**Grove Medical Practice**

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

**9th November 2022**

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| **Attendees Grove Medical Practice Staff**: Simon Stitson (SS), Dr Jo Pritchard (Dr JP) |
| **PGG members**: Chair - Maggie Nicol (MN), Ann Asquith (AA), Peter Brewer (PB), Helen Bessemer-Clark (HB-C), Lesley Caddoo (LC), Paul Calvert (PC), Karen Clapp (KC), John George (JG), Caroline Gerrard (CG), Keith Grimwade (KG), Nick Irish (NI), Peter Keen (PK), Emma Pratt (EP), KMargaret Redgrave (MR), Derrick Spencer-Briggs (DS-P). |
| **1. Apologies:** Lisa Dorward, Helen Dye, Margi Fosh, Susan Hennah-Barham, Stella Horsman, Penny Leigh-Brown, Roger Mitchell, Geoff Mullis, Vi Parkinson, Allen Schofield, Mike Walker, Wendy Wilson, Tina Yates. |
| **2. Minutes & matters arising**  Volunteering for Covid & Flu vaccine clinics. SS and Dr JP thanked those who volunteered; their help was much appreciated. KC commented that it was nice to meet some of the staff and feel part of the team. |
| **3. Practice Business Manager report (SS)** The Grove Medical Practice Update was circulated in advance and not presented in detail at the meeting. This allowed time for questions/clarification from SS & Dr JP.  **Klinik Online Portal** MN commented that it was good to see a generally positive response to this. It was noted that 36% of appointments were face-to-face (F2F). PK asked about the Government target for F2F appointments. SS said that the Gov target is higher than but the 36% refers only to appointments made on the day – the figure is much higher when nurse appointments, blood tests, routine appointments etc are included.  **NHS Pressures** MN commented on the fact that 20% of the Cambridgeshire and Peterborough population saw their GP during August 2022. SS confirmed that the huge volume of demand continues, and patients now seek help from the Practice with many conditions that would have been dealt with at home of the Pharmacy in years gone by. EP suggested letting a room to a private GP in the evenings for those who want to pay. It would raise cash for the Practice. SS replied that it was an interesting concept.  NI knew of someone who could not get an appointment for a blood test in time for their appointment at the hospital and asked if there was an appeal system. SS told the group that patients can ask the hospital to arrange their blood test and reception staff will always try to fit in extra patients to prevent this happening.  JG said he had received a text telling him to book a blood test, but the link took him to System1, which is only for GP appointments. LC asked if there were statistics regarding the wait time for routine appointments. SS said there are no statistics, but it is something they are constantly looking at. Demand is constantly outstripping the number of appointments available and Covid remains a problem as staff have to isolate. MN suggested giving patients appointments so that only those who need to change the given time need to ring the surgery. SS said that this is something that they are trialling with childhood immunisations.  **Team Update** PK commented that the long list of new staff only provided two extra days of GP time, which seemed to be where need was greatest. SS said that another salaried GP is also being recruited.  **Reception Area** Changes are being planned now that the team have ‘lived’ with the layout and know what is required. The screens will be removed to promote privacy. Queuing will be better managed using roped areas. Artwork will be used to brighten the environment. EP said that the Old Exchange used to display art for sale by local artists, who managed the process themselves. HB-C suggested contacting the many local art groups in the area. SS & his team will consider the idea and get back to PPG if they want us to contact art groups.  **Winter Support Scheme** The aim is to identify vulnerable patients and find a way to support them by creating a care plan for them. They are linking with the usual social networks but if you know someone who might need extra support with heating, food etc due to the cost-of-living rises, email Grove Medical Practice and mark you email for the attention of Dr Jo Pritchard. KC commented that the foodbank can help identify those at risk and refer them to the Social Prescribers, who cover all GP Practices. Also, St Ives Cares, which is starting to get off the ground. |
| **4. CPFT Update**  KG’s CPFT update was circulated in advance of the meeting and so he only underlined the key message that waiting lists are way too long and the Governors are very concerned. However, there is some good news. Waiting times for children and young people are improving and the throughput for those with Parkinson’s is now better than pre-pandemic due to innovations implemented during Covid.  The **Integrated Care System** went live in July 2022 providing opportunities to work together. It makes decisions on very large sums of money. It was suggested that a presentation about Integrated Care Systems would be very helpful for the group. |
| **5. Frequency of meetings & purpose and structure of the PPG**  There was a lively discussion with good levels of agreement about the best way forward for the PPG. It was impossible to capture everything, but the main points are presented here. MN thanked HB-C for her thought-provoking proposal and presented the results of the survey about frequency of meetings. This showed that of the 28 who responded: the majority (14 members – 50%) wanted it to remain as 4 times a year but this was closely followed by 12 members (43%) who voted for 6 times per year. There were just 2 members who wished meetings to be more frequent than that.  HB-C said she recognises that the PPG is open to all, but it would be helpful to know what skills there are in the group. Also, it might be useful to have sub-committees working on specific issues, e.g. artwork for the surgery. PB agreed that it must be open to all and that it would be helpful to ask members to outline the skills they bring. LC suggested keeping the meetings to 4 times a year but having presentations in addition to that. NI suggested a Practice Newsletter might have wider reach. SS replied that there were no resources for a newsletter, but the PPG minutes are on the website. He will now add a Facebook post to draw attention when they are on the website. He said that there are regular FB posts from the surgery, and it would be really helpful if members of the PPG share those with their own local networks.  PK said that HB-C’s proposal stated clearly that the purpose of the PPG is to improve the patient experience and we need a better cross section of patients to hear their views. EP agreed that we need to speak to others. HB-C wondered whether a poster would be helpful, especially for those who cannot manage technology. MN commented that the noticeboard in the waiting room was very crowded. SS said that he would ask Lucy to contact MN to help with that and offered use of the Practice meeting room if smaller groups of members want to meet. It will seat about 10 people.  SS also felt that mid-winter is not a good time to reinstate F2F PPG meetings and suggested it should wait until the Spring meeting. KG asked if blended meetings were possible. SS said they are possible but difficult for those on Zoom to participate fully and the meeting room only holds 10 people.  MN thanked everyone for their helpful suggestions and suggested that those in the group who wished to take this forward meet a couple of times before the next meeting and bring a proposal to the meeting in February. She will email the group for expressions of interest. MN also said that she would invite members to send suggestions for improvements prior to each meeting so SS and his team have an opportunity to think they through prior to the meeting. |
| **6. AOB**  PC suggested a separate email address for Dispensary so that emails did not have to go the reception team but direct to the Pharmacy team. SS said that it had been tried but did not work and that all ordering should be online or using the paper slip. PC also asked why Grove was no longer using the West Cambs Federation to provide additional resource. SS said that although it was at Grove, we were just the hub and they mostly saw patients form other Practices. Grove now offers their own extended access.  LC asked about the message on the NHS app to say that patient records are being reviewed. SS said that there is an NHS initiative to provide patients with more access to their records from October 2022. If you already have access, you will continue to be able to access historical records but if you request access to current records the Practice will have to perform a risk assessment to ensure access would not cause harm. |
| **7. Date of next meeting:** Wednesday 8th February 2023 at 7pm on Zoom |