**St John’s Way Medical Centre – Patient Participation Group (PPG)**

**Minutes of meeting on 24th August 2023**

**Patient Representatives**

Harriet Lane (HL), Frances Tomlinson (FT) (minute taker), Stephen Wood (chair)

**Apologies:** were received from two new PPG members

**Staff:** Jan Lenny (JL) - Operations Manager, Dr Sarah Levy (SL) – salaried GP.

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| **Agenda Item** | **Action** |
| **Quorum count and overview of meeting from the Chair**  It was noted that only 3 patient representatives were present, meaning that the meeting was not strictly quorate but we agreed to continue. |  |
| **Minutes of the previous meeting and matters arising**  The minutes of the meeting on 25th April were agreed. JL reported that the sign-up sheet was now available at reception and had been effective in recruiting new members to the PPG; 6 people had recently joined, although none were present at the meeting. It was agreed that all new members should be sent a welcoming email/letter from the Chair – SW agreed to draft a letter and share it with the other members present. | SW |
| **Updates from the practice**  JL explained the implications of the requirement that all patients should be offered a GP appointment within 2 weeks. In order to meet this requirement, implementing **care navigation** involves receptionists asking all people requesting an appointment a series of questions so that they could be assigned to the most appropriate person/service to attend to their needs – not necessarily a GP. This has been going well so far, despite some recent staff sickness. All staff have been trained in care navigation. In addition the practice is implementing a system of **total triage** in which a doctor is available at reception to advise on appropriate responses to patient requests for GP appointments. A traffic light system will be applied to differentiate the levels of urgency for an appointment (green – appointment within 2 weeks; amber – within 2-3 days; red – see on same day). This will start at the end of September.  Alternatives to GP appointments that we discussed included referrals to the community pharmacists based in the practice, and to the muscular-skeletal (MSK) specialist, who is able to diagnose and to refer, as well as advise on exercise and prescribe medication for minor pain relief. SW had recently had a positive experience with the MSK specialist.  Members asked what sanctions would be applied if the 2 week maximum wait was not achieved; JL explained that these would be applied if more than 95% of patients requesting appointments were not seen in this time. It was not currently known what the sanctions would be, but most likely financial.  JL agreed that implementing the systems will be challenging; however other practices where total triage had been introduced were positive about its benefits, less phone calls to the practice were made and patients received better continuity of care.  It was agreed that the next PPG meeting would include a report on how the system is working in practice. | JL |
| **Meeting in person**  We agreed in principle to hold the next meeting in person; however JL reported that there are still on-going problems with leaks/flooding in the surgery, despite repairs having been made. If the meeting room is unavailable we will have to meet on-line. | JL |
| **Methods of communication**  FT raised questions regarding the multiple methods of communication used between patients and the practice, and possible areas of confusion. For example the relationship between the NHS app and the Evergreen app; the status of e-consult (which had disappeared from the practice website); the use of texts to alert patients to make appointments, where further texts were sent even after an appointment had been made. Members reported problems in obtaining test results using option 4 on the telephone, and in email communication with the Practice. JL explained that the Practice was no longer using e-consult, instead a new system, Accurx, was being introduced. It was considered to be an improvement and compatible with care navigation.  Members were pleased to hear that Accurx was more effective, but thought that it was inevitably confusing when systems were changed, particularly when people (who may have limited experience with IT) were just getting familiar with the existing systems.  It was agreed to return to this item at the next meeting. | JL |
| **Tragedy in Archway**  Following a recent stabbing incident close to the surgery, in which two people had died, JL reported that a number of distressed people, including children, had sought help from the Practice. He asked PPG members to suggest ways that we could support efforts to address knife crime in the area. Members questioned whether such involvement was part of the remit of the PPG, but SW agreed to consider contacting relevant charities to ask if and how the PPG could support their work. JL agreed to send him information on appropriate organisations. | JL/SW |
| **Q and A with Dr Sarah Levy**  SL joined the meeting and was asked for her views on the role of the PPG, and its impact. She responding by affirming the importance of opportunities for patient involvement. Currently minutes of our meetings are not routinely shared with clinicians. SL suggested that a brief report could be included in the weekly clinicians’ meeting that follows each PPG meeting, so that clinical staff are aware of the issues raised by the PPG.  She was also asked for her views on the total triage system. She reported on the experience of colleagues in other practices where the system was already in place; they were positive that the system worked well, opening up more appointment slots and enabling patients to be seen in a timely manner, and ensuring that doctors only saw patients who needed to consult a GP. When people have a long wait for an appointment they are more likely not to turn up, thereby wasting an appointment opportunity.  She agreed that the Practice pharmacists were outstanding and very helpful, and were able to cover work usually performed by GPs, such as helping patients manage their blood pressure. There was close contact between pharmacists and GPs who were able to answer pharmacists’ queries regarding patients’ treatment. |  |

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| **Suggestions for agenda items for next meeting**  We agreed to review the issues raised relating to care navigation, total triage, and communication systems at the next meeting. | JL |
| **Date of next meeting**  A provisional date of 26th October was set. The meeting will be held in the Surgery, subject to the availability of the meeting room. It was agreed that the starting time should remain at 1.00pm, while recognising that this wasn’t necessarily convenient for all potential attendees. |  |