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| 1 | <p>Welcome and Introduction In attendance: PR, PTh, RP, RW, SP, MM, AR, GM, PT, JB</p> | |
| 2 | <p>Apologies received from JD, SA, SL, MS, SB</p> | |
| 3 | <p><u>Approval of minutes</u> The minutes were approved.</p> | |
| 4 | <p><u>Actions' Arising</u></p> <ul style="list-style-type: none"> • Cost of ear syringe? £287 in VAT. The group agreed to the purchase. • SP confirmed that the script team do not tally whether a prescription is received as paper or online so we cannot compare numbers | |
| 5 | <p><u>Treasurer's Report/Receipt</u> Minus cost of ear syringe leaves a total of £40.75</p> | |
| 6 | <p><u>LLR Patient Survey</u> RW explained that a National Survey takes place annually in Jan/Feb. Questions are standard and results are published in June. This year the questions have been changed and are not as useful. Leicester, Leicestershire and Rutland have commissioned a local survey that will look at patients' actual experiences rather than their perception. Results should be available quickly. The surgery should receive a link which will then be sent out to patients. We are unsure as yet as to who they will address patients that are not online. PPG have been asked to complete the survey and encourage others to do likewise</p> | |
| 7 | <p><u>Surgery Update</u> Dr Rhodes has been covering Dr Chauhan's maternity leave however, he will be reducing to 1 day per a week until Dr Chauhan returns in April. Dr Kader has returned following her maternity leave to work 2 days per week. <i>A discussion took place around young doctors often choosing to locum to gain experience and earn more. GP's are usually part-time as they often work elsewhere.</i> Angelina Patel is our new Physician Associate which is a relatively new role. Science degree +3 years of training. PA's can do some of the same tasks as GP's e.g. take history, diagnose minor conditions. They are very good at following protocols to manage conditions such as raised cholesterol, BP, chronic condition monitoring. <i>A member commented that they must bring a large degree of flexibility to the practice.</i> GP's are seeing more of the complex issues that require in depth detail. Clinicians are aware of red flags for conditions and will pass to a GP. PA's get debriefed at the end of each morning and can call people back in then if required. If they are concerned during a consultation, they would contact the GP to come and discuss with the patient.</p> | |

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| 8 | <p><u>O&W PCN</u></p> <p>Saturday clinics for bloods, ear syringing and nurse appointments are still taking place. Number of events have been run by the social prescribing team – mental health, dementia (Academy for Dementia Research and Education)</p> <p>Medication reviews are being carried out by Bushloe and PCN pharmacists. Very thorough.</p> <p>New chair for the PCN is due to be elected.</p> <p>Covid. Very good response for >65's but worse this year for at risk <65's. Protocol is contact x3 and then record as declined.</p> <p>New challenge for pharmacy team is the cost of prescribing. This wasn't focussed on during covid but is now being looked at. Also, how environmentally friendly certain medications are. Changes in place e.g. Ventolin inhaler to salamol</p> | |
| 9 | <p><u>Election of new chairperson</u></p> <p>SP/RW explained to the group that the agenda should be set by the group, not surgery staff. There are opportunities to link with Wigston Central PPG as well as County wide.</p> <p>The group were asked to inform RW or SP if they would be willing to take on this role.</p> | |
| 11 | <p><u>AOB</u></p> <p>South Wigston flier. RP explained that this is perfectly legal. They have reduced from 10000 to 7000 patients and want to retain them – it is not a plan to expand. Loss of patients is having a large financial impact. RP is involved in supporting the practice to make improvements. They now have 5 GP's although they have had a lot of staff movement including the practice manager and deputy. CQC concerns have now been resolved and they are no longer under scrutiny although it is likely they will be reinspected this May.</p> <p><i>A member asked could we cope with taking another 7000 patients?</i> RP explained that we have taken more; approximately 200-250 per quarter. We don't close our list and wouldn't stop patients joining us. Although the building is large, we have had to give notice to some external providers as we need the space to carry out primary care.</p> <p><i>A member asked if they have a PPG?</i> They do and although small they are active.</p> <p><i>A member asked how should people make appointments if they are not urgent?</i> SP explained the easiest way was to use Contact the Practice as you could request a specific Dr/time. If a patient doesn't have access they can call and ask for help – but should avoid the 8am rush! Reception team will be asked to complete CTP for the patient if they cannot do it.</p> <p>RW explained that we don't have pre-bookable appointments as they tend to be DNA's or inappropriate.</p> <p><i>A member commented that the call back system is excellent.</i></p> | |
| | <p><u>Meeting Dates for 2024:</u> These are confirmed. Tuesday 5th March 2024</p> | |

PPG meeting Date 16.01.2024
Minutes

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| | Tuesday 30th April 2024 Tuesday 2nd July 2024 – RP kindly to bring cake to celebrate his birthday! Tuesday 3rd September 2024 Tuesday 5th November 2024 | |
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