**Present:** Colin Damarell (Chairperson/Secretary)

Neil Hewson (Practice Manager)

Brian Harding

Janet Harding

Cathy Hanger

Liz Laidler

Sandra Williams

Dr Coffey (GP Representative)

**Apologies:**

Isobel Webster

Rosie Damarell

Angi Smith

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| Agenda Items  The meeting was opened at 18:30 hours.   1. **Welcome & Apologies**   Colin welcomed all to the meeting. Apologies were given on behalf of Isobel, Rosie and Angi who were unable to attend. Colin agreed to record the minutes.   1. **Minutes of Previous Meeting**   Colin asked if everyone had read the minutes of the previous meeting and asked for it to be confirmed that the minutes were a true record of the last meeting.  A discussion followed about the conduct and purpose of a PPG and that the last meeting had been too emotive. All agreed to continue in a more positive frame. It was decided that the meetings should remain about surgery issues as there is no capacity to affect wider healthcare issues.  Colin also suggested that they should try and recruit more members to the PPG to obtain a broader opinion from the patients.  Colin reminded the PPG that they will soon start to have a representative available at the surgery during opening times. This would mean they were available for patients to consult and also to pass on any relevant information or help. The representative would not be in attendance every day but probably once or twice a month. Both Liz and Cathy volunteered. Colin has made some PPG badges which will be held at the Practice for use when needed. Colin will look at when this will start.  The PPG members would also avail themselves to assist, where possible and if able, at mass clinics.  Neil also suggested that future meetings might start earlier (17:00 – 18:00) and Colin agreed to follow this up with the members outside the meeting.   1. **Matters Arising**   **Telephones**  The issue has been looked into by the telephone company who confirmed:   * The issue is not disconnecting, but callers trying to bypass the messages by pressing other numbers. This sent the system to a silent mailbox (an issue with many automated systems). * The system has now been made so that if patients try this is goes back to the beginning of the queue * When phone lines are busy, beyond the call handling /queuing limits (set at 10 in the cloud, before it come through the internal queues), it will state the number is busy and to try again later (this is dependent upon the callers network provider. * The phones have become incredibly busy again in the last couple of weeks as people come back from holidays. The Practice can only answer phones one at a time.   In conclusion, the phone system is working as designed. We can only answer the calls in working hours, and it if the callers try to bypass then it will now reset them in the queue.   1. **Practice Update**   **Busy Surgery**  General NHS capacity in at maximum  Extended waits for referrals (has an impact on our work – more appts for same issues/chasing referrals etc)  Routine work with increased contractual requirements  Covid Campaign  Flu Campaign  Reception staffing is a particular concern which is having an impact across the surgery  Have considered closing reception and making everything telephone (due to patient behaviour). Not yet a preferred option and intention is to remain open for all, but this remains a consideration (Other Practices elsewhere have already closed receptions)  **Prescriptions**  Pharmacies are very tightly manned/often closed  Lots of medicine shortages, we don’t know what they have/haven’t got in stock. Patients blaming the surgery – need to reflect on where the problem really is.   * The Practice cannot manage the pharmacies (albeit they get the blame!) * The Practice has raised concerns with the ICB   Prescriptions are 99% of the time dealt with within 48 hrs at the surgery, delays at pharmacy are beyond our control  Big increase in late/urgent prescription requests, big effect on GPs. Now starting to enforce 48 hrs rule. The Practice is unable to deal with the constant urgent (late ordering) of scripts.  Also need to return to scripts requests being submitted in writing, using FP10 s, online etc and removing telephone ordering of prescriptions again because trying to work out what meds some people want on the telephone is sometimes very difficult  **Staff**  GP Registrar changeovers  Drs Dodgson (Male) & Mustapha (female) are now our GP Registrars and will be here until early Aug 2023, replacing Drs: Kingsnorth, Hampton & Ogundipe  Dr Ahmad has re-joined the team (previously with us in Dec 21 for a month).  