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| White Horse Medical Practice – Patient Participation Group (PPG)Minutes -  |
| Date of Meeting | Wednesday 15th May 2024 6:30 pm  |
| Attendees - PPG | Helen Price (Chair) – HPAmanda Harvey (Secretary) AHAlison Allen AASarah Coe SCoDerek Jerome DJGene Webb GWLin Marsh LMFaye Godfrey FGSheila Isabel Irigoyen SIIChristine Mott CMKimberly Morgan KMPete King PK |
| Attendees - WHMP | Michelle Harfield (Operations Manager) MHJade Watson (Patient services) JWSarah Oliver (Social Prescriber) SO David Owen-Smith DOS (Chief Executive) |
| Attendees – Practice Champions | Melanie Magee MMCatherine Duff CDSara Griffiths SG |
| Apologies | Michelle Cozens MC (WHMP) |
| Also invited | Sue Caul (PPG), Angie Sammut (WHMP) |

**Key**

* **Discussion** – the group discussed a topic.
* **Action** – an action was agreed that would be reported on at the next meeting.
* **Decision** – a decision made by the PPG (these will only relate to decisions about the management of the PPG
* **Impact** – identification of things that have been improved/implemented having been raised for the patients through the PPG.

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| **Agenda Item** |  |
| **1** | **Welcome and Apologies**  |
| **2** | **Present – see above** |
| **3** | **Approval of minutes from previous meetings 22 February 2024** |
|  | **Decision:** Approval of the minutes from the meeting held on 22nd February 2024 was proposed and seconded with no amendments. |
| **4**  | **Matters Arising**Practice champions (measuring impact) – see agenda item 7 below. Membership –email addresses – see agenda item 9 belowSee below re eConsult issues. AOB pre meeting 12iiAA - would like to see web site changed: “You said. We did” model. (See 10 below) |
| **5** | **Property update – new premises (DOS)**Now 20,000 patients and 90 staff (current surgery built for 11,000 patients and cannot be extended). DOS estimates 26,500 patients by 2026-7. New building of 18,000 sq. ft required. DOS pursuing site behind Tesco/opposite the Wilderness which already has outline planning permission for a 12,000 sq. ft building. DOS/architects to go to a pre-app meeting with planning authorities. If this looks as if we could get full permission, they will start a public consultation re design/use of the building. SII suggested including a MIU. DOS said the current users of some of the building (eg physio service) will still be housed and dentist also being considered. Section 106 money (from developers) already held by council will partially fund, but money must be sought from the NHS ICB (the Integrated Care Board which is currently short of money). Project will take circa three years. KM asked if a community space could be included.(***Post meeting note- we are clarifying pre-app meeting date to see if it would be helpful to get ideas from PPG of spaces to include in new building – HP)***DOS said questions could be emailed to him by individuals. However, the committee decided that questions should be put through the committee so that it (particularly the Chair and Secretary) is aware of issues raised.**Management update**Changes required due to size of organisation (now 90 staff): Angie Sammut is now HR manager. Michelle Harfield is now Operations Manager. (There is no Practice Manager)**Football club collaboration update**The football club ran an event to raise money for BLS (Basic Life Support) equipment so the surgery does not have to hire it for training. |
| **6** | **Car parking and complaints (group) discussion**A concern was raised that people are using the car park for commuting i.e. leaving cars there all day. MH said that without barriers and a ticketing system, it would be difficult to police. Signs saying the car park is for patient/staff use only are being discussed. |
| **7**  | **Champions’ Report (SO) – including measuring impact and young(er) champions** Sarah Griffiths, Connexions group, Fridays 2-3.30, Blessed Hugh’s: 15-18 people at every session, 8 core members, mainly elderly widows. Seem to gain confidence from the group (as did the ‘Practice buddies’ who attended). Participants have been asked to come to a second course but bring someone else. DG suggested liaising with the Pump House Project as their Tuesday cake café seems to serve some of the same clientele. FG has taken publicity as some of her clients may be interested.Catherine Duff, Digital café, 1st and 3rd Thursdays, WHMP: 8-10 attendees per session with 4 champions. Help provided for social media etc as well as EC/NHS app and was received very well. Measuring impact – this could be done for the using POMI data from the website.Catherine Duff, Walk Talk Walk, Mondays 10.30 WHMP, approx. 50 mins: these have proved accessible to all (including the one wheelchair user who has attended). Refreshments at end have proved very popular. Report from SO of one attendee who has been transformed by this experience. Melanie Magee, Type 1 diabetes group (“Insulineers”) This has proved really supportive and appreciated by the members for exchanging ideas and information especially about technology as it’s unusual for people with Type 1 to meet others in the same position. (Nb – a group for people with Type 2 Diabetes is being considered) |
