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|  | **PATIENT PARTICIPATION GROUP (PPG) MEETING**  **Wednesday 31st January 2024 4.00pm** |

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|  | Attended by: Sue Cousins (Chair), Surkita Chauhan (Practice Manager), Pat Morris, David Morgan, Antony Cashmore, Jean Halford  Visitors in attendance: Mark Faulkner (Black Country Integrated Care Board), Jake Blunt & Liz Warner (East 2 Primary Care Network)  Apologies received from: Gail Jukes, Hilary Mulholland, Liz Smith, Melinda Green, John Hipkiss |
| 1. | The minutes of the last meeting were agreed as an accurate record. |
| 2. | Mark Faulkner described the commissioning role of the Black Country ICB. One of their pieces of work was to commission websites for GP practices. He described some of the functions of the website including acting as a source of information for patients, and links to enable patients to access services digitally. He described the difficulties around the 8.00 am rush with many patients attempting to contact the surgery; if patients are able to make requests digitally this will reduce the number of phone calls and make it easier for patients using the telephone to get through. Mark would like feedback from patients on the website.  DM asked about computerisation of patient records. MF said that the concept of a centralised way of handling patient records is progressing but there are still some issues with retrieving records.  AC expressed concern around security and consent for individual records to be stored digitally, and who would benefit financially from data systems. MF described a very high level of security in place with access strictly restricted to those health care professionals who need to see individual records, individual patient data can only be seen where there is a clear health benefit. Other interested parties may be private sector organisations, who can only have access to anonymised data.  JH asked about accessibility of the website for speakers of other languages of people with visual impairments. MF said that there is a drop-down menu to convert the website into other languages, and that most people with severe visual impairments will already be using text to speech systems.  There was general discussion around access for patients who do not have/cannot afford digital access. JB (from East2 PCN) said that there are some local services who can provide tablets or laptops free of charge in some circumstances.  Raising awareness of the website was briefly discussed; it was suggested that reference could be made on the waiting room screens and/or via a text message to patients inviting them to explore the site.  **Action: everyone who is able please take time to study the website and give feedback on design and ease of navigation. Feedback to SC for collation.** |
| 3. | Jake Blunt described the role of the East2 PCN. This comprises 5 GP practices: Portland, Northgate, Collingwood, Streetly, Rushall.  Additional staff have been introduced into practices; statistics show that 1 in 5 patients seeking GP advice do not have a medical need, for example their need may be social, financial, bereavement etc or have a need that is better met by access to another healthcare professional.  Additional staff include:  2 pharmacists and 5 pharmacy technicians. They work closely with the practice pharmacist and agree areas of work between them. Their primary role is to help patients with medication.  First contact physiotherapists (2). Patients needing assessment/treatment of musculoskeletal problems etc will be seen by the physiotherapist prior to/instead of seeing a GP.  Non-clinical roles:  Social prescribers (3) - offer support and signposting to appropriate services to help with physical, mental, financial, educational and social needs.  Care coordinators offer support through cancer treatment, and bereavement support. Liz Warner works with bereaved families and individuals.  Health and well-being coaches - offer one hour sessions to enable people tor each their own decisions regarding their health, both physical and mental.  Referrals to the above may be from a range of health care professionals and sometimes will be via reception staff. The plan is to ensure patients are seen by the most appropriate service to meet their needs. The PCN wants to raise awareness of the range of services available. In the longer term it is hoped that self referral will be an option.  The group felt that the range of services is a very positive development which will be of great benefit to patients. Leaflets were circulated which can be placed in the waiting room. |
| 4. | Any other business:  Due to the lengthy discussion of the above topic there was no remaining time for any other business. Any items for discussion to be forwarded to the chairperson in advance of the next meeting.  Meeting closed at 17.00. |
| 5. | Date of next meeting: Wednesday 24th April 2024 at 16.00. |