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

**Minutes of meeting on 26th October 2023**

**Patient Representatives**

Clive Attenborough (BA), Natalie Ayodele (NA), John R Lee (JRL), Harriet Lane (HL), Joan Neary (JN), Jan Pollock (JP), Mary Slow (MS), Frances Tomlinson (FT) (minute taker), Brendan Wall (BW), Stephen Wood (SW) (chair)

**Apologies:** Tricia Barnett

**Staff:** Jan Lenny (JL) - Operations Manager, Dr Phil Hall (PH) – salaried GP.

|  |  |
| --- | --- |
| **Agenda Item** | **Action** |
| **Quorum count and overview of meeting from the Chair**The Chair welcomed those present, which included several new members, indicating that recent efforts to encourage more practice users to join had been effective. This was the first meeting held in person since before the pandemic; we had not been able to use the meeting room before because of on-going problems with leaks/ flooding. Currently there are no leaks, JL is working on a permanent solution to the problem of recurrent leaks. |  |
| **Minutes of the previous meeting and matters arising**The minutes of the meeting on 24th August were approved, subject to altering ‘more than 95% of patients…’ to ‘more than 5% of patients…’ (p2). As agreed SW has drafted a letter welcoming new members and has shared it with the other members present at the last meeting.  | FT |
| **Updates from the practice, methods of communication and total triage – patient experience**These three agenda items were discussed together as there were a number of overlapping issues and concerns:JL updated the meeting on developments with care navigation; under this system receptionists are able to signpost patients to alternatives to GP appointments for minor ailments, including community pharmacy (for same day appointments) and the practice-based MSK specialist. PH explained the difference between community pharmacies (shops) and practice-based pharmacists. The latter were part of the practice clinical team and could adjust individual patient medication according to need. Additionally the community pharmacy (Arkle on Junction Road) received referrals from the Practice and were able to offer same-day assistance to patients with minor ailments.JP asked a question concerning restrictions on what medications could be prescribed on the NHS. PH explained that certain drugs (for example paracetamol) could be bought relatively cheaply over the counter and therefore doctors were encouraged not to prescribe them in order to reduce costs. However in practice he often continued to prescribe them, rather than insist the patient pay, assessing whether he thought the patient could afford to purchase them.JL explained that training sessions were held every Wednesday for reception staff to help them deal with the range of patient enquiries. Patients should receive a call-back within 24 hours of contacting the surgery. JN asked how staff were prepared to respond to non-English speaking patients. JL responded that patients were encouraged to communicate with the assistance of somebody who could interpret for them, and to use the on-line questionnaire. JN also reported that the unpredictable timing of the callback was problematic for many people; it would be better to know approximately when to expect the call. JL recognised that while the Practice was encouraging patients to contact the Practice on-line, it was not popular with everybody. At the same time it is now no longer possible to book appointments on line. CA reported that he had used the on-line form reluctantly, but it had worked for him, although he had found the system rather opaque. He asked why it was not possible for patients to email the practice with routine enquiries; JL replied that this would hinder their efforts to streamline systems of communication.The system of total triage had been in place for less than a month. PH explained that every query goes through the triaging doctor, who ensured that serious cases were offered appointments on the same day. He agreed that the clarity of the practice website could be improved. Fewer people were phoning the practice, but clinicians were not seeing fewer patients. Currently patients ringing the practice were having to queue for longer to get through, which is why enabling more people to use on-line system is so important. Feedback from other practices in the PCN who had implemented the system earlier, was positive; in the longer term it has worked better. PH emphasized the importance of continuity of care and the role of the triage system in ensuring that patients with specific needs saw the right GP.It was noted that patients can now order repeat prescriptions using the Accurx system.JN reported that in her experience, and in contrast with some other GP practices that she had contact with, the front-line staff at St Johns Way were particularly friendly and helpful. |  |
| **Anti-knife crime charities update**Following two fatal stabbings that had occurred near the Practice, at the last meeting we had discussed how the PPG might support efforts to combat knife crime in the area. SW had contacted three charities working in this area, but none had replied. After further discussion of the impact of such incidents on the local community, JN offered to follow up by making further enquiries regarding local initiatives to combat knife crime. | JN |
|  **Recruitment**JL reported on current efforts to fill vacancies among reception staff. Unfortunately he had to let go three people who had been recently recruited, due to their poor work ethic and attendance records. He considered that more mature candidates might be more suitable, and in addition to the range of sources that the Practice was using to recruit staff, suggested that PPG members might ask around their friends, family and neighbours to see if they knew anybody interested in applying. |  |
| **Technical support for patients who struggle with recent changes**BW offered to advise Practice staff on ways to support and encourage more patients to use on-line systems. He asked whether the Practice could send a blanket email to all patients to inform them of recent changes and how to get access to appointments etc. JL replied that he did not think this was currently possible. |  |
| **Availability of insulin pens at Whittington Hospital**JP reported her concern that, as a Type 1 diabetic receiving treatment at the Whittington Hospital, she had been told that there was currently a scarcity of a specific type of insulin pen, and that its supply to patients was being rationed. This had serious implications for managing her condition. Members present advised her to contact her the surgery for a GP appointment regarding the issue and to share her concerns with the Patient Advice and Liaison Service (PALS) at the hospital. | JP |

|  |  |
| --- | --- |
| **Suggestions for agenda items for next meeting**New members were interested in the effectiveness and ethics of the PPG; HL reported that the recent attendance of GPs had made a significant impact; that the PPG was now recognised as a valuable contributor, not just a ‘tick-box’ exercise. JL proposed that he ask the digital lead for the Practice to attend the next meeting, to facilitate further explanation, discussion and feedback concerning the on-line systems currently in use. | JL |
| **Date of next meeting**A provisional date of February 1st 2024 was set. |  |