| **8** | Carried Forward from last meeting: **Role of physicians’ associates (AS)**Concern voiced that it is unclear whether patients are seeing a Physician’s Associate or doctor (FG had seen a PA having been told her appointment was with a doctor in a standard NHS letter.) MH will work with Jade to ensure comms are clear. |
| **9** | **Membership** – Terms of Reference – future comms posts re these meetings will now be coming from the PPG Chair (Helen Price) and/or Secretary (Amanda Harvey) rather than from the admin team at WHMP.For this to happen, members are required to give permission for us to contact them/use their email addresses. Member who have not done this are considered to have resigned (if they would like to rejoin they should contact the Chair or Secretary – getting relevant email addresses from Shell Cozens : ShellCozens1@nhs.net  |
| **10** | **AA – improving PPG and WHMP pages.**Alison Allen is happy to lead on this, working with the practice. SII would like to see a ‘live chat’ button added to the website but practice staff said this is unworkable as it would require a full-time member of staff to run it. In addition, the website is on a standardised template which cannot be changed to that degree. However, AA already knows some improvements which could be made |
| **11** | **Covid booster: surgery not doing spring boosters.** (Covid page on practice web site apparently implies still being done by surgery.) The NHS funding would not cover the cost of running this programme at the RAC. Running the vaccines at the surgery would entail closing the surgery to other patients whilst boosters were administered. WHMP decided not to take up the NHS contract to run the spring booster campaign. Faringdon Pharmacy was the only Faringdon organisation which took up the NHS contract. WHMP has been instructed by the NHS ICB (Integrated Care Board) not to pass on the details of Faringdon Pharmacy, so staff were instructed to tell patients they would need to book on using the national system. Details of WHMP patients who are housebound/in care homes were passed to Faringdon Pharmacy, whose role it is to contact those patients to arrange a home visit. This is currently happening. Patients who cannot get to Faringdon Pharmacy can call WHMP to talk about whether they qualify to be registered as housebound and so fall under the category of those who can be vaccinated at home by Faringdon Pharmacy. WHMP website will shortly be corrected. (MH) |
| **12** | **AOB - received pre-meeting** |
| **12i** | **Patients frustrated by thinking they are getting help from specialists and simply being signposted (one who saw an asthma nurse, one a ‘cancer nurse’). LM**JW said that this should not have happened. The first seems to have been a confusion. The second person may actually have seen a Care Co-ordinator as there are no specialist Cancer Nurses at WHMP. JW will look into this.***Post meeting note: We were given an email address re complaints but can’t make it work just yet. Will clarify.*** |
| **12ii** | A (GW) **Engage Consult** : are all appointments gone by 8am? How often? JW showed a chart listing the time that appointments change to ‘urgent only’ (when patients would be told all available appointments are gone. On many days, that point was reached by 8am. (See attachment to these minutes coming separately with explanation)B How do people **without tech support get appointments**? How do patients get urgent (same day) help when all spaces “taken”? JW said that patients can ring and, even if the recorded message says that all appointments are gone, if they have an urgent case and hang on they will get through to someone. Also, they may be able to use the ‘Admin query’ button on Engage Consult which allows for brief free text messages so that patients can communicate with the surgery even when EC will not allow them to fill in the fields necessary to ‘consult a GP’. C How many F2F appts are there each day? JW said GPs have 12 or 24 ‘patient contacts’ per day. |There is no strict division into face-to-face and telephone appointments: GPs treat each case as necessary.D Why **nurse/HCA appts can't be made online**. MH said WHMP is currently looking into this.(other items moved to agenda for next meeting) |
| **12iii** | (DJ) How does practice monitor and follow up on people who are taking certain drugs on a long term basis? He has heard of one gentleman who took a drug for 3 years that apparently should have only been taking it for 6 weeks  .MH said she will get someone to come back to on this. (see forward agenda)  |
| **13** | Forward agenda: -measuring impact of champions and younger champions -Clarify difference between data in NHS app and full medical records. How is practice encouraging people to get this access?-How can WHMP encourage people to look at website- the info is so much better than it used to be - maybe via Facebook and digital café -Monitoring of long-term medicine use  |
| **13** | Need to plan meeting pattern. Recent four meetings were: Sept ’23, Nov ’23, Jan ’24 and May ’24. The group voted on alternative proposals for regular dates:Option 1: July, Sept, Jan and May – 6 votesOption 2: Sept, Nov, Jan, and May – 5 votes.**Decision**: the group will meet in future in July, Sept, Jan and May. Date of next meeting: Wednesday 17th July, 6.30pm, WHMP.  |

Minutes by AH (15.5.24) – Edited by HP (16.5.24)- Approved by MH (20.5.24) – Distributed by HP (20.5.24)