**Grove Medical Practice**

**Patient Participation Group Meeting** (by Zoom)

**20th July 2022**

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| **AttendeesGrove Medical Practice Staff**: Simon Stitson (SS), Dr Jo Pritchard (Dr JP) |
| **PGG members**: Chair - Maggie Nicol (MN), Ann Asquith (AA), Helen Bessemer-Clark (HB-C), Peter Brewer (PB), Lesley Caddoo (LC), Helen Dye (HD), Margi Fosh (MF), John George (JG), Susan Hennah-Barham (SH-B), Penny Leigh-Brown (PL-B), Geoff Mullis (GM), Emma Pratt (EP), Margaret Redgrave (MR), Julia Sussex (JS),  |
| **1. Apologies:** Paul Calvert (PC), Karen Clapp, Lisa Dorward, Keith Grimwade, Stella Horsman, Nick Irish, Peter Keen, Roger Mitchell, Geoff Mullis, Vi Parkinson (VP), Allen Schofield, Derrick Spencer-Briggs, Mike Walker, Wendy Wilson, Tina Yates. |
| **2. Minutes & matters arising** **AOB - Volunteering**. Only 5 members of the PPG have put themselves forward as volunteers. They have not yet been able to meet due to holidays and other commitments. SS confirmed that helping patients to check in using the screens would be very useful and volunteers would be helpful during the autumn flu and Covid vaccination programme. **If you would like to volunteer** to help in this way, please let MN know. |
| **3. Practice Business Manager report (SS)**SS presented a comprehensive update of Grove Medical Practice. The full presentation is attached but in summary:1. **Klinik** This went live on 13th July. SS thanked members of the PPG who tested the system two days prior to the launch and provided valuable feedback. The system is alongside a new Duty Room where the Duty Doctor and Advanced Clinical Practitioners all work together. Patients who need to be seen face-to-face are seen by the same team in dedicated duty rooms on the ground floor. In the **first 3 days 172 submissions** were received, of which 70% were submitted by patients. Most patients (59%) were supported by telephone; 29% by face-to-face appointments and the remainder by text or email. Klinik was due to be operational from 08.00 – 14.00 but in addition, it is being trialled between 14.00 and 17.15 this week. The Reception Team uses the same system if contacted by phone so that the Duty Team have the same detailed information. Family members are able to submit, it does not have to be patients themselves.

JG questioned whether Klinik only for urgent appointment requests. SS confirmed that it is at present and other appointments will be gradually added. HB-C asked whether the regular online appointment system for non-urgent appointments was still active. SS confirmed that it was and new appointments for 3 or 7 days time are released daily at midnight but are quickly snapped up.**JP** Klinik allows the clinical team to decide the urgency and is also good at showing demand. In the future it should be possible to map appointments accordingly. EP asked when they would have a good idea of patterns of demand and where there are deficits. JP said the situation remains very challenging and staffing remains difficult - they have seen a 17% reduction in Partners. Klinik prioritises the very sick. **JP** informed the group that **Clinical Commissioning Groups** were replaced on 1.7.22 by Integrated Care Systems (<https://www.england.nhs.uk/integratedcare/>) and aim to treat more patients in their own homes. For example, intravenous antibiotics are being given at home as part of a trial in Peterborough and the team can prescribe and collect prescriptions for the patient so medication can be started immediately.1. **Updated website** is now live and has a new logo – the St Ives bridge. Currently working on updating the content and adding further information about the members of the team and their roles.
2. **New Staff** John Grimwood Advanced Clinical Practitioner; Claire O’Riordan, new Practice Nurse; Lottie Morey now supports the Management team; Maureen & another Deborah have joined Reception team. **Currently recruiting**: Practice nurse and 2 for the Support Team.Recruitment isnot easy asso many Practices are also trying to recruit. SS stressed that was important to appoint the correct person and take longer if necessary. HD asked if flexible hours were offered to reception staff. SS said that was not possible as there is a team of 13 who rotate roles through a 13-week rota.
3. **Covid & Flu Vaccination Programme** Flu vaccine will be offered to all over 50 years. Where possible, Covid19 booster will be administered at the same time. Grove Medical Practice had the foresight to order sufficient vaccine for all over 50s and so are in a good position.
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| **4. CPFT Update** KG was unable to attend the meeting, but his report was circulated with the agenda. His email address is in the report so he can be contacted directly if there are any questions. |
| **5. Frequency of meetings** MN reported that some members of the group felt that more frequent meetings would enable more to be achieved by the group. PL-B felt this would be unfair on the Practice team. HD suggested monthly meetings, but the Practice team would not have to attend each one. MF suggested staying at 4 per year but adding additional meetings if there are urgent issues to address. PB felt it was important not to have meetings for meeting’s sake. SH-B and JS felt that 4 times a year as at present was sufficient. HD pointed out that many were not present, and LC suggested using Survey Monkey to seek everyone’s views. MN will develop a survey using Survey Monkey and circulate to to the group for comments. |
| **6. Circulation of additional material to the group** JS commented that it would have been useful to receive information about the change from CCG to Integrated Care Systems. SS responded that they get hundreds of emails and not all is relevant, but he will forward relevant information to MN for circulation. HB-C objected to being sent *Rebuild General Practice* as she felt it was very political. EP and GM agreed. HD felt that we need to filter the information ourselves as some members are mor interested than others. JP & SS said that *Rebuild General Practice* is from the BMA and thus a genuine source of information. They felt that it was important for the PPG to be aware of the wider issues surrounding health services post Covid19. The challenges are huge. SS recommended the BBC Health webpages for information. HB-C did agree that *Rebuild General Practice* did include some very useful information. The group agreed that such information would be circulated and that members themselves would choose whether to read it. |
| **8. AOB** MR reported that a friend who had been asked by a doctor to make an appointment was told that there were no appointments available. SS said they were trying to stop this happening, but demand continues to outstrip supply. He was confident that Klinik will help by making care pathways better. In the future clinicians will hopefully be able to book their own appointments to avoid this happening.JP is now **Diabetes** Lead and informed the group about **video group consultations** for those with diabetes. There is currently one per month and patients find the group sessions really beneficial.MF suggested inviting any member of the Practice Team to attend the PPG if they would like to raise any issues. MN suggested it would be helpful to invite the Social Prescribers to give them an opportunity to explain their role.PL-B suggested reintroducing education sessions to raise awareness of health issues. HD felt that the PPG needs to be more accessible and enable patients to raise their concerns. |
| **10. Date of next meeting: Wednesday 19th October 2022 at 7pm** by Zoom as Covid 19 is likely to continue to be a problem throughout autumn and winter. |