

# PATIENT PARTICIPATION GROUP MEETING MINUTES

TUESDAY 18<sup>th</sup> April 2023

Present : Jane Rudon, Kerrigan Rudon, Vicky Hill, Klair King, Gwen Thompson, Mike Thompson, Karen Gavin, Irene Gwizdala, Margaret Msimbe Linda Haigh, Brenda Cavers and Dr Topala.

NOTES	ACTION BY
<p><b>GROUP MEETING</b></p> <p>Jane Rudon opened the meeting and welcomed all members. There were apologies from Dr Mukadam, Roy Birch and Stewart Hill,</p> <p><b>MINUTES OF THE LAST MEETING HELD ON 28<sup>th</sup> February 2023</b></p> <p>Once some additions were made to the roles that are paid for by the PCN it was agreed that the minutes were accurate.</p> <p><b>MATTERS ARISING</b></p> <ol style="list-style-type: none"><li>1) Increasing Patient Participation - Vicky told the meeting that the new PPG email should be up and running soon. She also informed us that a new toolkit for increasing patient participation will be coming from the Integrated Care Board soon.</li><li>2) Feedback - Margaret fed back from the PPG network meeting she had attended. She said that PPG members from other surgeries have come out into the communities to spread information about PPGs. A discussion took place about possible meetings that could be held with specific issues or communities invited. For example, a meeting about the menopause could be held. Dr Topala suggested that it would be helpful to explain to Eastern European people how the health system works as it differs from the systems in their places of origin. Kerrigan offered to organise such a meeting and Karen said she would help.</li><li>3) Nametags – Vicky has bought some with FMC on them with a place to slide the name in. They will be used by visitors as well as staff from 2<sup>nd</sup> May.</li><li>4) Practice Leaflet – Vicky has had some copies printed. There are one or two updates that will need to be made for the next print run and the website.</li></ol> <p><b>STAFF UPDATE</b></p> <p>Lianne is leaving to go to another job. Dr Balint leaves on 5<sup>th</sup> May. There is a new full time Health Care Assistant called Sajeel. He is a qualified nurse in India and the surgery is hoping to help him get registered here so he would be able to become a GP Assistant. Vicky has advertised for a GP. However, many doctors prefer to be locums rather than salaried GPs with a view to becoming partners. There is a newly qualified doctor Dr Miriam Aspturi who eventually would like to be a partner who has started working part time. It is hoped she will settle in Leicester eventually. There is an Advanced Care Paramedic working on a Thursday.</p>	<p>KR KG</p>

The surgery is now qualified as a teaching practice and there are Registrars working 2 sessions every day.

There are more appointments for patients but they are not necessarily with a GP. Patients will have to become accustomed to being triaged by receptionists and then get an appointment with the most suitable healthcare professional.

There is a Bill going through Parliament which will mean among other things that patients have to get an appointment within 2 weeks. Once this has been passed it will be an item in the newsletter.

### **PRIMARY CARE NETWORK**

A lot of money comes through the PCN to fund extended access, additional staff roles etc. There is great focus on Attainment of Resilience which means that everything possible should be put in place to improve the quality of work and make the workplace as good as possible to work in.

### **RECEPTION TRAINING**

The next cohort will start in May. The course is full and there is a waiting list. The practice is hoping to take on a full time receptionist from this cohort.

### **COMPLAINTS/ PLAUDITS**

There have only been verbal complaints that have been resolved. Plaudits keep coming in. Klair was asked whether there has been as much rudeness and worse from patients and she reported that things have calmed down a bit.

Vicky told the meeting that they fear that there might be a bit of a backlash from the new GP contract which is starting soon.

Access is changing and one of 4 possible telephone systems has to be used.

Fortunately, we already use one of the systems so we don't have to change. The system will tell the patient where they are in the queue. Patients will not be able to be asked to phone back in the afternoon or the following day, they have to be directed to care... to a pharmacy or 111 or hub services. Referrals to the pharmacist takes a lot of time because the referral form is lengthy but fortunately that is being simplified. When the 8am and 1.30pm urgent appointments are full, patients will be told to ring 111.

Most patients for these appointments are seen by Advanced Paramedics, salaried and locum GPs. This new system will be closely monitored by the ICB and NHS England.

### **SIGNIFICANT EVENTS**

There has been a significant event and Vicky will be able to tell the group about it at the next meeting..

### **NEWSLETTER**

The content of the summer newsletter is to be decided.

### **DATE OF THE NEXT MEETING**

The next meeting will take place on Tuesday 6<sup>th</sup> June 2023.

## **ANY OTHER BUSINESS**

- 1) A question was raised about the best time to send appointment reminders to patients. The computer generates a reminder at 5pm the night before the appointment. Patients might receive an additional early reminder if the appointment is a time away. This is to try stop non-attendance.
- 2) A volunteer group has been in touch with the surgery and is offering hour-long appointments to help patients over 55 learn how to use the NHS App. They are 1 – 1 sessions. PPG members are invited to undergo this training with a view to learn how to teach other patients. Please inform Scott if anyone is interested.

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