

PPG MEETING

HELD ON 19 OCTOBER 2022 7.00 – 8.30pm

MINUTES OF MEETING

1. Attendees:

Dr B Henry, Mrs S Robb (PM), Will Astill, Jessica Lind (Highfields School), Mick Murray, Peter Barker and John Tresadern (Chair)

2. Apologies:

Jenny Powell, Anthony Brown, Bob Faithorn, Hilary Essen, Peter Hartill and Sue Burfoot
(Previous Minutes:

The minutes of the meeting held on 18 May 2022 were approved as a correct record by Mick Murray, and Will Astill

3. Matters Arising:

3.1 *Website* – This had been under review; further work has been undertaken and the website is more user friendly now. JT expressed his appreciation.

3.2 *Information on Entrance Door* – It has previously been mentioned that information on the front door had not always been clear.

Action: It was agreed for Jenny Powell and SR to discuss this further

3.3 *Use of 111*- The group discussed how the 111 service should be used to its full advantage. BH explained that for medical symptoms the surgery should be the first point of contact. 111 should be used for information purposes (ie directions to a pharmacy) but sometimes 111 can be inconsistent. There is also the Out of Hours service which can be accessed outside of surgery hours. BH also informed the group that an audit review is currently being undertaken with Whitworth Hospital to see what can be signposted there. Hopefully by Nov/Dec a clearer way forward should be known. Work is also underway to enable consistency over the computerised system which will enable other professionals to see patient notes etc.

3.4 *Online Appointments* – SR explained to the group how the online appointment system worked and that online appointments are the same as telephone appointments – all are triaged as an appointment is not always necessary. Making an online appointment does not enable a quicker appointment. SR also explained how appointment slots are 'staggered' to allow flexibility throughout each day.

Will Astill commented that the system used by LGMC was a very positive system.

3.5 *Power of Attorney* – JT had made enquires with Peak Pharmacy regarding the need of PoA for collecting medication for relative. The request made by Boots for proof of PoA when collecting medication was deemed appalling and was definitely not required. The issue had, therefore, been resolved.

3.6 *Organisations supporting LGMCGP's* – JT explained there was no need for SR to compose a list as the very full accounts by Helen Fray and Zoe Beesley in the last PPG meeting provided what was needed.

4. Practice Performance Focus:

4.1 *Appointments and Switchboard* – JT pointed out a recent issue over invitation letters for Covid/Flu being sent out which had administrative mistakes. JT thought there could be some communication problems and offered the help of the PPG, where available and where appropriate, with basic administrative work. JT was anxious that this should not be seen as a complaint –but the surgery provides such good service it is a pity when such a simple thing can cause negative comment.

4.2 *Staffing*: The group were informed of the following additions to LGMC staff:

Dr John Williams

Jade Smith – Nurse

Charlotte Barnes – Administration Apprentice

Lindsey Fallon – Health and Wellbeing Coach

Dr Henry was asked of the benefit of there being a psychiatric nurse based at the surgery. BH explained how some surgeries to have this facility and also how, as a practice, recruitment is considered and actioned. LGMC had been in the bidding for a psychiatric nurse but none were available and therefore a Health and Wellbeing Coach was appointed. LGMC are continually working to provide a holistic service.

Patients are referred to the Community Mental Health Team and are also provided with information leaflets and information re access to the Crisis Team. Patients are also able to self-refer themselves to Talking Mental Health. If immediate help is required help would be sought.

PH informed the group of how Chesterfield Royal Hospital have a continuous improvement programme for their staff and wondered if it would be possible for LGMC staff to feed into this. SR/BH said they would need more information before any consideration could be given.

Action: PH to obtain more information and can discuss with LGMC partners

4.3 The 2022 GP survey is now available online. This is identical to the results of the 2021 survey. Overall LGMC have a good rating. Mental Health was an area where there was most room for improvement, although it was thought this could be due to patients feeling a lack of 'immediate' remedies. JT asked if PPG could do anything to help LGMC move to an 'excellent/very good' rating. **Action JT/SR**

Extended surgery hours was also discussed – BH explained how extended hours would work between surgeries and how this may be a Saturday or late one evening.

5. Integrated Care Board (ICB)

JT had received an email from the MsH detailing patient engagement in making changes that are necessary for the operation of the new Integrated Care Board operations which will

integrate the operations of primary care, the statutory bodies and Voluntary sectors. The emails were expressed in very dense and detailed dialogue. Some but not all of the content was relevant to most of us. However it took a long time to distil and make sense of what was. JT said it raised the issue of what information goes out to patients and the need for a 'medium' of information distributed.

6. LGMC and Integrated Care System (Updates, Impacts, Group members' experiences and issues) JT distributed a handout with information about PCN's

- i) BH informed the group that a new manager had been appointed for the Central and North PCN and the difficulties of getting joined up working with surgeries. MSK staff do multi work with surgeries, this is not a perfect arrangement but it seems to work. JT provided lists of the PCN, how it is broken down into neighbourhoods and the funding for each geographical area. BH explained the funding, how some of it is targeted and what you can/cannot spend the funding on.
- ii) Team Up for housebound patients was explained by JT and the integration of teams which can be called on to assist. A visiting service has been commenced by LGMC but is not fully ramped up as yet.
- iii) MM had looked at Derbyshire initiatives for mental health and all were deemed commendable. Rachel Bounds is the lead for Derbyshire area. The scheme also provides support for suicide prevention and 'Lets Chat' about mental health.

An open day had been facilitated by professionals and forums are being set up within the county. MM also has contacts. JT said he was interested in this and would be willing to help. There are some good leads which could tie in with an introduction to schools. .

Action – MM to speak with Rachel Bounds to see if she would be interested in speaking with PPG's. And JT to follow up 'Let's Chat' and Young Carers with the school.

- iv) JT said there is now a possibility of setting up a project with Highfields School and LGMC to see if it is possible to improve the access for Young Carers to LGMC. JT said he would ask Helen Yates of Derbyshire Carers if she could provide some more guidance and will continue discussions with Highfields. Ms H is willing to support this proposal.
- v) Social prescribing is proving successful. JT provided figures from Zoe Beesley of patients involved and how this is expanding.

7. AOB

Syrian families have been befriended in the area and the families have been delighted with the service they have received from LGMC. LGMC have also been able to provide translation with a previous registrar who will be returning to the surgery next year – this has provided the family with a good settling in period.

8. Date and time of next meeting

14 December 2022 7pm – 8:30pm.

**Further meetings will be held on Wednesday 15 March and Wednesday
14 June**