**PPG Meeting**

 **04-10-2022 18:30**

**The Willows Medical Practice**

**Present: Dr J Amin (Practice GP)**

 **Shaun Jeffers (PM)**

 **Janice Raycroft (JR)**

 **Karen Smith (KS)**

 **Debra Washington (DW)**

 **Irene Davidson (ID)**

 **Louise Bratt (LB)**

 **Tara Fagbemi (TF)**

**Chair: Joann Amin**

**Minute Taker: Shaun Jeffers**

**1. Introductions: SJ Welcomed all present to the meeting. SJ explained Housekeeping, toilet facilities and Fire Alarms/Emergency exits. Thanked all for coming to the meeting, explained feedback is welcomed so we can engage with our patients and understand any frustrations which they may have.**

**2. Apologies: Constance Wallace, Margaret Washington (MW)**

**3. (NONE) Minutes from the last meeting: The Minutes from the last meeting were reviewed and agreed. Explained wanting to have meeting every 6 Months to keep consistency within the Practice and build a strong working relationship with our patients.**

**4. i. Communication:**

**After a brief overview of the previous meeting, it was agreed that we would be discussing the below themes:**

1. **Access to appointments – How do we feel? Patient Triage? Waiting times on the phone?**

**DW explained she was concerned about the number of F2F appointments and felt it was difficult to obtain these. JA explained F2F is booked by reception after it has been professionally triaged where its deemed necessary, during Covid we were instructed to stop all F2F and now we are adapting to the demand for appointments. If a F2F appointment is requested we do accommodate this at the Practice. SJ explained high demand for appointments being the reason we have had to adapt the way in which we work, using Patient triage to filter through appointments. Access to the practice and number of appointments have improved in the last 12 Months.**

**KW explained her son used the Urgent on the Day Hub but in the end had to go to A&E, SJ explained the Hub is an additional service provided to us and funded by the Primary Care Network. The hub is used when our practice is at full capacity to give our patients the support that they need in urgent situations to try and avoid the need to go to A&E, they can provide urgent on the day care and provide patients with medication and advice.**

**KW asked about Patient Triage, SJ explained this link is not targeted at all patients to use, its simply to identify those able to use the patient triage system well enough to send in a medical or admin problem and direct them to the best possible place. This enables our reception teams to spend time with the more senior members of the practice on the telephone, KW understood and agreed this was a good idea.**

**DW explained her Mother (Margaret Washington) she had to do an assessment over the phone initially for suspected blood clot in her leg, JA explained that this is good practice to stop her from coming down to the practice and she was able to direct her straight to the hospital to be seen.**

**DW asked if JA was worried around the medical experience trainees were getting before being signed off as GPs due to the number of F2F being reduced. JA explained that trainees and medical students have a lot of training and have never missed a case whilst under her supervision. JA said she can not commit to not being worried due to the risk always being there of missing a case by a GPST or Med student however this is why she is in place to supervise these situations, LB explained that medical students are seeing patients from a very early stage, covid-19 will not have had an effect on this as much as it could have as they will still see lots of different cases and have the knowledge and skill to build on.**

**Repeat prescriptions – How do we feel?**

**DW said she was worried that patients were unable to being in repeat prescriptions to the practice since covid. She had to download apps to ensure she requested her medication and she felt worried that older generation would not cope. JA advised that the medication requests were always managed to send in, all practices across the country had to change to electronic prescriptions supported by the pharmacies due to the high risk of Covid infections. JA advised that the repeat prescriptions box is still there and if patients felt this was easier to request medication this way then this option was still available.**

**No other concerns raised.**

 **3. Feel adequate information shared after an appointment?**

**SJ asked if patients felt they were always kept up to date with appointments, referrals etc.**

**DW said she thinks the practice is fantastic at this, always keeping the patients up to date, very quick to get an appointment and always referred to the right clinic with a quick turnaround.**

 **ii. Practice Dashboard**

**Referrals – How we manage referrals on a daily basis, roughly 10-15 a day, including bloods & X-rays. Communication through a referral, any improvement.**

**No Comments.**

 **iii. Practice/PCN Events**

**Push to improve the uptake of Cervical screening and childhood immunisation uptake, National Low uptake for these appointments.**

**SJ explained that this year we were amongst other areas we were targeting Cervical Screening and Childhood Immunisations as we had seen a drop in uptake of these. We explained that we would be putting advice on the importance of these types of appointments in order to improve healthcare and prevent the need for urgent medical care. SJ asked if our patients felt they needed to add anything to this.**

**No comments given.**

**6. Practice Update & AOB**

**New members of staff, Shaun explained we had taken on some new members of staff recently and hopefully we now had a stable team. MW left a comment that it would be nice for everyone to have a name badge, so the patients knew who they were speaking too. SJ said he would ensure everyone had a badge in the practice.**

**DW wanted to say she felt we were doing a great job and the practice was great, she had never had any problems with the way we operate. SJ & JA thanked her for the feed back and went on to explain we wanted to schedule these every 6 Months in order to build on the PPG group of patients and get more views and opinions on how we can support the community.**

**SJ asked if any other comments before the meeting was closed.**

**JA – No**

**DW – No**

**KS – No**

**ID – No**

**LB – No**

**TF- NO**

**Date of next meeting**

**11th April 2023**

**Meeting Closed At: 19:20**