



Halesowen Medical Practice Patient Participation Group (PPG)

5th September 2023 5.45pm
St. Margaret's Well Surgery

Notes of Meeting

		Action
1	<p>Welcome and apologies Present: Dr Randhawa (Dr Chaz), Rose Dunnington Practice Manager (RD), Patient attendance list noted separately.</p> <p>Meeting chair and note taker: Rose Dunnington Apologies: Patient apologies received noted separately.</p> <p>RD welcomed every to the meeting and noted the high turnout following the text message sent to patients.</p>	
2	<p>What is the PPG?</p> <p>RD gave a history of the Halesowen Medical Practice PPG for those patients that had not previously attended a meeting.</p> <p>The PPG was first established in 2010 with the help of a small number of patients who adopted the roles of Chair, Deputy Chair, Treasurer and Secretary. The group has grown over the years with a regular attendance of 12-15 patients who met every 8-10 weeks with representatives of the practice, usually the Practice Manager and a GP. There were often speakers from external organisations who came to inform the group about their services and local NHS developments.</p> <p>Over the years the PPG has been involved in a number of events and fund raising activities to include – raffles, joint PPG quiz events with Feldon Lane practice, Coffee and Cake event to reach out to socially isolated patients, various speaker meetings to include Mind, Dementia UK, health topics delivered by GPs at the practice, an open event at the practice flu clinic where various social support service organisations were on hand to meet patients, involvement in a trial of the Sensely patient triage App and much more.</p> <p>Prior to the pandemic the group took on a less formal structure as some of the group dispersed and patients moved on.</p> <p>The practice is now looking to re-form the group and further enhance patient engagement.</p>	

	<p>RD referred to the Terms of Reference document. The terms of reference set out the purpose of the PPG as a critical friend to the practice to improve its provision of healthcare and to strengthen the relationship between patients and the practice. The terms of reference also state that the PPG is not a complaints forum or an opportunity to raise personal matters which are better suited to the complaints process.</p> <p>RD asked the group for their thoughts on a potential structure of the PPG and whether there would be any members of the group that may be interested in taking on the role of Chair, Secretary or any other role. A member of the group suggested circulating a brief outline of the requirements of the role to allow people to consider their thoughts on this and report back at the next meeting. This was agreed. RD advised that she was happy to speak to anyone individually that may be interested in finding out more information on roles within the PPG. It was commented that the success of the group relied upon involvement from patients so that the onus of meeting preparation and activities did not fall solely to the practice.</p> <p>RD proposed that the frequency of meetings will be once per quarter but there may from time to time be gatherings or contact with the PPG outside of the meeting.</p> <p>RD introduced the concept of a virtual PPG which may be more suited to those patients who are not able to commit to attend PPG meetings but would still like to have the opportunity to provide their thoughts and feedback on the practice. It was suggested that this could take the format of email correspondence, communication via the website PPG form or responses to electronic surveys sent out to patients.</p> <p>Attendance lists for meetings will not form part of the public minutes which will be accessible via the practice website. However an attendance list will be kept in the practice.</p>	<p>RD to circulate a brief outline of the PPG officer roles</p>
<p>3</p>	<p>Practice Update</p> <p>RD referred to the Practice Newsletter which is produced quarterly by members of the practice. The newsletter contains updates and changes to the service and to practice staff as well as NHS campaign information. The newsletter is available within the practice and on the practice website. A member of the group raised how this could be circulated more widely to patients who don't visit the practice very often and who don't use the internet. It was noted that sending the newsletter by post to all patients was not financially viable and the use of text messages has to adhere to strict GDPR rules however RD will contact the practice Data Protection Officer to pose this question.</p> <p>RD outlined the staffing recent staffing changes as follows:</p> <p>New salaried GP starting in post in November – Dr Sue McKinnon. Dr McKinnon will be working at the practice on Mondays and Thursday initially.</p> <p>Additional GP Registrar since August – Dr Faryal Zafar. Dr Zafar is one of two trainees at the practice currently. Dr Chaz explained the role of the GP Registrar. Dr Chaz is now also a GP trainer, in addition to Dr Love and Dr Lal.</p>	<p>RD to speak to DPO regarding distribution of newsletter via text</p>

New first Contact Physiotherapist Practitioner – Will Hook. Will has replaced Steph Jones and will be with us for 2 days per week. The Physio FCP role is aimed to offer a specialised assessment of musculoskeletal problems. The FCP is able to onward refer to physiotherapy or MSK services, organise radiotherapy and any other tests required and liaise with the GP regarding medication. This is a valuable service which the practice has benefited from for several years and saves GP appointments. The reception team are trained to signpost patients to the FCP and directly book appointments at the surgery.

Dr Halford will be retiring from the practice in December 2023 after 25 years' service.

Dr Allen is now a salaried GP and Dr Love will be leaving the partnership in March 2024 but staying on at the practice and will still be available for patients to see.

Dr Chaz and Dr Gregory are now GP Partners at the practice.

Nurse Practitioner – We are training Nurse Nikki to become an Advanced Nurse Practitioner. An ANP can see patients with acute medical problems, prescribe and offer a management plan in the same way that a GP would.

