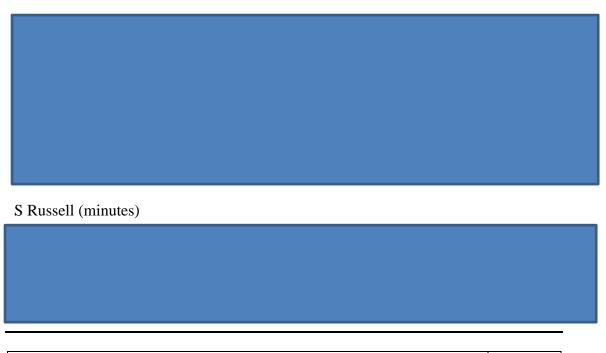
<u>Minutes of PPG – 23.07.2024</u>

PPG



EH welcomed everyone. EH advised that Charlotte Jones (CJ) has left the Practice as her role as Operations Manager and EH was successful in being recruited to the post. Advised LT is working at the Practice until October/Amanda Cooper (AM) returns to work.

Person to Action

Agenda

• Staff Changes

ANP (Advanced Nurse Practitioner) has left the Practice. There are current vacancies within the Practice being recruited for – salaried GP and Pharmacist. LT advised we have received a high volume of applicants for the GP role.

WE asked LT why we are recruiting for a Pharmacist and GP. LT advised the Pharmacist role is not paid for by the Practice, this is government initiative. There are certain areas a Pharmacist would not be able to support i.e. gynaecology or mental health. The Pharmacist would be able to raised prescriptions, however the GP will still take responsibility for the patient.

? Functional Medication was raised by the patient group

LT to discuss with Pharmacy

DNA Figures

22 GP

78 Nurse

53 Other Clinical Staff

SC advised there are too many reminders sent to patients, which can waste time/allocation of resources. EH advised it is automatic but will check on this.

EH to review

LT advised that the ICB (Integrated Care Board) no longer allow the removal of patients from a Practice list with persistent DNA's (did not attend). The process includes after 3 DNA's a letter is sent to patient, a 4th DNA would trigger the final letter and then they will be removed from the Practice list if they DNA 4 times within a 12 month period.

LT advised they are waiting to see what the new GP contract indicates (due 2025).

• New ideas for Triage

EH discussed how modality will work. Patients will complete an Accurx form (e-consult) electronically and these will be triaged. LT advised initial contact will be with a GP. Patients can still ring reception and walk in as reception staff will be able to provide support during the transition period to fill in the e-consult form. This is due to be rolled out September (tbc) and will be communicated with patients. Patients forms will be clinically triaged and outcome from a GP not receptionists.

EH advised triage will be between 8:00am – 11:00am and 12:00pm – 4:00pm. SC asked how and when this would be communicated to patients. EH advised text messages, letters, leaflets and on the phone lines. LT stated we need to re-educate patients and not promote a first come first served culture. This will be a GP led care not patient led and will hopefully decrease the abuse towards staff and the improvement of staff welfare.

An update will be provided at the next PPG regarding the Triage System.

EH/LT to provide update