

Patient Participation Group – Minutes of Meeting

Tuesday 18.3.25		Start 6.30 pm		Harefield Practice Meeting Room	
Facilitators – SR; JB; JR					
Janet Brown - Chair	Scott Ridley Practice Manager	Jessica Rowley Deputy Practice Manager	Dr Anthony Gallagher GP Partner		
Joann Adwele	Ian Bendall	Tracey Blake	Vicky Fox		
Jackie Henning	Barry Hodge	Michael Kurzberg	Averil Lomas		
Jayne Mead	Jacky Metcalfe	Emma Reidy	Peter Sansun		
Jenny Shave	Alan Woolf	William Spencer (virtual)	Jean Wright (virtual)		
Possible new members	Patrick Connaughton	Christine Williams			
1. JB welcomed all present to the meeting and thanked them for coming 2. Apologies: - Eugene Dalton-Ruark, Arshad Khalid, Jane Palmer & Wendy Rice-Morely 3. Minutes had been received by all and agreed as accurate.					Action by
JB related that following a prior issue:- Anyone who is late to a meeting, for whatever reason, could go round to the back of the practice building and knock on the meeting room window; the back door would then be opened for them.					
4. Matters Arising Staffing: SR related the recent hiring of Tracey, the Patient Liaison Manager who will be overseeing reception staff, including the new receptionist joining the team in 4 weeks. SR - a GP would be going on maternity leave at the beginning of July and that interviews are underway for a maternity locum – one has possibly been found, and they are being approached re taking the position					
Building: SR gave building update: - NHS properties have informed the partners that they will not speak to the practice about the upper part of the building unless there is Integrated Care Board (ICB) involvement. Contact has been made with the ICB through email but as yet, no reply has been received. NHS properties have undertaken some works: - additional fire doors added, window and door fittings being applied to the upper areas of the building (not currently available to the Practice). The light timer sensor in the toilets has also been increased.					
Progress towards being a Dementia Friendly Practice: JR – Good progress -the Quality and Outcomes Framework (QOF) targets for Dementia reviews are 77% and as a practice, 96% has been achieved. The patients are to be provided with an easy access dementia friendly and palliative care phone line.					
Recommendations for the phone line: JB- working group had two meetings and have provided some suggestions for phone system improvements. This included bringing forward the selection for minor injuries information (including Mt Vernon number) removing a couple of apparent duplicates in different ‘layers’and some other tweaking some. Scott will review these and incorporate changes where in agreement – if not to discuss. TRIAL Phone Line Issue Scott informed the PPG that there is a cut-off point on the phone system whereby if a patient is in the phone queue for 30 mins they are automatically disconnected. Additionally, if the queue has 4 or more people queuing then it will start to offer callbacks to patients.					SR

<p>Discussion on Appointments:</p> <p>Discussion of the phone line brought about discussion as to the position on obtaining an appointment and difficult experiences booking them.</p> <p>Dr G. emphasised that the appointments released at 10:30am would reflect the allocation for prebooking on that day a month later. JR related that there are allotted slots available for PATCHS requests.</p> <p>JB - 'On the day' appointments it is advised to contact at 8am and for routine appointments it is advised to call at 10:30am.</p> <p>SR - the practice is actively looking at ways to increase the number of appointments available to be offered; this is an ongoing issue being regularly revisited and discussed with others outside the Practice.</p> <p>It was noted by Dr G and SR that there would be an eventual change from using PATCHs to a service known as Blinx, for appointment booking online.</p>	
<p>Non-attendance:</p> <p>JB - following the previous meeting's discussion about non-attendance of PPG members and letters being sent out straight away. This would not be implemented straight away as it will need to be in the terms and reference for the group.</p> <p>JB asked members to email her if they are interested in assisting with reviewing the Harefield Practice PPG terms of reference.</p>	
<p>5.PATCHS and ICB Chair meeting:</p> <p>JB informed members re the recent Primary Care Network (PCN) PPG Chairs Teams meeting with members of the Integrated Care Board (ICB). The two key meeting points were PATCHs and personalised learning time.</p> <p>With regards to PATCHs – Chairs raised issues such as patients frustrated by length of time and repetition; staff unable to modify; length of time for staff to review them. The ICB stated that GP surgeries may choose and pay for others, but this is the system they have chosen and paid for GP surgeries to use.</p> <p>Chairs again raised issues and asked how/ who evaluated :- it was trialled -the surgery that was involved in evaluation was on the Teams call. The overall comment from the PPN Chairs -the PATCHs system has issues/ gaps and other systems were being trialled looking for a more effective and efficient one.</p> <p>SR and Dr G. highlighted that there are many systems of the same nature that have similar gaps, but highlighted that Blinx (Currently being bench tested at other surgeries is one that appears to be on the rise – and a bit more consumer and user friendly).</p> <p>SR related how the Blinx system combines many of our administrative systems like E-contact with elements of PATCHs which also allows for automatic saving to notes.</p> <p>A video for Blinx usage, as a patient, is also to be made available. If necessary advice on how a patient can find their NHS number will also be made available.</p>	
<p>6.Care Homes: Procedures and Processes</p> <p>JR noted that the practice has a specific member of staff who assist the care homes (Care Home Navigators), the existence of Whatsapp groups with the homes; weekly visits have been taking place (to be reviewed) and a specific GP linked for each home.</p>	

