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| **PATIENT PARTICIPATION GROUP****Gt Eccleston Health Centre 18 November 2024****Minutes****Attendees:** Dr L Paterson (Partner) Rebecca Benyon (Practice Manager), Dianne Hogarth (Acting PPG Chair), Jill Walton, Christine Thistlethwaite, Mark Lamey, Roger Weatherell, Tom Stock, Lynda Ellis, Alan Roberts, Jean Cookson, (Patient representatives.) |
| **1.** | **Welcome and Apologies** Dianne Hogarth as the Acting Chair opened the meeting and introduced the new members, each were given a GDPR to sign and the draft PPG Terms of Reference (ToR). DH gave a brief explanation of the role of the PPG within the Practice.Apologies were received from Barbara Richardson and Ken (new member) | **Action** |
| **2.** | **Matters Arising**1. RB confirmed that the NAPP (National Association of Patient Participation) subscription had been renewed. DH had not received any information to date and RB agreed to chase NAPP to ensure they had the correct contact details.

**RB agreed to chase up NAPP regarding DH’s contact details.**1. RB updated that Helena and Carol are seconded from the Wren Network (a group of 5 rural Practices working together and sharing ideas and resources). Helena’s role has still to be fully clarified but will involve liaising with patients on their Health and Wellbeing.

**RB to share details of Helena’s role with DH once clarified.** RB explained thatCarol is a Social Prescriber attending the Practice on Thursdays to help patients who are isolated for example by signposting them to the correct available service.1. DH explained that it would be helpful to display a PPG Banner. A virtual member (a member who cannot always attend meetings) had explored the possibility of obtaining a new ‘pop up’ banner to include new details and a QR code at a cost of £69.00 + VAT totalling £82.00 which was agreed by Dr Paterson.
2. The suggestion regarding the Pharmacy promoting the PPG social media details on their web page was ongoing.

