

PATIENT PARTICIPATION GROUP MEETING MINUTES

TUESDAY 28th FEBRUARY 2023

Present : Jane Rudon, Kerrigan Rudon, Vicky Hill, Gwen Thompson, Mike Thompson, Karen Gavin, Irene Gwizdala, Roy Birch, Linda Haigh, Martin Sullivan, Stewart Hill and Dr Mukadam.

NOTES	ACTION BY
<p>GROUP MEETING</p> <p>Jane Rudon opened the meeting and welcomed all members. There were apologies from Margaret Msimbe.</p> <p>MINUTES OF THE LAST MEETING HELD ON 10.01.2023</p> <p>It was agreed that the minutes were accurate.</p> <p>MATTERS ARISING</p> <p>There were no matters arising.</p> <p>PRESENTATION ON HOW THE SURGERY IS RUN</p> <p>Vicky gave a very interesting insight into how the surgery is run. She explained that although the staff are classed as NHS employees, the doctors and partners are responsible for income and expenditure. The funding comes from the NHS every month and each patient brings in a fixed sum per year. Currently each patient at Fosse Medical Centre brings in £84. From this amount, rent, salaries, gas, electricity etc are paid.</p> <p>In addition to this sum of money there is additional funding available called the <u>Local Direct Enhanced Service</u>. This additional money comes by giving flu jabs and the like. There is also <u>Local Enhanced Services</u> funding available for such things as having additional diabetes care, looking after patients in care homes etc. The surgery does not opt in to all possible additional DES/LES money, eg it does not opt into the violent patient scheme. This money comes through the Primary Care Network and is claimed by FMC every quarter.</p> <p>Last year there were very large tax and pension bills to pay. The partners can do private medical services to increase the income. These include medicals for several companies.</p> <p>In brief, the money comes from Government, through the Health Secretary, to the Integrated Care Board (for Leicester, Leicestershire and Rutland), to the Primary Care Network and then to FMC.</p> <p>Some shared additional roles, such as Mental Health Facilitator, Social Prescriber, IT Facilitator, GP Assistant and Physiotherapist are paid for by the PCN.</p> <p>The PPG panel found this very informative and there followed a discussion.</p> <p>INCREASING PATIENT PARTICPATION</p> <p>It was agreed that an email address for the PPG would be set up for patients to be able to contact the PPG with suggestions, plaudits etc. It will be seen by Jane Rudon</p>	

(Chair of PPG), Vicky, Klair and Marta. The email address will be PatientParticipationGroup(FMC)@nhs.net

This will be publicised through the newsletter, the noticeboard and eventually an email will be sent to patients. It will be made very clear that it is not a medical email, cannot be used to make appointments, complaints etc. It will be a no reply email. The PPG panel will be given updates about the emails at each PPG meeting.

STAFF NAMETAGS

There was a discussion about whether staff wearing name tags would be helpful/desirable. Staff had been consulted and did not have an issue with it. There were different views within the meeting. In the end it was decided to trial first name only name tags for a few months.

PRIMARY CARE NETWORK

All the four practices within the PCN are now under a contract (there is no caretaking now). One doctor from each surgery meets weekly and work together. A question was raised about PCN and Extended Hours. The Extended Hours scheme is managed through the PCN. The later appointments tend to be offered to working people who find it hard to attend during office hours or for emergencies on the day. Other uses of Extended Hours are to see the nurse, phlebotomy and pharmacy matters.

PRACTICE LEAFLET

Vicky has been working on this and it is nearly ready to print. She will send the latest version to Jane to distribute to PPG members with emails and will put copies in the post to those members who do not use email.

VH

COMPLAINTS/ PLAUDITS

The complaints reported at the last meeting have been resolved.

SIGNIFICANT EVENTS

There was a significant event and a learning point has been made.

NEWSLETTER

One main item will be encouraging patients to use pharmacies rather than immediately wanting a doctor's appointment. If a receptionist identifies that the problem is better resolved at a pharmacy, e.g. worms, headlice etc the patient will be referred to a pharmacy.

There have been one or two issues regarding repeat prescriptions whereby patients have received mixed messages about how to ensure that they have the medication they need. Vicky will ensure that all reception staff (particularly new members) are fully appraised of procedures.

VH

DATE OF THE NEXT MEETING

The next meeting will take place on Tuesday 18th April 2023.

ANY OTHER BUSINESS

- 1) The latest monthly report from the Care Quality Commission shows that FMC does not need a visit.
- 2) March is the end of the medical year and patients will be texted if they need medical reviews.
- 3) Operations Pressure Escalation Levels – the surgery has to report operational issues weekly to OPEL who monitor what is going on in surgeries. FMC is constantly on yellow as demand is very high. However, FMC still has more face to face appointments than most other surgeries.
- 4) It was raised that when a patient's name is displayed on the monitor, telling them that they can go to a room for their appointment, it is very brief and often people do not see the monitor in time. Vicky will ensure that the monitors are suitably adjusted. Also, the old monitors will be removed so that people are not looking at the old screen. The group mentioned that they really prefer if the practitioner comes out and calls them by name.
- 5) An issue regarding patients who are seen by students was raised. It was explained that the patient should be aware that they are going to be seen by a student and that the appointment would be longer than usual because the student would see the patient, alone, take down medical history and hear what the issue was, then call in the doctor into the room to discuss what the student thinks is the best thing to do. The panel stated that they are very pleased that the practice is a teaching practice but that patients needed to be aware that they would be with the student/doctor longer than usual.

There being no other business Jane thanked the attendees for their presence and closed the meeting.

VH