Patient Participation Group – Minutes of Meeting			
Tuesday 29/10/24	**Start 6.30 pm**		**Harefield Practice Meeting Room**
Facilitators – SR; JB;		Note Taker – Meeting recorded	
Present at the meeting			
Janet Brown - Chair	*Scott Ridley Practice Manager*	*Dr Anthony Gallagher GP Partner*	
Ian Bendall	Tracey Blake	Vicky Fox	Wendy Greenwood
Jackie Henning	Jacky Metcalfe	Cllr Jane Palmer	Lekhram Ramtej (Roger)
Jenny Shave	Alan Woolf	Averil Lomas (trialling)	

1. JB (chair) welcomed new members and thanked all for coming. Following JB request - everyone introduced themselves.	Action by
2. **Apologies**: - : Jayne Mead, Jean Wright, Wendy Rice-Morley, Eugene Dalton-Ruark	
3. **Matters Arising from the minutes of the last meeting 09/09/24**: - JB-Jessica Rowley (Deputy Practice Manager) who took notes and produced the minutes of the last meeting had to leave before the end, an item had therefore been omitted from the minutes. ***CAMHS (Child and Adolescent Mental Health Service) –*** *When a child reaches 18 years of age, they are discharged from CAMHS They must then be referred to and wait for support from the adult mental health service; a significant waiting time. Far from satisfactory for patient and the Practice. The suicide rate in Harefield is high.* **Practice updates-** **New Salaried GP** - **Dr Ashvini Dharmendram** starts tomorrow, 30th October. Found 2 brilliant Drs amongst those interviewed. Dr Entebi –wants to remain as a locum GP so, although good he will not be staying in a permanent position. Practice partners plans are for permanent GPs, with patients having a named Dr., although they can still see any GP in the Practice. Dr G gave short explanation of ratios - Meant to have 1500 patients per doctor; Recent historically- about 5000 patients allocated per partner/salaried GP (locum doctors don't have patients allocated. Locum Dr.s tend to over test (just in case), which can creat stress for patients, extra work for hospitals and unnecessary follow up appointments, as well as unnecessary cost (doesn't come out of the practice budget) The expenditure could be used for other things in the NHS. The Duty doctor will see the patients needing to see someone today. When not duty doctor they will only see patients who have been booked ahead of time. With 5 permanent GPs (2 partners, 3 salaried) the ratio patients to doctor will be dramatically improved. All patients should have received notification of their named GP, with the allocation ratio based on the number of sessions the GP is doing, over time this will help decrease the time patients have to wait to get an appointment.	

Telephone system – waiting time – average time of speaking to an administrator has been maintained at 3 mins. Depends on day and time. At some times of day – no waiting at all – generally pm. Practice has one of the best systems but there are a couple of anomalies that they are trying to get resolved (can lead to a 'ghost' line and subsequent lack of response). SR – One of the key reasons for encouraging telephone/ online rather than F2F is privacy/ confidentiality. Long term intention - move the location of the reception desk for greater privacy ? response time from a **PATCHS** submission -= 2 working days, may be earlier but allow 2 days. Only practice in PCN where PATCHS is open from 8am – 6:30 pm ? JB-some people find the number of options to press confusing, could that be reconsidered? SR – JB to arrange small group to look at options with him.	JB
Building – Dr G gave synopsis of current situation. The building is owned by NHS Properties and the rent is paid to them by NHS England. NHS England state that they cannot afford to pay any more to NHS Properties; the upstairs area has remained empty (10 years); there have been several leaks creating issues for the practice. The practice wants to provide better facilities, expand and develop the practice further A start has been made with the healthy lungs campaign. Suggestion - **front garden** could be used as part of a social prescribing programme. Partners have had meetings with both MPs (David Simmonds [rep - village]; Danny Beales [rep-Sth Harefield]) separately. Explained situation- desire to expand services but limited by access to rooms; currently unable to access vacant upstairs areas; difficulties that have been raised and discussed for many years with NHS England Properties – Both will support the Practice. Cllr JP- The Integrated Care Board (ICB) want to develop health hubs, and the Chair is visiting/examining surgeries for feasibility. Significant funding is going to PCNs and Harefield Practice is limited in what it can propose to offer due to the building limitations. JB to write to MPs to give PPG backing for use of upstairs and future development to enable wider provision.	JB
Vaccinations Clinics/ immunisation take up. - Jessica Rowley had previously distributed immunisation data broken down into age range, as of 24th October. All members previously attending confirmed receipt. Summary – **Baby/ preschool immunisation-** 1st year immunisation 34 outstanding (ALL have been contacted individually); Pre-school booster 62 outstanding. **? raised re target**-The target is 98% (which release extra funding) and we are reaching 90% - Practice have contacted and spoken to parent/s explaining the benefits. Next year – the new chicken pox vaccine is being added to the MMR and that may increase the uptake, as is protects against chicken pox and shingles (provided in America for the last 2-3 years). **Vaccination** - **Flu** Verbal feedback re flu clinics were all positive. Data previously provided	

