Notes of Patient Participation Group at Hoyland House

Tuesday 20th February. 2024, at 15.30.

Present:

Patient reps: Anthony Fisher (AF), David Perry (DP), Jennifer Stark (JS), Sue Canning (SC), Brian Painting.

Staff: Dr Rhys-Evans (RE), Jenny Vallely (JV), Amanda Heyden,

Millie – HCA for presentation only

Apologies: Charlotte Tempest. (CT), Brian Painting (BP) Tony Pryce

Mike Mack-Smith (M M-S)

1	**Millie** told us about her role. She is a Health Care Assistant taking bloods, carrying out hypertension and blood pressure checks, ECGs, annual vaccinations and other annual checks. She reviews peoples exercise and their alcohol intake. She takes 24 hour blood pressures (taking a patients average over 24 hours). Then breaking them up into day, night and 24 hour data. She measures people's heights and weights, and is looking after patients' cholesterol levels, is developing her skills with dressings and is responding to patients with depressive or elated mood. She has been with the Practice for four months, joining from a medical background. She is the Practice's joint lead on their green sustainability plan, such as ensuring the appropriate use of yellow and black bags for different types of clinical waste. They have stopped using paper rolls on surgical couches which are designed to be wipe clean. She has recommended changes in some of their cleaning products and is now moving to use of a The Practice portal to record all the information. Unfortunately, the Social Prescriber expected at the meeting to describe her work, did not appear. **Dr Rhys Evans** RE reported that the Practice had moved on from last year and had cut energy overheads by about a quarter. This was achieved by investing in new heating controls, smarter phone technology, low energy light bulbs and improved insulation so reducing their carbon footprint. Difficulties had been found in employing an Advanced Nurse Practitioner including the ANP coping with the speed of throughput expected and risk levels involved. The Practice is confident that they know how to differentiate effectively between what to do urgently and what can be regarded as less urgent. By contrast the employment of a Pharmacist had started well. More is still available for 'additional roles' funding, some of which has been regarded as effective. The existing Practice Nurse had valuably taken chronic work on board ensuring

	'continuity of care' and relieving the pressure on other staff. This actively takes work away from highly pressurised Doctors enabling them to deal with 60 patients in a daily triage – 25 is the expected maximum. The Practice has avoided having to resort to diverting patients to 111 when a fixed number of patient contacts is reached, a solution that some PCNs have been forced to employ. The duty Doctor is helped by the delegation of some responsibilities to the nurses so is generally able to see patients with urgent needs promptly and keep on top of demand. JV emphasised that Nurses are better at carrying out routine and regular checks etc and following them up. Doctors are good at making new diagnoses and following them through. She feels the Practice now has the right staff for all the more urgent cases and delegation is crucial to the new plan. The Practice has now got really good staff whose experience and skill levels have been building up, so to lose them would cause real difficulty. Two 'junior doctors' – qualified but still in further training – are due to join in August. The Government have put in some more money for 'enhanced access' but they closely monitor how it is spent, down to the last half hour. The practice finally received an uplift to cover the cost of a salary increase for all staff employed and funded directly by the partners. This amounted to around 5% and not the 6% so publicly promised by the Government. The ICB has been pro-active with IT developments, sharing what works across practices but there is still a need for still interfacing developments with other organisations such as the ambulance service. Our Practice's goal is to buy in their IT, all staff subscribe to this and it is very good. They can automate how many patients you need to see in acute treatment to ensure that bookings are influenced by patient needs. Further presentations are planned and for the next meeting Adis, the Painswick Pharmacist has agreed to give a talk said he was very happy with what had gone into the January Beacon. SJ would ask him to come and talk at our next meeting.
2 MA	The possibility of PPG's Chairs meeting across the PCN had been raised. However this had proved to be unrealistic as two of the five Practices do not have a PPG and a third was effectively one person (who is an ex GP). Several PPG members had explored whether it was possible to get help designing artwork to help with promoting the PPG. Schools approached were not forthcoming and Stroud College, after some initial enthusiasm, had finally stopped responding. DP undertook to continue pursuing this aim (see trial logo above).

NB	**Collecting prescriptions**: The standard advice is a) use the NHS app, but members reported this to be very unreliable; b) email the Surgery; c) if you have requested a repeat prescription you should be able to collect from the Pharmacy in 3 working days. DP asked whether the Practice could notify patients when a prescription had been passed to the relevant Pharmacy but was told that this would be an excessive bureaucratic burden. It was concluded that the advice should be to assume that if a request had been submitted for a routine repeat prescription patients should assume that it would be available after 48 hrs – often it is much quicker than that.
4	**Website**: DP reported that the PPG minutes are up-to-date on the Practice website He also drew attention to the length of the questionnaire provided for any patient wishing to join the PPG. JV said that this could not be shortened as the Practice has to report on diversity aspects of applicants. JV also said the form was very infrequently used – those interested tend to approach the Chair direct. DP reported that he had reviewed ICB draft advice on palliative and end of life care. This is due to be published very soon and should be added as a link, along with other topics, on the PPG section of the website.
5	The Practice is now required to identify patients who are 'veterans, that is anyone who has served in the military, as they may be particularly vulnerable to mental health problems. Some comments indicated that some of the people in this category may not want to be subject to special identification. JV reported that the Practice is making the necessary progress on this issue. It was also remarked that this is another topic for useful links to add to the PPG website section. DP had circulated a lengthy summary from the Practice of initiatives taken to support carers which was applauded – including a display in the waiting room.
6	BP reported on the County-wide PPG group discussion with topics ranging from primary care to NHS digital services and premises. He also said he had been accepted onto the steering group on primary practice futures.
7	**Friends and Family Test**: JV had supplied an anonymous listing of responses received over several months. It was noted that all but one were very positive and that the other had been responded to by the Practice.
8	**Patient surveys**: DP reported that the annual ICB-wide survey was currently in-process for reporting this summer. For that reason he suggested delaying any local survey from the PPG until the autumn. BP and CT had offered some questions for this which will be reviewed in due course. Sophie Ayre of the ICB has offered to support a local survey with draft questions and to host it on their server.

9	**Funding**: AF reported a healthy modest balance of just over £552 in the PPG account. AF undertook to refresh the account card as this is now necessary. Possible Local Lottery income: JS had distributed a paper summarising the advantages and possible disadvantages of setting up a local lottery account for the benefit of the Practice. The lottery is run by an organisation called Gatherwell Ltd and the income returns 50% in prizes. If accepted, the PPG would have quite a number of things to set up initially but all it then has to do is have a three member group to administer it, meeting at least three times a year and create some publicity. Then they will help us to advertise it. They have some good prizes. **The Practice's supporting charity**: this has been dormant for some time now due to neglect. DP had spoken to one of the three (?) Trustees who was thinking of resigning for that reason. MMS would need to be replaced as a Trustee on retirement. The question arose of what the charity exists for and it was set up to fund mainly equipment needed but not NHS funded. It was pointed out that it had mainly received legacies from wills and donations from grateful patients. JV undertook to investigate further for the next meeting.
	The next Patient only meeting will be on 19th March at 3.30pm The next Full meeting will be on 14th May at 3.30pm