

	<p>PATIENT PARTICIPATION GROUP MEETING Held on Tuesday 12th March 2024</p>
<p>1</p>	<p style="text-align: center;"><u>NOTES</u></p> <p>Introductions</p> <p>The lead of the PCN IT group and a new member were welcomed.</p>
<p>2</p>	<p>Apologies and Acceptance of Minutes</p> <p>Apologies were received and minutes of the last meeting were accepted.</p>
<p>3</p>	<p>Healthclick – Update</p> <p>The PPG took over the Healthclick initiative from Healthwatch when their funding was withdrawn. Since then, we successfully secured the support from the three Practices in our PCN and thanks to the IT lead funding via One Care. This is now part of a wide Digital Support Services (DSS) project.</p> <p>The proposal is for the three practices to run training sessions for patients who are not technically minded but who are interested in engaging in NHS online services and in particular the NHS App. The App can help patients with such matters as booking appointments, ordering repeat prescriptions, accessing medical records and messaging. Patients will attend training sessions which will be managed by the PPG during practice working hours.</p> <p>We have run an initial pilot session and are now preparing to launch the process. We are considering how much demand there will be, how often we can have training sessions and what training requirements there will be.</p> <p>Success of the initiative is completely dependent on the number and availability of volunteers. Volunteering is not limited to PPG members as there are many in the community at large who would be able and willing to spend an hour once a month helping patients. Anyone interested in volunteering should email wmgppg@gmail.com for further details.</p> <p>An existing volunteer group called Retired and Senior Volunteer Programme (RSVP) will be contacted to establish their level of interest and support.</p> <p>The practice will identify small cohorts of patients for the initial training sessions & will focus on the over-sixties who may face the greatest challenge in adopting the new technology but have the greatest need. As the volunteer experience increases, the practice will open the opportunity to a wider audience. Control of demand is felt necessary in the early stages to avoid being inundated with requests and insufficient volunteers to meet the demand.</p>

	<p>It is anticipated that there will be heavy demand initially but that demand will reduce over time. The plan is to run monthly training sessions, more if a sufficient volunteer base can be established.</p>
<p>4</p>	<p>Matters Arising / List of actions</p> <p>4.1 Letter concerning change to services</p> <p>See 6.1 below.</p> <p>4.2 Information about Proxy Access</p> <p>Proxy access details can be found on the WMG website. https://www.whiteladiesmedical.nhs.uk/access-to-records-application</p> <p>4.3 PPG Notice Board</p> <p>Board content remains focused on the NHS App and patient training sessions. Ideas for future topics were requested from PPG members</p>
<p>5</p>	<p>Focus for 2024</p> <p>Three targets are proposed for 2024.</p> <p>5.1 Digital Support Services (DSS).</p> <p>(See 3 above)</p> <p>5.2 Continuity of Care (CoC)</p> <p>Discussed by the PPG over many years and to be explored further this year.</p> <p>There is a perceived lack of CoC and difficulty in seeing the same doctor during a single “episode of treatment”.</p> <p>The PPG would like to discuss CoC over the course of this year and how patients might work to bring about some form of CoC - for example, in chronic, non-urgent cases, by being prepared to wait a little longer for appointments with their chosen practitioner.</p> <p>A research paper on CoC covering the entire population of Noway concluded that there were huge benefits to patient health in seeing the same doctor repeatedly, especially in older patients – this was demonstrated for example by a reductions of emergency hospital admissions. There has been much research on this and a push within the NHS</p>

	<p>to encourage it. There is a range of definitions of CoC from seeing the same doctor every time to being treated within a small teams of practitioners</p> <p>GPs at WMG fully understand the benefits of CoC and are passionate about it. Difficulties arise in trying to fit CoC into the many other demands on their service. GPs can already book appointments for patients several weeks in the future for themselves.</p> <p>5.3 Communicating the Successes of the Practice</p> <p>Concerns have been raised across the UK about patient access especially with obtaining appointments. The PPG recognises the hard work of the Practice and would like to find a way of conveying to patients an awareness of the workload and the success that the Practice.</p> <p>Patients' responsibility should also be addressed, for example in the matter of non attendance of appointments (DNA). A better understanding of the impact of non attendance on the practice, the timewasting it entails and the impact of lost appointments on other patients. Phlebotomy has been particularly affected where demand is high. To obviate/mitigate the difficulties, the practice is now sending messages to non-attenders indicating the impact of their non-attendance on the provision of services to patients and the importance of their informing the practice if they cannot attend.</p>
<p>6</p>	<p>Practice Report – presentation by Practice Manager</p> <p>6.1 The Patient Letter</p> <p>There has been and continue to be many changes to service delivery so that the letter to patients is be be paused until these changes have been implemented.</p> <p>6.2 The new Telephone System</p> <p>Over the next few weeks a new telephone system will be implemented. The present system is antiquated. The new system is state of the art, for example, it allows the patient to put the phone down and for the system to ring back when they reach the front of the queue. The system also records calls for monitoring and training purposes, this acts to protect both patients and staff and assist when investigating complaints.</p> <p>A new initiative “Pharmacy First” was introduced on January 1st. Pharmacists can now deal with a number of conditions and patients can be directed to them. The practice can allocate patients to available appointments at pharmacies. Information about the new services are to be added on the new telephone system.</p> <p>6.3 The new Triage System</p> <p>The new system becomes operational in April. It is already in operation in Pembroke</p>

	<p>Road and the Family Practice. Under this Triage system, the receptionist will ask questions of the caller and, depending on the answer, the new navigation system will direct patients to the most appropriate clinician, pharmacist, physiotherapist, or an appointment with the doctor on that day or in the next two or three days. The system is clinically led and is based on the experience of the practice GPs covering all medical conditions and needs.</p> <p>So what of CoC, could be built into the system?</p> <p>The triage system is designed for people presenting a first condition. For patients with chronic long term conditions such as mental health for example, a process already exists to ensure patients are referred to the designated doctor(s). Similarly, when these patients phone in, an instruction automatically pops up informing the receptionist that they should only be seen by certain doctors.</p> <p>6.4 Staffing</p> <p>Vacancies currently exist, for example within the treatment rooms with phlebotomy, temporary contract staff are in place giving the practice more capacity. Backlogs have built causing knock-on effect for example, patients' diabetic reviews are delayed because they have not been able to get their blood tested.</p> <p>There has been some turnover of staff within the reception team and we are still looking for one more person.</p> <p>6.5 The new NHS contract with Primary Care</p> <p>The new NHS contract with all Primary Care Practices comes into effect in April. The first offer for funding was an increase of 1.8%. With rising rates of inflation and wages, the feedback on this was understandably unfavourable. After reconsideration, the NHS increased the figure from 1.8% to 2%. Practices across the country are considering how to respond to this because it is not really possible to function properly under such a prodigious funding gap. The practice does not want to reduce the quality of services, but the finances have to add up. Details of funding may be available to the wider patient community</p> <p>The practice does not use social media very well, there is a Facebook page but is rarely or effectively used. A social media consultant has been engaged on a cleaning-up exercise with the aim of launching a new communications vehicle that will be kept up to date.</p>
7	<p>Any Other Business</p> <p>7.1 Joint PPG Meeting</p> <p>The chair of Family Practice PPG has expressed interest in a joint meeting of Family Practice, Pembroke and WMG PPG members. Clarification of the objectives of a group meeting is required by WMG PPG.</p>

8	Next Meeting The next meeting will be held on 18th June 2024 at 5.30 p.m. on Zoom.