednesday 29th March, 2023 in the Meeting Room at The Cottons Medical Centre**

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

Janet Harper (JH) Secretary, Jenny Randall (JR) Treasurer, Kate Dawson (KD), Gwen Cooper (GW),

Carolyn Wibberley (CW), Sue Wathen (SW), Ann Rooney (AR), Ann Robinson (AR), Inga Bain (IB),

Patience Brown (PB), Mary-Anne Burch (MAB)

**1. Apologies for Absence:** Mary Mannion, Ruth Stokes, Pat Harrison

HB opened the meeting by welcoming everyone.

**2. Approval of Minutes of Last PPG Meeting by Zoom on 2nd February, 2023:**

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

**3. Practice Manager’s Report:**

SA apologised for cancelling the last meeting, but this had been due to unforeseen circumstances.

He reported that there were now 10,192 patients on the Practice List. There had been six complaints in the last quarter, five relating to appointments and one clinical.

Regarding staff recruitment, Dr. Rocha, a registrar who had trained with the Practice and had now qualified, had left at the end of February and every effort was now being made to replace her, however, this was extremely difficult owing to the general shortage of GPs. The Practice was also looking to recruit a Nurse Practitioner, again not an easy task.

Regarding the Admin. Staff, Ben was leaving to travel around Australia and Rita had retired from her position that day. The Senior Prescription Clerk was leaving, but her position was being filled by an employee at another establishment, who was known to the Practice, and this job would now entail extra responsibilities. There were now two full-time Receptionist/Care Navigator positions vacant.

Owing to the fact that the Practice was one GP short, it was being considered whether to reinstate Push Doctor. In answer to a question SA replied that the Practice had three full-time doctors,

Dr. Perera, Dr. Negi and Dr. Owusu, all of whom were Partners. It was planned that Dr. Wendy Hakeem-Habeeb would become a Partner at the end of the month and Dr. Oluniyi remained as a full-time salaried GP. In answer to another question SA confirmed that each patient was assigned to a Doctor. He commented that although the hours of work were 8.00 a.m. until 6.30 p.m., the doctors often worked at home during the evening to catch up on administration work. They were no longer on call however, after surgery hours finished, as was the practice many years ago. After 6.30 p.m. and at weekends patients had to either call 111 or go to the Corby Urgent Care Centre. Comments were made that although the Care Centre was quite a distance away it was an excellent facility.

Further comments were made regarding how many patients each doctor was responsible for and whether the List should be closed. SA replied that a Practice could not simply ‘Close’ the Practice List, application had to be made to the ICB (Integrated Care Board) and this was often refused, as had happened in the past.

Complaints regarding the difficulty in obtaining an appointment were made and whether it would be useful to write to the area MP. SA responded that patients could of course write and complain to their MP, then he would in turn write to SA, the Practice Manager, but if all appointments had gone on any day because there was probably only one doctor on at that time dealing with acute problems, then appointments could not be ‘magiced’ out of thin air. The ideal situation would be to have four doctors on every day, even three would make a significant difference, but with the present shortage of doctors this was not possible. One nurse had been designated a ‘Community Nurse’ and was allocated to the Care Homes the Practice was responsible for.

AR drew attention to the problem of annual medication reviews and the fact that she had requested one and was told none were available and to try again in a few weeks. She asked if a patient was taking medication and there were no problems, would it be possible to review medication every two years as this would cut down on the number of telephone appointments requested? HB also suggested that medication could be prescribed for 8 weeks at a time, instead of 4 weeks as she knew of one other Practice who did this and it would be another way of giving the doctors a little more time.

PB brought up the problem of a very elderly gentleman she knew who was somewhat confused and

vulnerable and really needed a ‘face to face’ appointment with a doctor, which he could not get. SA replied that if PB could give him details of the patient involved he would address the problem.

SA was asked if the 5% increase the Government had agreed for nurses would apply to Practice Nurses and he replied that Practice staff were on a contract and set increases were written into the contract and any Government award would not apply.

SA was asked if Corby Urgent Care could access a patient’s medical record and he replied that they certainly could and this ability to access records had been an important factor in the decision to change from Emis to System One.

**4. Report from The Chair:**

HB remarked that she had heard on the news that a new Covid vaccination was planned for 75 year olds and over. SA confirmed that this was planned for April, but as yet he had no information regarding which vaccine would be given.

HB reported that JR and herself had experienced great trouble dealing with the Bank regarding the PPG account. Because the account was rarely used the Bank had pressured for it to be closed and this had at last happened. £400 had been transferred to The Cottons and was to be used to purchase more upright, padded chairs for patients who found the moulded plastic chairs uncomfortable and difficult to use. £92.24 had been kept back and put into Petty Cash to be used for small outlays, such as stationary. JR remarked that she had already had sent through to her the last 5 years’ Statements for the Account.

A supply of PPG Joining Forms were to be printed and given to Reception so that one could be included in papers given to a new patient registering with the Practice and it was hoped that this might be a way of increasing numbers.

JR remarked that it was a great shame that the PPG no longer fund raised and it was thought that perhaps when the Flu Clinics were held we might be able to attend on a Saturday morning and PPG members could speak to patients about joining and also perhaps run a raffle, although there would no longer be an influx of patients, only one at a time, owing to the change to the system of appointments only.

It was also suggested that perhaps the screen in front of patients in the waiting room could carry a message asking them to consider joining the PPG and SA agreed to look into this.

It was noted that there was a PPG Notice Board in the waiting room, but this was at the side of the room and for this reason it was not necessarily obvious to patients. This was unfortunate, but because of the way the room was configured it was impossible to site the board elsewhere.

HB suggested that perhaps the possibility of a raffle could be discussed at the next meeting in June.

HB requested that the PPG should meet every 3 months and in order to accommodate anybody who was working, that the meetings should be at 6.00 p.m. There could always be an interim meeting by Zoom if necessary.

HB, JR and JH agreed that their personal numbers could be included in the meeting Minutes in order that members could contact them if necessary. These numbers are as follows:

Helen Boto: 07966 229509

John Fryatt: 01933 624286

Jenny Randall: 01933 623859

Janet Harper: 07811 406541

**5. Any Other Business:**

There was no other business.

**6. Date of Next Meeting:**

This was set for Wednesday, 28th June, 2023 at 6.00 p.m. in the Meeting Room.