**Grove Medical Practice**

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

Wednesday 8th February 2023

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| **Attendees Grove Medical Practice Staff**: Practice Manager Simon Stitson (SS), Dr Jo Pritchard (Dr JP) |
| **PGG members**: Chair - Maggie Nicol (MN), Ann Asquith (AA), Helen Bessemer-Clark (HB-C), Karen Clapp (KC), John George (JG), Keith Grimwade (KG), Nick Irish (NI), Peter Keen (PK), Penny Leigh-Brown (PL-B), Vi Parkinson (VP), Emma Pratt (EP), Allen Schofield (AS). |
| **1. Apologies:** Peter Brewer, Paul Calvert, Lesley Caddoo, Margi Fosh, Caroline Gerrard, Susan Hennah-Barham, Stella Horsman, Roger Mitchell, Geoff Mullis, Margaret Redgrave, Derrick Spencer-Briggs, Julia Sussex, Mike Walker, Wendy Wilson, Tina Yates. |
| **2. Minutes & matters arising**  **Item 5 MN** reported that 7 members of the PPG had volunteered to look at the purpose and structure of the PPG. They are: Ann Asquith, Helen Bessemer-Clark, Peter Brewer, Nick Irish, Peter Keen, Allen Schofield & Tina Yates. MN is the chair. The group has met twice and their proposal is on the agenda – see item 5 below. |
| **3. Practice Business Manager report (SS)** The Grove Medical Practice update (attached) was circulated in advance of the meeting. Members were invited to raise questions regarding each of the items in the update.  **3.1 Update on activity in Primary Care** Datafrom the Local Medical Committee shows the huge pressures on Primary Care in our area this winter.  **3.2 Update on activity at the Practice** This showed that 48% of same day patients were seen face to face. **PK** asked how many of these were appointments with a GP as opposed to nurses, blood tests etc. **SS** said that the information had come from NHS Digital and did not give a breakdown of which member of the team patients saw.  **3.3 Clinical & Estates Strategy for the Primary Care Network** SS explained that CORE20PLUS5 identifies the most deprived 20% of the national population. Those areas are given more money to deal with health inequalities. St Ives has several of the least deprived neighbourhoods.  **3.4 Population growth and new housing.** This data is used to plan for the next 20 years. For example, to manage the predicted rise in those over the age of 85. **HB-C** asked if **SS** had to spend time searching for all this data. **SS** replied that NHS Digital analyses data and shares with the NHS. There are 3 levels of the NHS: Local, District and National. They deal with different issues. For example, flu vaccination planning is a national issue. **PL-B** commented that people were living longer due to good care by the GP Practices.  **PK** asked if Grove is obliged to accept new patients. **SS** said that all GPs in the area have open lists and it is very difficult to have closed lists. New patients do mean additional funding but there is a time lag before funding is received. Predictions are used to help with planning and changing ways of working accordingly. **EP** asked if Grove had a breakdown of their patients in terms of age. **SS** thought that would be useful. **Dr JP** said that the data are used to inform clinical strategy and all Clinical Directors use this.  **3.5 Integrating feedback from the PPG Group MN** explained that she had sent the minutes of the small working group to **SS**, and this was a response to some of the issues raised by them.  **3.6 Importance of Patient Safety** **SS** explained that Grove would like the PPG to explore what ‘Patient safety’ means them. **MN** felt that this was best done by email to allow members to give it thought. **MN** will ask members to send their thoughts and will collate a response to Grove.  **3.7 Update from Working Group Meeting** These were issues raised by the working group and included in the minutes sent to **SS**. They reflect issues raised many times at PPG meetings. **MN** commented that given so many fewer patients visit the practice, a new noticeboard may not be the best way forward. The group will discuss communication and report back.  **3.8** **Next phase of refurbishment project** **SS** explained that the 28 radiators requiring replacement are in the original part of the building, not the new extension. **AS** asked about the queuing system in the reception area. **SS** said the roped areas and new signage were designed to help but were taking time to bed in. It is based on the suggestions submitted by **AS** last year. **EP** asked whether the Dispensary hatch could open into the foyer. **SS** said that the external wall is very thick, and we have to work with the layout we have. Texting patients when their medication is ready for collection is designed to help. Recent problems have been due to high levels of sickness.  **JG** asked what a GP Assistant does. **SS** said they are not medically qualified but clinically trained and supervised and will spend half of their time doing blood tests (hence the extra 168 appts/month) and half their time on administrative duties. |
| **4. CPFT Update**  **KG** circulated his report in advance. He reported that some pressures had eased and there was some improvement in waiting lists. The outline business case for the new children’s hospital has now been submitted. |
| **5. Structure and function of the PPG** - **PK** presented the following on behalf of the working group.  The PPG is a contractual requirement that all GP practices establish a Patient Participation Group (PPG) These require the practice to engage with the PPG to obtain patient feedback and where agreed, act on suggestions for improvement.  Considerable thought has gone into how the PPG should best engage with the practice and it is proposed that:   1. The current structure of quarterly meetings should continue with a core objective of these meetings being a forum for receiving feedback on issues and services relevant to the practice from as many participants as possible, reflecting the patient population as a whole. 2. A smaller group of no more than 8 people, referred to as the Core Representative Group (CRG), will collate and prioritise the issues raised.  The CRG would meet bi-monthly with the practice to discuss in more detail the issues raised, in a constructive manner seek solutions, and monitor progress regarding their implementation. 3. Members of the CRG will be elected (and may be removed) by the wider PPG. 4. Once established, at each quarterly PPG meeting the CRG will present a summary of the issues raised and progress towards implementation for discussion.   **MN** thanked **PK** for his summary of the group’s work and requested that the those who volunteered to do this work should become the first CRG. This would enable the group to get going without delay.  **KG** felt that the proposal was very sensible but felt that it should include feeding forward from the PPG to Healthwatch. **JG** said he does take issues back to Healthwatch and information from Healthwatch is circulated as it is received. **KG** said that as Healthwatch attends important meetings about health issues and so it is important that they know our issues. **PK** felt that the focus of the PPG should be local rather than regional.  **SS** liked the idea of the small group (CRG) meeting with him and Dr Jo. **KC** felt that the PPG proposal offered an excellent solution and given that Healthwatch had ‘a seat at the table’ it was important to keep them informed of our issues. She would like to see a short biography of the group members. **MN** said that this would be circulated.  **SS** said it would be helpful to help patients to understand the role of those in the team who are not GPs. **PL-B** reported receiving excellent care from the Clinical Pharmacist and the Advanced Nurse Practitioner. **AS** asked if job descriptions could be made available. **SS** said there is information on the website and the noticeboards to enable patients to put names to faces. He felt that members of the team would be happy to attend a PPG meeting to outline what they do. **HB-C** suggested adding their qualifications and **EP** suggested explaining their roles on the noticeboards, which may enable patients to realise that they do not need to see a GP. **SS** agreed to take some of these ideas forward. **AS** reiterated that he would like to see job descriptions. **MN** Drew the discussion to a close and thanked members for their positive comments. The new structure will be implemented and reviewed in 6 months. **Those unable to attend are invited to send comments to MN.** |
| **6. Any other business -** **MN** read a message from Margi Fosh reporting the excellent care that she and her seriously ill husband have received from Grove. All those present sent their very best wishes to Margi and her husband. |
| **7. Date of next meeting:** To be confirmed when the timetable of meetings for the CRG have been finalised. |