Reception - Still very tightly staffed. Have had a high turnover & some significant staff sickness. Team now very inexperienced. Recent changes   * Luke now left and replaced by Adam * Anita leaving to be replaced by Linda at end of Sep * Ella leaving   Nurses - No leavers  New specialist diabetes nurse - Rose  New MH Practitioner – Michael. 1 day per week. Patient booked in via GPs, not self-referral/ not directly bookable by patients  **Covid**  National campaign starts 05 Sep  BPMP 1st clinics Tue 13 Sep and every Tue thereafter (afternoon/ early evening) subject to staffing and vaccine availability.  Prioritized by national guidelines, Care Homes (30 Sep), Elderly first  13 Sep Already fully booked,  20 Sep Already fully booked  27 Sep ½ booked  30 Sep (Care Home visits)  Tuesdays throughout Oct  Home visits Numbers and dates to be accessed – need to be much stricter on home visit requirements  **The Practice can only do BOOSTER Vaccinations**.  Anyone requiring a primary course vaccination (1st or 2nd dose, or 3rd dose if immunocompromised) will need to go the Lincoln Grandstand which is only available via the National Booking System  **Seasonal Flu**  Two different vaccines/ One for the age 18-64 Clinical At risk ) and one for those aged 65 and over before (before 31 Mar 23).  Thu 29 Sep For Aged Over 85s (now fully booked)  Fri 30 Sep Care Homes only  Sat 08 Oct For aged 65 and over (720 pre-bookable appts)  For aged 18-64 (350 pre bookable appts)  Sat 29 Oct For aged 65 and over (Nos tbc))  For aged 18-64 (Nos tbc)  **COVID and Flu**  Not administering Covid and Flu together in these big clinics. The Practice believe this to be safer for them to manage, and can’t afford to wait for the Flu vaccines which aren’t delivered until much later than the start of the Covid Booster campaign  Asking patients to turn up on time but not more than 5 mins early - need to manage queues  Also, try to not use cars – big clinics, limited care parking.  The Practice will contact patients.  **Triage**  Will be turning on, in the near future (date tbc). Accurx triage linked through NHS App (ensures patients are ours and to stop non-registered patients using it. Currently 42% or our patients aged 13 or over are registered for the NHS App – the Practice would like this to increase.  Online Triage facility when switched on will initially be limited access so as not to exceed the Practice’s capacity to deal with the inbox (expect very limited access to start with. Problems will be allocated to the most suitable person (admin or clinical.  The Practice are aware appointments reserved for these may not be available to those who are unable to access or use IT/online accounts. This argument has been presented but the contractual requirement remains, and the Practice has to proceed.  **National Patient Survey**  As usual, the Practice did very well in the National Patient Survey Anyone wishing to review the results can do so by following the link:  [Patient Experience (gp-patient.co.uk)](https://gp-patient.co.uk/PatientExperiences?practicecode=C83014)  **Extended Access**  New contract for the extended access. (as of 01 Oct)  Now delivered Apex PCN (Optimus ceases to exist as of 30 Sep)  The Practice will continue to deliver our appointmens pretty much as they currently do on a rota with the other Practices. However, when it is our Saturday there will be both GP and Nurse appoinments (except during flu clinics)   1. **Booking Appointments and Prescription Requests Flow Charts**   Colin had created flowcharts to assist making the process easier to understand. A copy was given to all those present for them to comment on. Colin will update these when the comments have been emailed to him and send the updated versions out.  joining the Practice. He was asking for opinions of the content. Generally, the content was agreed but a summary of observations follow:   1. **PPG Attending during Surgery Hours**   This was discussed earlier and Colin will consider in consultation with Neil, when it is best to start this   1. **Any Other Business**   Colin informed the meeting that any urgent messages required by the Practice can be sent out as a ‘**Splash**’ newsletter.  Cathy asked what the process was when a patient is requested to have a medication review before receiving a repeat prescription? In discussion, Dr Coffey recognised that there may be some issues around the process which may delay repeat prescriptions being issued. He is going to review the process and let the PPG know.   1. **Next Meeting**   The meeting was concluded at 20:00 hours. The next meeting is planned for Thursday 8th December 2022.  Colin Damarell  PPG Chair   |  | | --- | |  | | Action  Carried  All  Colin  All  Info  Neil  Neil  Info  Colin  Neil  All  All  All  All  Colin  Colin  Neil  Colin  Dr Coffey |