**PPG Minutes 28th November 23**

**1: Welcome and introductions**

Attendees: Hugh Wilson, Ian Goodwin, Pauline Dewberry, Laraine Denham, Rani Ryatt (patients)

 Helen Hatfield & Kate Porter, Marie Barker (practice staff)

Apologies: B Fletcher, L Richards, A Orme, J Smith, P Harrison, M Kember, G Burlington

Helen introduced the staff present at the meeting.

**2: Ground rules – Constitution:**

Explanation given that the PPG is to work through issues and not for complaints, but for constructive feedback.

**3: Mental Health Practitioner – Marie Barker talk/answer questions:**

Marie works for Oxleas and has been in her current role for about 18 months, but has worked in mental health for 24 years. Marie works in 7 GP practices over the North Bexley area, she is at Northumberland health around 3 times a months. We have two mental health practitioners here at the Surgery.

The role is new to GP practices, it was a new initiative from the government wanting mental health services in primary care.

Marie can see anyone over the age of 18 years old. Children would need to see a GP to get a referral to CAMHS.

The role of Marie in the GP practice can be to see low level needs such as anxiety, loneliness, bereavement, depression, menopausal or struggling with mental health or life in general.

The role of the mental health practitioner is not a trained councillor, but they can refer on to services. Some services that they use are: Mind which is linked very closely to Oxleas, Women’s aid for domestic violence, Cruz for bereavement. If a patient is at real risk the practitioner can refer direct to Oxleas.

If in crisis they would need to go to A&E to see the crisis team. The mental health practitioner would then follow up after to see if the patient did attend and is getting further help.

The service that is being provided in the GP surgery by the mental health practitioner has been very popular and is a busy service that has had good feedback.

Appointments with the mental health practitioner are 30-45 minutes long. This allows enough time to discuss problems, 20 minutes would not be enough time. They do not prescribe medication but they can advise the GPs as to what medication would be suitable.

**4: NHMC Brief update:**

**New Staff –** We have a new salaried GP – Dr P Rajeswaran who is with us on Wednesday and Thursdays. Helen mentioned it can be difficult to recruit salaried GPs so this is great news for the surgery.

We currently have 5 long term locum GPs.

We are currently at full capacity for GPs and appointments, which means there is more availability to book to see/speak to a GP.

The GP surgery is now a training GP practice, Dr C Bennett-Britton has completed training to become an educational supervisor. This now allows us to have training doctors with us for 2 years, and these doctors want to become GPs. Previously we have had F2 doctors who were with us for 4 months at a time but were still deciding on which area of care they will go in to once training was completed.

We have two training Doctors who will be with us for 1 year, these doctors will have slightly longer GP appointment times compared to the normal GP appointment times.

We now have 3 clinical pharmacists, two new clinical pharmacists Phillipa and John-Paul. Please note we do not have a pharmacy at the GP surgery.

We have a Locum Nurse who has previously worked at the surgery along with our four Nurses and one HCA.

We also have some new receptionists who have joined us. We now have a total of 13 receptionists, who work shifts and there is always 5 receptionists working 1 shift.

We currently have just over 14,000 patients.

The other admin roles, we have is 3 managers, 3 Data team, 3 care coordinators, 3 Secretaries, 1 Admin and 13 receptionists.

**Appointments –** We now have more face to face appointments available, GP appointments are now back to 10 minutes slots as it was before Covid.

We have changed the layout of our appointments to have face to face appointments first thing, this allows more phones lines to ring in, as the doctors are not using the telephone lines 1st thing to call out, when patients are trying to call in to book appointments.

A typical GP appointments day is now: in the morning 10 face to face appointments and 6 telephone calls. In the afternoon 6 telephone calls and 10 face to face appointments. Half of these appointments are pre bookable, with the remaining appointments released on the day to book.

Appointments are currently bookable up to 3 weeks before.

**Telephone System-** We are still awaiting the new cloud telephone system, we are in the final stages of it all being sorted. Everything needs to be signed off by the 15th December, we are really hopeful that by the next meeting the new phone system will be in place. The new system we have arranged to go for is called surgery connect, it will allow us to get more data from the telephone systems, such things as knowing how many calls we receive in a day. The new system will also have a call back feature so you don’t have to hold on the phone for as long. As well as a call queuing system.

It was suggested that we contact another practice using the system to find out if there is any issues with the new system so that it could be improved before it is installed at the surgery.

**NHS APP – How to promote –** We planned to show the NHS app on present members phones, but unfortunately this did not happen, for the next meeting if members download the app and are to access the account, we will try again to show how to book appointments, look at patient information etc.

It was suggested if this information can be displayed on our notice boards clearer and on Facebook.

**5: Discuss Patient Questionnaire**

We briefly discussed the questionnaire, the results show us that trying to contact the practice can take time via the telephone, which we are aware of and hoping the new telephone system will help. Once at the practice with an appointment the questionnaire showed patients were overall happy with the service. We also discussed the friends and family text survey which is sent to patients after they have had an appointment, 507 texts were sent with only 148 responding.

**6: Any Other Business**

DNAs: Did not attends, this is still an ongoing issue, Helen mentioned they have been tweaking the text reminders, patients will receive a text message once the appointment is booked and 2/3 days before the appointment. You do not get text reminders for a telephone call appointments only a face to face appointment. A text is sent for appointments that have been missed.

It was suggested if a pre phone call could be made at least one hour before an appointment to see if they will still be attending and then to offer to others possibly on a waiting list.

E-Consult, we do not use this because as a surgery we did not want everything to be online, and still like to have the option to call or you can use Ask First or the NHS app.

A question was asked if we still hold paper records. We no longer hold paper records. Medical records are currently being digitised.

How are prescriptions dealt with? Including repeat prescriptions, how many requests do we get? And it what forms, do we still receive paper requests? This information is to be found out for the next meeting.

It was asked how medication reviews are being reviewed? Now that we have 3 pharmacists we are working together to put a new procedure in place.

Zero Tolerance – It was bought up that we have had some bad behaviour from patients towards staff, and we wanted to find out from a patients point of view, what is expected. It was noted that we have zero tolerance poster in the waiting area, but maybe these need to be bigger and advertised on Facebook, which now has over 400 followers. If issued with a zero tolerance letter from the practice this stands for 1 year.

Can we advertise prostate cancer on our TV screen? We manage our TV screen in the waiting room, and this is something we can do, plus adding to face book. We try to post at least twice a week. At the surgery we are currently trying to raise awareness for Bowel, Breast and Cervical screening, so we will add material to the TV and Facebook for all patients to see.

**7: Date of next meeting & time**

Next meeting will be around March/April 2024