<p>7.Housebound: Procedures and Processes</p> <p>Dr G elaborated on the virtual care home which consists of the housebound patients who aren't in a typical care home. This group is reviewed every-so-often to check whether patients in this group are still housebound. Home Visits are booked onto the Doctor's list and a visit is arranged. If they need to get to a hospital the practice arranges Transport for them.</p>	
<p>8.Safeguarding:</p> <p>JB asked if there is an allocated member of staff for overseeing safeguarding.</p> <p>Dr G. - every single staff member is trained in safeguarding both through online training and in person (citing a series of talks regarding domestic violence training). Level 1 and 2 training provided to non-clinical staff, level 3 given to Nurses and Level 4 given to GPs.</p> <p>Internal website has named safeguarding leads for the area with contact details and site links. It also names the practice's safeguarding leads; Dr Gallagher being the lead for adults, and Dr Sanjeevi being the lead for children. There are specific forms that must be filled out by a member of staff who witness an event.</p> <p>JB asked who these are reported to in the instance of occurrence, to which JR and SR elaborated that whilst it doesn't need to be reported to a lead as long as it is logged (the team would pick these up) it would be reported to the Duty Dr. These would be logged in Safeguarding meetings which happen monthly.</p>	
<p>9.AOB</p> <p>a) Timing and Appointment release: Already partially discussed earlier in Matters arising.</p> <p>The PPG raised questions about appointment timings and releases.</p> <p>SR and JR explained that appointments are automatically released by the system at 10:30am for routine appointments.</p> <p>One concern raised- patients who aren't able to contact the practice at this time in the day.</p> <p>JB proposed PPG members raising the issue with family and friends who may run into this issue (eg working) and to feedback. SR would welcome the feedback from this exercise.</p>	ALL
<p>d)Prescriptions and the NHS app:</p> <p>JB-when requesting items via the NHS app, some patients are receiving less than normal or different items than was expected/ordered – some also saying they are having to wait longer periods of time.</p> <p>Dr G explained that there are different things that can affect this; usually the changing of medication is due to a supply and demand issue (citing the current issue with ADHD medication).</p> <p>A PPG member mentioned Mounjaro for weightless – Dr G clarified that primary care are not licenced to prescribe this.</p> <p>Member questioned about medication supply at pharmacies not being available and how is this sorted between pharmacy and GP. SR clarified that this is usually corresponded via an email. Dr G also related that there is a lot of contact between the pharmacy staff and GP practice through phones either directly to the GPs or through the prescription clerk.</p> <p>SR and Dr G also explained that if a prescription isn't available at one pharmacy, it can be claimed at another – the pharmacy have to upload the script to the system to be downloaded at another.</p> <p>It was raised that some people are finding issues with accessing the NHS app for family members – but it's hoped that Blinx will help resolve this issue.</p> <p>e. It was raised that some people are finding issues with accessing the NHS app for family members – it is hoped that Blinx will help resolve this issue.</p>	

<p>c. Making a more welcoming and patient focussed environment:</p> <p>JB -highlighted how the new paint has helped lift the environment of the practice – however there are concerns that the waiting area lacks any chairs with arms for those with mobility issues. Explore suitable chairs.</p> <p>Dr G raised that Primary Care cannot have soft furnishings for seating. SR also added that the types of chairs being mentioned would be very specific ones which the practice lacks the funding to implement; additionally, there is the concern of cleaning them.</p> <p>JB opened the discussion to other ways of making the service more welcoming and patient focussed.</p> <p>One member mentioned about how the reception can be slightly intrusive facing the waiting room when patients are at the front desk detailing information.</p> <p>SR responded relating plans to move where the main reception desk is located to being the room to the right of the entrance.</p> <p>Another member mentioned that the room could have music; Dr G responded mentioning the TV. It was highlighted that sometimes the TV is not loud enough to hear – SR said would speak to reception about what level of volume the TV should be at. JB- very difficult to please all with volume.</p>	<p>JB;JM</p> <p>SR</p>
<p>Miscellaneous:</p> <p>SR related information re the new health pod - BP machine, which takes information about Blood Pressure, Height and Weight and will automatically upload it to the patient records.</p> <p>A touch screen monitor has been installed in the same area, which can be used by patients who do not have access to such technology at home.</p> <p>Dr G raised a question brought to the practice by a member of the Widewater Hujjat team asking if the PPG would be happy to work with them as part of a day of health checks on residents/ patients. Dr G has said will pass on the details to the PPG to liaise with their lead Dr in the group.</p>	<p>JM</p>
<p>Next Meeting date – Tuesday 29th April Note Change of date to 13th May</p>	