

Minutes

PATIENT PARTICIPATION GROUP

Wednesday 7th June 2023 – 1.00pm

Circuit Lane Surgery Chair AP Minutes LL

1.	<p>Attendees:</p> <p>PPG: Alan P, Chris G, Susan P, Debs, Philip, Peter, Ann, Beti, Sue J, Hazel M, Sam, John, Suhkvinder</p> <p>Surgery: Lisa, Lucie, Jarryd, Jeny, and Dr Hopkins</p> <p>Apologies: Colin, Norman, Alice, Janet, Marilyn</p> <p>The meeting was held in person at Circuit Lane Elms Surgery. The meeting was also accessible via zoom for those who could not attend in person.</p>		
2.	<p>Matters arising</p> <p>Alan started the meeting by welcoming everyone, hoping everyone has been keeping well.</p> <p>Telephone system and prioritisation of calls LT has been spending a lot of time with BOB (Buckinghamshire, Oxfordshire, and Berkshire West ICB) trying to sort out the issues with the telephone system. BOB are now pursuing with X-on who are the chosen provider. In principle they want to charge an early termination fee for us leaving of nearly £20k when we will still be remaining with them. They are the same provider and therefore we shouldn't have to incur any costs.</p> <p>PPG Poster – update/website Two versions of the poster have been produced. They have been circulated and the new versions will be put up in the surgery.</p> <p>Group consultations We are currently undergoing some training for group consultations. Initially, we will start with Nepalese diabetics and a female menopause clinic, review them, and see how they work.</p> <p>The minutes were voted as accurate and accepted.</p>		
3.	<p>Guest Speaker – Jarryd Bhambhani, First Contact Physio</p> <p>Jarryd presented to the group regarding his role as a First Contact Physio at the surgery. He has been working at the surgery just over a year, having worked in the NHS for 4 years prior to this role and having achieved his master's at Nottingham.</p>		

	<p>CG asked whether Jarryd was employed by the surgery. Lisa advised that he is employed by the PCN through Nexus Health and works across WES, CL and Tilehurst. He is part of the MDT team and works alongside another FCP, Vinayak Hule. Lisa explained to the new members of the group that PCN's (Primary Care Networks) were created just over 4 years serving communities with between 30,000-50,000 patients. Our PCN, Reading West consists of WECLS and Tilehurst and we have approximately 45,000 patients across the two surgeries. We have a similar footprint and similar types of patients.</p> <p>Jarryd explained that his main role is to take the pressure off the GPs and provide patients with a musculoskeletal (MSK) diagnostic assessment. Patients should be triaged through reception and then access treatment with a FCP rather than having a consultation with a GP first and then seeing the FCP. They will then make the relevant diagnosis and refer accordingly.</p> <p>Sukvninder commented that she had reaped the benefit of seeing the FCP and how efficient the process is.</p> <p>Peter asked where are patients referred to. Jarryd responded that depending on the diagnosis, they could be sent to Rheumatology, Urgent Care/A&E and Orthopaedics for treatment. If they are referred to a physiotherapist then there are several physios who work across the patch. We do provide patients with exercise plans to do whilst they wait for a physio and this gives them something to work with in the meantime. Jarryd also advised that he can request specific blood tests and x-rays and follow up the results.</p> <p>CG asked whether certain diagnoses are given prioritisation depending on the urgency of the treatment. Jarryd advised that referral forms are completed and marked urgent, and they can be expedited to the physiotherapy team and patients moved up the list accordingly.</p> <p>Jarryd advised the group that he is training to be able to do pain medication prescriptions, offering injections which currently only the GPs and the prescribing pharmacists can do.</p> <p>Jarryd finished by saying that he loves his job, it's fun and their role allows them to be able to provide specific care to patients.</p>		
4.	<p>Financial</p> <p>The balance for WES and CL has not been changed.</p> <p>We are still accepting books and Lisa suggested that we could also try CDs and videos.</p>		
5.	<p>Surgery News</p> <p>FFT – statistics from April-May 2023 Lucie provided the group with data for the last 2 months.</p> <p>Lisa advised the group that complaints are investigated if they are named; that is the only way we can investigate.</p>		

