

Present		
1	<p>Welcome and Introduction In attendance: JB, PR, MS, MM, PT, GM, AR, PTh, SA, SL, Rw, RP, SP</p>	
2	<p>Apologies: Jill Gore, Jean Dale</p>	
3	<p><u>Approval of minutes</u> Agreed to use initials on minutes as many did not wish for their names to be published on the website. SP to send out separate list with full names</p>	
4	<p><u>Actions' Arising</u></p> <ul style="list-style-type: none"> • PPG comments box – PT kindly agreed to create a comments box. Comments slips made, chasing up email address for group. • A member had been asked to pass on that we hardly have any female Drs. The majority are female. This information can be found on the website. If a Patient has a grievance, please let SP or RW know • Cheque has been paid in • Easy Fund raising not yet added to website – to be added 	SP
5	<p><u>Treasurer's Report/Receipt</u> Bank account £81.83. Easy fund raising – no information as yet. Needs a proper launch. SP/RW to action</p>	
6	<p><u>LLR Patient Survey & CAIP Results</u> Survey ran by Integrated Care Board and is in addition to National Survey. Intention to make it more relevant to patients in our area. Just short of 30k respondents across LLR. Very nearly every practice had responses. RW talked through the practices in O&W. Were able to compare some of the questions against National Survey from previous. Rosemead had very high response rate – maybe because they have a much smaller number of patients/GP's. We compare favourably against LLR and England averages. Drilled down into detail of some of the questions. See attached PowerPoint.</p> <p>Discussion re patient numbers: <i>do we get to the point when we can't take any more?</i> No, we cannot close our books unless there is a very specific reason. There are new Dr's that cannot get jobs. We cannot employ more GP's unless there is adequate income to fund them. <i>Is it just Wigston people moving between practices or are there more people moving in?</i> A mixture of both. There will Section 106 money from housing developer to LA, education or local health. We expect there to be monies available in the future but as to when and how much is not known.</p> <p><i>1.2 billion awarded to Practices recently, can be spent on what you like but not on new GP or NP?</i> Money that has come to PCN supports Additional Roles Reimbursements Scheme (ARRS). Very specific type of roles that can be appointed such as Physician Associate, Pharmacist</p>	

	<p><i>Discussion regarding BMA view on PA's.</i></p> <p>We feel our Physician Associate is very efficient, not all GP's would have positive view. Works very well in a very supervised way. Sits between Nurse Practitioner and Practice Nurse. A comment was made that the name implies that they sit closer to a GP. There is no regulatory body for PA's unlike for GP's and Nurses. A concern was voiced that patients may not know who they are seeing. Reception team triage calls and tell patients who they will be seeing ie physician associate, prescribing nurse etc. Patients don't have to agree to see a physician associate if they do not wish.</p> <p>RW showed the group the page on the website that describes the varying roles within the surgery.</p> <p><i>How has the survey impacted on staff morale?</i></p> <p>All practice meeting held to disseminate and discuss the results of the survey. Most of the staff are very happy. Annual appraisals are mostly completed. Overall, these have been very positive. One thing that has been noted is communication wasn't as good as could be. We will be having a full staff meeting twice a year with info from regular meetings being sent out to all staff. Whole staff WhatsApp group has been set up which is another channel of communication quickly seen by all staff. We feel we have responded in a positive way.</p>	
7	<p><u>Surgery Update</u></p> <p>Advertising for 1 GP currently - 6 sessions (3 days). 6 shortlisted from 27 applicants. Are re-jigging amount of sessions GP's do to provide some more support for GP's.</p> <p>Change of registrars over the next month. Less new ones coming to join us. The number varies year on year. never smooth movement.</p> <p>New receptionists now settled in.</p> <p>Practice is on an even keel and moving steadily.</p>	
8	<p><u>O & W PCN Update</u></p> <p>Vaccinations will be done again via PCN. Bushloe will be looking after our patients. Some dates are already being planned but cannot yet be shared. The Flu campaign start dates have been changed – Oct for those 65 and above and Sept start for pregnant women and those immune-compromised. The flu vaccines effectiveness decreases over time therefore it is preferable to vaccinate people closer to the time of the peak of the flu virus (typically Dec/Jan)</p> <p>Respiratory Syncytial Virus vaccine will be for specific patients.</p> <p>Covid will also be in the autumn – not combined vaccine yet.</p> <p>Shingles – 65 from 1st Sept. Will change again next year – very complicated system.</p>	
9	<p><u>AOB.</u></p> <ul style="list-style-type: none"> • New prospective PPG members get invited each month from a waiting list. 	

	<ul style="list-style-type: none">• JB – online support. Numbers have dropped dramatically. Once a month session? Could we advertise on our website? With dates. JB to contact KC to sort dates. <p>PR – appts in advance. The partners have no appetite to pre-book appts more than we currently do. There is a National push to have every contact triaged and see right person. Person with highest skill level sees most complex. Demand nationally for GP appts out strips supply which therefore stops people booking far ahead. Patients can use Contact the Practice for non-urgent.</p>	
	<p><u>Meeting Dates for 2024:</u> These are confirmed. Tuesday 3rd September 2024 Tuesday 5th November 2024</p>	

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