**RB to discuss this further with the Pharmacy.** | **RB****RB****RB** |
| **3.** | **PPG Facebook/WhatsApp Update**DH updated that a facebook page had been set up recently but it is expected this will take time to become established. DH asked if members could find, like and maybe comment on this page. DH asked whether any member who was accustomed to facebook would like to help administer the page.  DH explained that the PPG Notice Board in the Foyer displayed various details and recently added was a QR code which will be directed to the facebook page when a smart phone was held to it. The email address which is ppggehc@gmail.com Is also displayed. DH updated that there was a WhatsApp Group for easier communication between members and all the new members agreed their details could be added. **DH to add details to the WhatsApp group.** |  **ALL****DH** |
| **4.** | **Practice Update to PPG**The Flu/Covid Clinics were well attended although a few patients are still to receive the vaccine. Accurate figures can be reported once the details are all collated.A change in the blood test process was noted recently. This has arisen as Tash in the treatment room is now being monitored by the district nurses who have decided to use a community system to book blood tests. The facility remains to book routine blood tests (e.g. annual reviews) but patients should be aware that if blood tests are requested by a Consultant or GP for example an alternative number may be given to the patient to call to book a blood test. The question was raised “why would no clinic take blood out of the foot and the hospital path lab had eventually to be used for this procedure”. It was noted this procedure may be a training issue at the clinics that had been contacted.Dr Paterson updated that Steph the Frailty nurse had moved on to Trinity so this facility would no longer be available. The majority of Steph’s work has been taken over by the GPs and community matrons. Julie (an existing member of staff and an HCA) has taken on some of the work around care homes with supervision being provided by Dr Paterson. DH requested whether any clinics were still available at the Practice. It was explained that there was no clinics running at the moment but GPs and nurse practitioners had dedicated lists which may incorporate seeing patients with respiratory or diabetic issues etc. The Network provides mental health practitioners. It was noted new babies are checked on in their eighth or ninth week.The question was raised how many staff worked at the Practice and RB explained there are 3 partner GPs 2 salaried part time GPs 2 nurse practitioners and 3 practice nurses and the organisational chart on the website is up to date. The many locations covered by the Practice was discussed and it was explained that this was due to the sparsely populated rural area. It was noted there are around 8,000+ patients registered at the Practice which is fairly average as each GP would have around 2,000 patients attributed to them.**RB agreed to forward the organisational chart to DH to cascade to the group.**The question was raised regarding how the practice will be affected by the new housing developments in the area on top of the 8,000+ patients already registered and are there plans in hand to address this. Dr Paterson advised that the number of patients registered determined the level of government funding. This would give the Practice more ability to recruit more clinicians. This was dependant on the demographics of the patients and until that is known it is difficult to plan especially with a new government in power.DH mentioned the Lord Darzi report which had recently been published and PPG members should contact her if they required any further information as she had the full report and a quick presentation version that could be forwarded.The level of staffing was raised and RB explained that some days, appointments at the Practice were booked up and other days there were free appointments. However at another Practice all the appointments were booked for the week and by Friday there were no appointments left. The Practice therefore feel that the current system works best to accommodate the needs of our patients. There are changes being made in the health service and the PPG have to liaise this point to anyone who asks as best they can. It was asked why a patient was asked to go to the extended service at Garstang. RB explained that our Practice may have been particularly busy that day and the best option was offered. Pre-bookable appointments was discussed and RB explained the process.The call back option on the new telephone system was agreed as being beneficial.DH explained about the Listening Table to be set up in the Foyer where the PPG would sit and talk to patients coming in to the building. RB explained that the most footfall would be for nurse appointments as GP’s tend to deal with the most urgent issues. The best day would be a Wednesday. DH confirmed this would be trialled in the New Year. DH suggested that patients should receive a leaflet of who to contact, possibly leaflets already available from ICB site. | **RB****ALL/DH** |
| **5** | **Health Centre website**DH explained that the Friends and Family monthly report (based on patient feedback after an appointment) appears on the website. RB updates the website with the reports and the minutes of the PPG meeting. The question was raised how many hits had been placed on the website and RB explained that this was not monitored as it was mainly an information rather than an interactive site. **RB to upload Minutes from PPG meetings in September and November to the website**. | **RB** |
| **6** | **Telephone System**DH explained that the new telephone system was much easier to access and contained a message of what to do if you are ill at weekend i.e. ring 111. The call back system had alleviated many of the issues and if/when the system needed tweaking RB could do this. **RB agreed to make a note in her Diary to alter the message to reflect the Christmas cover at the Practice.**It was discussed that the elderly people in the local ‘Move It and Lose It’ group have had a presentation by the social prescriber which their members found interesting. It was suggested this group of patients receive a comment box, possibly after Xmas.**DH to pass the comments sheet compiled on to RB. A comment box to be passed to CT at the next meeting.**A priority pass was discussed and it was Dr Paterson’s understanding this was for Veterans and was mainly around hospital visits rather than GP visits. | **RB****DH** |
| **7** | **Friends & Family Feedback**DH explained that the report would be circulated to members and it would be uploaded to the website.**Covid/Flu Clinics**DH tabled the 2024 details for members to take home to look at and digest. DH explained the feedback had been much more positive in October 2024 against October 2023. Some of the comments from the report were read out and discussed. In particular, there was a comment regarding the Frailty Clinic. RB went on to explain this possibly referred to an ICB (Integrated Care Board) incentive which was not ideal but did identify patients who needed to be contacted as part of a proactive approach to indicate any health need assessment.DH provided RB with the comments . |  |
|  | **AOB**DH (current Acting Chair) suggested once new members have had a chance to digest all the information provided, we would elect/re-elect the officers at the meeting in May. By that time, all new members would have had 3 meetings to acquaint themselves with the Group. | **ALL** |
|  | **Next Meeting Date:**Monday 13th January 2025 at 5.30pm at GEHC attended by Dr Gray (this to be confirmed by RB). | **RB** |