A member of the group commented that GPs do not work every day in the practice and asked about the current whole time equivalent GP ratio. Dr Chaz responded to explain that the role of the GP is not confined to appointments and that whilst a GP may have 2 or 3 days of patient contact, there was also a lot going on behind the scenes in relation to clinical administration which also contributes to a significant proportion of the workload. RD explained that it was difficult to quantify a whole time equivalent on this basis.

Addendum – RD has calculated the WTE based upon 37.5 hour week is currently 5.21 and will be 5.54 in November.

The group discussed the availability of GPs and Dr Chaz highlighted the problems that this practice along with practices nationally have experienced in relation to recruitment and retention of doctors. This is the reason why the government is aiming to introduce a variety of other roles into the NHS to train alternative health practitioners such as ANPs, Paramedics, Advanced Clinical Practitioners, Pharmacists and others to help bridge the gap. RD highlighted that the practice is also limited by physical space and funding.

A member of the group also asked a question about how the practice manages demand and capacity in relation to aspects such as number of reception staff answering the phones and call queuing systems. RD and another member of the group confirmed that there is a call queuing system in place currently but it is limited. RD advised that NHS England is currently working with practices in terms of funding and support for improved telephony systems. However the priority currently is for those practices who have not already moved to a cloud based system and those practice that have already made this transition such as Halesowen Medical Practice, will be further down the line in terms of receiving funding for further enhancements/improvement. In the interim the practice is working to promote alternative methods for patients to contact the practice, via the website where there is an option for patients to submit a non-urgent

administrative request/query at any time of day and also a means of submitting a medical request between Monday to Friday between the times of 8am-12.30pm. RD explained that the practice moved away from the previous total triage model where patients submitted their request for an appointment via the website or by phoning the practice because the number of requests received to be triaged by the GP each day became unmanageable and unsafe to continue with.

A member of the group who works for the NHS in a secondary care urgent care setting, commented that it was not possible to predict times when demand on service is high. Demand fluctuates and this means there will be unavoidable delays and wait times for patients.

A member of the group suggested that the locum doctors that we use could be utilised for the acute medical 'book on the day' appointments so that the other GPs could be available to patients who wished to see a specific GP. RD explained that locums were utilised by the practice but not on a daily basis and therefore the on call duties still needed to be rotated amongst our doctors. We are however training our Nurse Practitioner to see acute medical problems which means we can free up the GPs for routine appointments. This process does however take time.

Services available within the Primary Care Network

RD explained that the practice is part of Halesowen Primary Care Network (PCN). The PCN consists of 5 other local practices – Feldon Lane Surgery, Lapal Medical Practice, Stourside Medical Practice, Alexandra Medical Practice and Clement Road Surgery. Practices have access to services commissioned by the PCN and these services are available from within the surgery or one of the practices within the network. These services include:

Paramedics – 2 within the PCN. We currently have Claire at Halesowen Medical Practice for 2 days per week. The Paramedics see patients with acute medical problems and practice staff have direct access to book patients into these appointments.

Listening and Guidance Service – Tim and Edith provide support to patients experiencing stress, low mood and bereavement. Patients are referred to this service via the GP or practice nurse.

Mental Health First Contact Practitioner – Jon offers telephone or face to face appointments suitable for all mental health problems, over 18's only.

Dietician – Carlie is available to give support to patients needing diet advice. She specialises in but not limited to diabetic patients. Appointments are telephone based and are accessible via the practice.

Care Co-ordinators – This team offer personalised care and support to patients who need help in accessing services which can include being a liaison between social services, carers organisations and other PCN services.

Pharmacy team – We have a well-established Practice Based Pharmacy team within the PCN. The Practice based Pharmacists support practices with patient

	<p>medication reviews, medication switches and optimisation, medication safety monitoring and much more.</p> <p>Phlebotomy service – Lisa provides phlebotomy services in a number of the practices across the network. Patients can access appointments via their registered practice but can attend a phlebotomy appointment at any of the participating sites.</p> <p>Dementia and Frailty Team – Lisa and Steph provide a service which supports patients through a dementia diagnosis. They will work alongside the GP to organise screening and referrals to the memory services and other support organisations. If patients are concerned about themselves or a patient they know who may have memory problems then they can access this service via GP or Nurse referral.</p> <p>The PCN is currently recruiting to fill the new positions of 2 Advanced Nurse Practitioners.</p>	
4	<p>Future Projects</p> <p>RD proposed a couple of future projects that the group could assist with:</p> <ol style="list-style-type: none"> 1. Patient Survey – RD provided a sample patients survey and asked for feedback on the group for the next meeting. 2. Speakers – RD asked the group for ideas about speakers they would be interested in hearing from. The group commented that they found the clinical discussions that have been provided in the past to be very useful. RD will discuss this with the doctors. <p>A member of the group suggested a clinical discussion from Dr Love on diabetes to offer advice to a group of diabetic patients so that her routine appointments could be better utilised. Another member of the group stated that there were a range of diabetes education services available for new and existing diabetics.</p>	<p>PPG to consider speaker topics</p> <p>RD to speak to GPs about clinical topics for future meetings</p>
5	<p>Any Other Business</p> <p>None raised.</p>	
6	<p>Date and time of next meeting</p> <p>Tuesday 14th November 2023 5.45pm</p>	
	<p>Close – 7.20pm</p>	