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| **Portland Medical Practice** | **PATIENT PARTICIPATION GROUP (PPG) MINUTES OF MEETING Wednesday 1st February 2023 5.00 pm** |

Attended by: David Morgan, Gail Jukes, Patricia Morris, Antony Cashmore, John Hipkiss, Jane Humphreys, Sue Cousins (Chairperson), Surkita Chauhan (Practice Manager), Dr Saeed

Apologies for absence received from: Liz Smith, Catherine Stewart, Hilary Mulholland, Colleen Eades

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| 1. | **Minutes of the last meeting** were agreed as an accurate record.  **Matters arising**:  Can e-Consult be edited? No, preset by the provider company  Smoking at main entrance: Group pleased to note signage now in place and bin adjusted  Location of photographs of the building of Anchor Meadow: Are still on the blue PCN noticeboard which is now sited in the staff room. PM suggested that these may be of interest to patients and could be a talking point, for instance, during the “warm space” session. SK will liaise with the Building Manager.  **Action SK**  Can the phlebotomy service be available as a ticketed/immediate service. This is not possible at present. Blood test results are checked by the doctors. AC asked if there is an urgent issue identified, who contacts the patient? He also expressed concern about vulnerable patients/patients who may not follow up test results. 2 instances of doctors telephoning patients were noted amongst the group. Dr S commented that the person taking blood should be informing patients when to expect results and how to access results. The group reported that this is inconsistent. SC suggested that this information could be given to patients on a small slip of paper at the time of taking the sample. JH reminded the group that results are available on Patient Access. However this is not possible for patients who do not use digital access. Dr S will look into this.  **Action Dr S** |  |
| 3. | **Terms of reference** discussed previously, agreed to adopt these with the addition of the following:  “Members will direct queries or requests for information from the practice through the Chair or Vice Chair, to avoid duplication or multiple requests.” |  |
| 4. | **Increasing membership**  Flyer to promote PPG circulated prior to meeting, agreed to proceed with this. SC to ask local pharmacies if they would be willing to insert into bags with prescriptions.  **Action SC**  Location for other promotional materials not discussed, members suggestions welcomed. |  |
| 5. | **Confidentiality agreement** circulated prior to meeting, agreed to implement with an annual update for members. |  |
| 6. | **Current pressures on practice:**  Dr Saeed described the service as being under a great deal of pressure. Demand for the service far exceeds the supply. In Europe a GP will have around 25 patient interactions per day, whereas in the UK there is always upwards of 30, sometimes as many as 40 – 50. This level of demand has been present for years. Government demands keep pushing GP practices to work harder, and additionally the administrative demands have increased dramatically over the last few years. The building is not big enough for the level of demand, there is a shortage of rooms to accommodate any extra staff.  S Chauhan provided figures comparing Portland with another similar local practice. During the month of October 2022 Portland Practice was able to deliver 1658 same day appointments compared with 714 for the other practice. Dr S reported that the practice is currently usually able to offer appointments for routine, non-urgent needs in 7 – 8 days. Patients are waiting 3 – 4 weeks for appointments at some practices in the area. Appointments are now 15 minutes in length.  JH asked for information on hours worked by GPs, specifically how many hours are available for patients, and asking if any of the doctors worked for more than 3 days per week. Dr S stated that the GP partners are not prepared to disclose the number of hours worked, and that this is not helpful information and not useful to focus on.  In addition to direct patient contact there are many other duties including checking test results, checking and signing scripts, referrals on and letter/reports etc. This has been detailed in two separate records of “What does Portland Medical Practice do all day?”, available on the website.  Dr S reported back on patient feedback forms, for the period in question 90% were positive, 2% were average and 8% were negative. He read out written comments on feedback forms selected at random. This information is available on the practice website. The practice takes note of comments and takes action where possible.  AC said that he had noticed a sign in the waiting room requesting that patients who had been waiting for more than 15 minutes beyond their appointment time should check with reception staff. Dr S said that this had been a temporary solution when the checking in machine had only been working properly intermittently but the practice could consider more permanent signage to this effect.  **Action S Ch/Dr S**  Access to urgent appointments – appointments do run out. Patients phoning at 8.00 am who are unsuccessful in obtaining an urgent appointment are requested to call again at 2.00 pm when a second tranche of urgent appointments is released. AC asked if the practice makes a profit, could it employ more doctors? Dr S referred back to his earlier comment on lack of space in the building.  GJ asked about what might happen to patients who are feeling very unwell/concerned about their condition but are unable to obtain an appointment.  Dr S and S Ch stated that there are a set number of urgent and set number of pre-bookable appointments each day. Patients in urgent need will be directed to other services that can help. Vulnerable/frail patients can ask a carer or representative to call on their behalf. Dr S does not have any indications that people’s needs are being minimised, and elderly patients are expressing good levels of satisfaction with the practice.  The practice could change the numbers of preset appointments and offer more urgent appointments but this would mean that patients would wait longer for routine consultations. The group agreed that this is a difficult balance. DM reported a positive experience of using the Urgent Care Centre, it is available for all and can be used.  S Co commented on use of eConsult as another means of access, which has the opportunity for the duty doctor to triage patients. Dr S reported that eConsult has now been withdrawn and replaced by an alternative (across all Walsall GP practices). This is very newly in place and therefore not possible to fully assess its use, it is shorter and simpler for patients to use but Dr S feels that less details from patients mean it is more difficult to triage. |  |
| 7. | **Future topics for agenda** – what does the group want to discuss? S Co requested feedback. S Ch reminded the group that she is planning to invite a different representative from the practice to each meeting, and that she hopes to bring a nurse to the next meeting. |  |
| 8. | **Date of next meeting: 19th April 5.00 pm** |  |