	<p>SJ commented that the main theme seems to be around wrong prescriptions being sent to the pharmacy. CG agreed that there are lots of praising in the feedback but equally some that are quite damning and perhaps there are process issues with prescriptions.</p> <p>Lisa responded that we have been auditing prescriptions rigidly for the last three months and we are operating to the timescale of 3 working days. We spend a considerable amount of time on any complaint, investigating them, interviewing relevant parties alongside Dr Marc Batista but can only do this with facts to look into.</p> <p>Dr Hopkins commented that once a prescription leaves the surgery, it is the responsibility of the community pharmacies to prescribe the medication. They are part of the pathway and they may be getting things incorrect.</p> <p>Debs commented that we need to be able to get the message across that we as a surgery will listen to feedback provided we have some form of contact information.</p> <p>Lisa responded that there are various ways how patients can provide feedback include FFT. There is NHS Choices whereby comments are anonymous with a reference number and we investigate. We don't respond to comments on Google or gossip girl sites.</p> <p>Sam commented in general British people are quite passive and want to understand whether their complaint will be heard. We need to look at how we are asking people to complain to us. Perhaps through eConsult, we could amend it by saying, maybe you felt it didn't go right, did something not go right.</p> <p>Lisa to review the themes in the data.</p> <p>Recruitment In one week in May, we recruited 10 new employees. We have a new GP starting on 3/7/23 who is relocating from Birmingham. Camilla Arthur will be a FTE GP from September onwards. We have 2 social prescribing link workers who will be working across the PCN and providing a holistic approach to allow patients to access the correct care and help. We also have a Care Coordinator, a new role who will look after our house bound patients proactively. There are also 3 new receptionists, a new pharmacist and 2 HCAs. Our workforce is now around 100 people.</p>		
6.	<p>Patient Voice</p> <p>SJ advised that the most recent meeting was cut short and that a new date is TBC along with whether the time of the meeting should be made later in the day around 6-6.30pm.</p>		

7.	<p>AOB</p> <p>Prescription metrics and required reporting – CG Normally CG puts in repeat prescription approximately 10 days beforehand and expects a text from the pharmacy to say the prescription is ready. This time he didn't receive a text but it was there. This issue was discussed earlier in the meeting, however, are there any metrics to measure performance times.</p> <p>Lisa responded that there is no requirement to publish any metrics. Data is published in the patient newsletter voluntarily and we use a NHS national system, EMIS whereby we can see what prescriptions have been requested and processed. In addition, CQC are no longer doing F2F inspections and instead they will dial into our systems to analyse our data.</p> <p>Sam commented that we need to look at how we use those statistics, perhaps in a statistical form model, every month. We need good quantitative data not qualitative data. The NHS App and Patient Access is something that patients should be using and we should encourage this.</p> <p>F2F appointments – BW Beti wanted to understand the arrangements for obtaining F2F appointments with a GP for a non-urgent consultation on chronic conditions.</p> <p>Lisa responded that they are available to book up to six weeks in advance. Beti commented that when she tried to book the appointments hadn't been released and there were no dates available at that time. Dr Hopkins responded that we are constantly reviewing appointments; the more appointments we have, the more will be used.</p> <p>Sam asked whether we could look at having a cycle rack at Circuit Lane. Following the meeting, we realised that there is one located in in the car park located next to the surgery. Our maintenance man is going to take a look at it.</p> <p>There was no AOB.</p> <p>AP closed the meeting by thanking everyone for attending.</p>		
8.	<p>Date of next meetings: Wednesday 2nd August @ WES @ 6.30pm AGM – Wednesday 4th October @ CL @ 6.30pm Wednesday 6th December @ WES @ 1.00pm</p>		