**Minutes of PPG Meeting 06.04.2022 Held at 5.00pm at Portland Medical Practice**

Attended by: Sue Cousins (Chair), Dr Ladak, Gail Jukes, Pat Morris, Hilary Mulholland, Jane Humphreys, Frances Sparkes, Antony Cashmore

Apologies for absence: Sue Southall, Liz Smith, Colleen Eades, John Hipkiss, Helen Garbett

1. **Minutes of last meeting –** accepted as accurate.
2. **Update on access to appointments/consultations:** Dr Ladak reported that the practice has been fortunate not to have had significant disruptions to services due to staff contracting Covid but are still taking precautions to minimise this risk as the case rate is still very high. High numbers of staff absences would be very disruptive to the service to patients.

EConsult is still in use or patients can phone or call into the practice to complete a form for consultations. Triaging is still in place and is a quick process. Same day slots are available for urgent needs, these are 10 minute slots.

In addition patients can now book routine appointments, these are not for urgent needs and may be 2 or 3 weeks away from the time of booking. Some of these will still be dealt with by telephone initially, with face to face consultations as appropriate. The practice has also increased the length of routine appointments slightly, in line with recommendations from the Royal College of GPs and also as a result of team discussions around the need for longer appointments for patients with complex needs. Bookings are at 15 minute intervals, allowing for a full 10 minutes with the patient followed by time for related administrative tasks.

AC raised a concern about continuity of care, and the impact on patients feeling they have to repeat their history if they see different doctors, he went on to refer to waiting times to see Dr Harrison. Dr L replied that as the longest serving GP in the practice Dr Harrison is always very busy and patients may have to wait 2 – 3 weeks if they specifically request to see her.

He commented that the GPs do want to maintain continuity; the opportunity to provide continuity of care is what attracts GPs into this role. Unfortunately it is not always possible, particularly when the need is urgent; and he recommended that patients accept the offer of an alternative doctor if the patient’s first choice is not available. Other group members commented that they had seen a range of doctors and had received good service from them all.

Dr L commented that the practice very much appreciates the support from patients, there have been difficult times but support has been good. The practice feels that in terms of access they are achieving more than some other local practices.

Dr L has recently joined the practice which brings the team to 11 doctors: 4 partners – Dr Harrison, Dr Sagoo, Dr Saeed and Dr Ladak; Dr Salim, Dr Hassan, 3 trainee GPs and I junior doctor. There are 9,000+ patients.

Prior to the pandemic Portland was one of the hubs for out of hours service for patients across the whole Walsall area. This has now been reintroduced which will reduce the need to travel for Aldridge patients.

1. **Telephone access and length of telephone message**

The telephone message played when patients call the practice is now shorter.There are two additional reception staff. Telephone access is being monitored, the waiting times are now averaging between 3 – 5 minutes and there are few ‘dropped’ calls, i.e. callers terminating the call. There had been no dropped calls so far today, at the time of the meeting 232 calls had been answered during the day.

The practice is investigating a change to the telephone system in place.

GJ referred to 2 instances when she was told to expect a phone call from the practice; when she had phoned after waiting unsuccessfully all day she was told the staff member was absent on sick leave. On the second occasion she was briefly engaged on another incoming call which coincided with the time she had been phoned. She felt that efforts should have been made to inform patients of cancellation of phone calls due to staff absence and that a second attempt to contact her could have been made when her line was engaged, waiting for calls which don’t happen is very frustrating for patients. Dr L said that he would follow this up with the team; it would be usual for a second attempt to call to be made.

1. **Phlebotomy service**

PPG members were told at the planning stage of this service that it would be possible for blood tests to be undertaken immediately after a GP appointment. Dr Ladak was not aware of original plans but there are currently no plans for it be a ‘ticketing’ service, it would continue to run on an appointments basis. It had to be temporarily suspended during the pandemic due to a bottle shortage but has otherwise continued to run throughout.

1. **Social Prescribers**

SC and FS gave feedback from a recent coffee morning held in the practice by two social prescribers. Sharon Roadknight is the social prescriber for Portland practice, Gurdip is linked to Northgate practice. Social prescribers adopt a holistic view of patient care, providing a sign-posting service for patients in need of other services. These may be related to needs arising from health conditions or from other aspects of life impacting on well-being. The number of referrals is increasing, referrals are taken from GPs, nurses, reception staff and self-referrals from patients. Dr L said that the practice staff were increasingly more aware of what the social prescribing service can offer and when to make referrals.

Patients may be signposted to services related to finance, housing, leisure activities, befriending services etc. Patients will be followed up until the receiving service is able to respond to their needs. The two social prescribers plan to hold regular fortnightly coffee mornings, some of which will have a specific focus.

SC suggested that the PPG could work collaboratively with this team to reintroduce some of the health promotion events held previously, perhaps starting with an event in September to coincide with the annual self care awareness week. Dr L will consult with the practice staff to decide on safety and feasibility of this event.

1. **Shared Care Records**

SC briefly outlined a summary of a presentation she had attended with HM. The shared care record is a single platform that allows health and other care professionals to view data from systems used by all providers including GPs, hospital, community and mental health trusts. Users will only be able to access parts of this data on a need to know basis. An example given was that of a paramedic on an emergency call to a patient being able to access their GP and hospital records and as a consequence being able to provide improved care. HM commented that she had previously assumed that records already operated in this way and was surprised to find this was not the case. Patients can refuse consent for this/can opt out if they wish. Those present in the group agreed that although some people may have concerns about data security overall it was seen as a positive development.

1. **Any other business**

AC commented that since joining the group recently he had requested a copy of the most recent Care Quality Commission Reports, the last one being in 2018. He was pleased to report that the outcome had been positive with the practice achieving ‘good’ in all areas. SC assured him that along with other feedback from patients, representatives of the PPG were interviewed by the CQC team. This had happened during previous inspections also.

AC had heard that opening hours of practices was to be increased to include Saturday clinics. Dr L said that this will be part of the new GP contract and that discussions were taking place locally with other GPs to identify how this can operate.

SC suggested that there are some aspects of the group requiring attention including revisiting the terms of reference/constitution. There are other possibilities for the group to become involved in such as use of social media and virtual PPG meetings to increase patient engagement, but that this would require more input than DrL is currently able to give. DrL said that he likes to come to meetings but agreed that these projects should wait until a new Practice manager is engaged. This post has been advertised. Ali Brain, Deputy Practice Manager is covering some aspects of the job temporarily, and Chris Blunt, is also assisting with some aspects.

SC asked the group to consider topics for future meetings. This could include topics or speakers related to wider local health provision, as information is often circulated about hospital and community developments which could be of interest to all patients as potential service users.