Engagement/ encouragement for vaccinations will continue via emails and text messages. When patients come in for an appointment staff are noting if vaccination is recorded and if not, the GP is offering one; includes those eligible for a RSV vaccination. Covid vaccinations, which are all undertaken elsewhere (pharmacist, hospital) are registered on patient records automatically. ? vaccinations for travel –NHS site states which vaccinations are required and how long they last; patients can access their information on the NHS app. If vaccinations are required, then contact the Practice. **CONFIDENTIALITY – Unless an item is noted as Confidential all matters may be shared.** **Any confidential item will be stated as such in the meeting and highlighted as such in the minutes.** Confidential items to be removed from any copies that are to be published either in hard copy or on the Harefield Practice website. Minutes to be **proofread** by volunteers from PPG prior to publishing. – this would need to be completed within a couple of days. Other **posters and documents** for distribution to also be proofread by volunteers. Volunteers – JS; JW; JH	
4. **Repeat prescriptions –** **telephone system uptake -** Prescription renewal line:- used 324 in last 3 months - reduced the number of paper prescription copies being handed in and therefore saved GP time. If a patient brings in a paper copy we will code that they have done so and offer support, if wanted, to enable them to use the phone system. **Comments - who reads/actions? (JB) -**Usually read/ skimmed; some patients use it as ad hoc consultation. Sometimes large numbers are received; the comment comes after the medication request and therefore authorising medication first. Cannot then just change it-have to deny it, remember it, go back into it and then reissue it!! **If the practice is unable to prescribe an item that has been by the hospital then this needs to be explained to the patient –** to be brought up at next practice meeting. **Text messaging –** funded by NHS is going to reduce next year and then reduce until funding stops. Alternative? Email not as effective – more have phones than use emails and some are time sensitive. There may be a campaign particularly with Gov advocating use of digital technology. **Must be aware of those not using technology –**disenfranchised if not careful. **Child Proxy for repeat prescriptions (JS) –** Yes – this is available for children up to the age of 11 years, in same way as for other older patients (with their consent). At 11-year-old parents no longer have the right to see their medical records. This is for the child's protection.	Dr G
5. **Dementia Awareness** JR is the Dementia Champion in the practice, with the aim of increasing awareness across all staff. JB is liaising with Cathy in Harefield library who is running a Dementia group and in contact with Sarah Durner (London Borough of Hillingdon) who has agreed to provide Dementia Awareness training for a group of at least 8.	JR JB

The objective to raise awareness within the community – no other commitment. Names of those interested WG, JM, TB, VF. Possible signposting of patients/carers to the group in Harefield library, a few at a time. PPG members encouraged to ask for a demonstration of the Tovertafel resource at the library. It would be very useful if the practice had a document stating the support services available locally. Cllr JP informed the group that there is a lot of information on support on the LBH website – possibly a search for Dementia.	
6. PSA Testing – A member had provided information on a charity that undertakes the PSA test for Prostate Cancer. Information was distributed. Dr G explained that the current PSA test gives a significant number of false positives, causing significant stress and possible medical procedures that can lead to incontinence, as well as false negatives which can lead to patients ignoring symptoms that need further investigation. if any male patient feels they have prostate issues/symptoms they should book to see one of the GP's so an examination can be carried out. The practice would, therefore, decline to promote the PSA charity to the patients. If symptoms are not on the screen system in the waiting room they could be included, to encouraging patients to see a doctor if they have signs/symptoms. Research and development is taking place and hopefully an improved, more reliable test will become available.	SR
7. **Communications via Internet** -patient able to obtain a record/ copy of an enquiry with date etc. eg Econtact enquiry – patient had no response and informed- no record of it being sent. Currently the patient has no record of what has been sent. SR said, if he were provided with more information he would investigate	SR
8. PPG Terms of Reference and Key Purpose – working party to look at proposed and develop. JB, JS, WR-M,IB, VF, LR	JB+WP
9. AOB **Plasters/dressings -**information re allergy , silicone, was asked and clinician did not know -should they know how to find out? **Timing of Screens in Waiting Room**- change too quickly, not enough time to read them. Too be looked at – possibly use PPG member? **Social Prescribing Flyer** – are hard copies available? -should be able to get some. **Feedback on the video clip-** not very helpful as to how it is being used.. **Blood Pressure Monitor in library**- if results out of 'norm' what should people do? Look at range and if it is extreme – wait 10 minutes and do it again, take the best of three readings. If extreme come and see someone/ call 111 Library also has 22 blood pressure monitors to loan out to residents.	SR SR
Date of next Meeting – Tuesday 14th January at 6.30 pm	
JB – thanked all for attending.	