Grovelands Medical Centre Patient Participation Group

Minutes for 29/1/2024		
Present	Present: OM, FD, KN, TC, JV, HR, PB, KG, AM, AK Apologies: AR, TK, JB, RD	
1.	Welcome and apologies.	ОМ
	Welcome to Asal Kian, our Pharmacist Technician. Asal has joined us as guest speaker to talk through her role within the surgery.	
2.	PPG Overview • Every year, chair position is reviewed. There was no response to the	ОМ
	email asking for volunteers if interested in this position and all present were happy for OM to continue.	
3.	Review of Minutes (no actions from last meeting)	ОМ
4.	Update from Practice	PB/AM
	There are 3 in the pharmacy team overall and AK is the Pharmacist Assistant and works fulltime over 4 days. 1 of our pharmacists specialises in Diabetes and Asthma, the other also supports our travel and immunisation clinic. AK also played a big part in our flu and covid clinic and we shared that flu vaccines are ordered in advance and this year's order is being finalised already. AK shared some of the main tasks she deals with, such as, Enquiries from patients re medication or changes. Following up on discharge letters from the hospital and letters and emails regarding amendments for patients. Medicine management, where AK checks all is ok, reviews when next medication can be ordered from and if ok, sends them onto pharmacy and if there needs to be a review first, sends this to the patients GP. Also deals with Docman, one of our systems and activities such as discharge letters, communications from specialists. Sometimes will review and see that what was suggested can't be given due to an allergy and will then have to liaise with specialist regarding this and suitable alternatives. Checks safety alerts from MHRA and certain recalls on medications. Monthly prescribing meeting where they all discuss any shortages, non-availability or change in medicines. Runs Patient searches to see who needs a 3,6 or 12 month blood test and then calls them to come into surgery to get this completed. AK shared how much she enjoyed working with Grovelands.	

• Staff joiners and leavers

Joiners:

LH and GG joined reception recently. GG is cover for RG who recently went on maternity leave. AG has also just returned from maternity leave.

Also, RA our senior pharmacist joined in November.

Last meeting, we mentioned a new Data Manager was joining. 6 weeks post accepting he decided to stay in current role, however we have just successfully recruited another Data and IT manager who is relocating and joining us after Easter.

Leavers:

Nurse DK leaving Friday following moving back to London. Will be working in travel immunisations.

Talked about the new Physician Associate role. Typically, those in role train for 2 years in hospital and then see more straight forward cases. We did have someone in this new role and although we explored the role, unfortunately it wasn't working for the surgery.

Appointment availability & Did Not Attend (DNA)

DNAs in the last quarter October, November, December remains high and unfortunately, we have had to cancel some clinics due to illness and recently a bereavement.

We do write to patients who persistently 'do not attend 'their appointments and ultimately if this continues, this could lead to them being removed from the surgery list.

PPG members commented that it's the frustration of having an appointment and then having to start again and rebook it, that isn't working and causes the issue as they are then back to square one of having to repeatedly call until there is an appointment free. We are very conscious of Access for patients, and we have signed up to 'The General Practice Improvement Plan'.

This looks to improve triage, access, patient experience and staff wellbeing.

It is a 13-week course, 10 onsite and 3 virtual meetings and we will update you at the next meeting when this will be well underway. Will review capacity versus demand and are hopeful that this initiative will provide some quick wins. Also talked about the '2 week' appointment window as members from PPG said until this was introduced, everything seemed ok. This was not Grovelands decision, we are following guidelines that ultimately can affect our finances but are keen to talk about this too as part of the Improvement Plan. There will be 3 managers and Dr AM attending too and this starts tomorrow on 30th January 2023. Ultimately Grovelands will make the decisions on what changes will work but happy to be guided if improvements can be made.

PPG said would be interesting to hear from a receptionist in due course.

We shared we have our Reception Manager joining us in a future meeting.

	Any complaints received? Complaints received since the last meeting were discussed in an anonymised manner and the PPG were satisfied with the actions put in	
	place by the practice to avoid any future similar incidents occurring. Practice also receives compliments from patients and there is also the option of putting compliments on google. Ran through process for complaints. All are acknowledged and logged	
	and every year we must go through these too. Our senior partner responds if it's anything to do with the clinicians and PB responds if its anything related to administration or the practice.	
	DR M also confirmed that when they have their yearly appraisals any complaints or significant events must be reviewed and learning discussed.	
	PPG confirmed that they are learning so much from these meetings and it would be an idea to add an educational piece in the newsletters i.e. patient size and 2-week appointment decision is led by the government etc as educating patients might help them understand more what leads	
5.	to decisions. Communications and Surveys	PB
J.	(e.g., newsletters, updates to website, friends & family) • Nov friends & Family = 94% • Dec friends & family = 93.6%	10
	Christmas Newsletter was mentioned and suggested GP Improvement plan should be in next one. Also have we considered putting this on 'next door'.	
6.	 Engaging younger patients with PPG continues and GPs are reviewing patients and if applicable mentioning it. Thanks to members of the PPG who have also promoted this to family members. OM asked about the 'right to choose', which is where patients can choose where and who they get referred to. Example given re Psychiatric referrals where patients choose an alternative provider, they then come with a long referral form that the GP needs to complete. Patients are often also seeking private referrals. We must be careful re quality of service as not all are regulated. eg ADHD, a patient may be assessed and diagnosed elsewhere but this is then sent to the patients GP to prescribe. Prescribing for ADHD needs to be started and stabilised by the specialist and the GP can only take over the 'shared care agreement' once the patient has been on medication for 6 months. Patients will often ask GPs to prescribe the initial prescription, however this is not allowed in Primary care. Was going to ask if we tracked safety alerts however pharmacist confirmed that we do during her update. 	All
7.	AOB -None	
	DONM – tbc (approx. end April) Asked if we can agree a date more in advance as might support more attendees. Agreed Mondays where possible for future meetings.	All