**Patient Participation Group**

**Minutes of the Meeting**

**Thursday 19TH May 2022**

**17:15**

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| **PPG Members**  Graham Mansfield (GM)  Sharon Bilbey (SB)  James Conley (JC) | **Practice Representatives**  Andrea Swanson (ALS)  Laura Scott (LS) |
| Michael Worrall (MW) |  |
| Barbara Worrall (BW)  Mark Russell (MR)  Thomas Turner (TT)  Nuala Hamspon (NH)  Ruth Hawley (RH) |  |
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| **Apologies** |  |
| Cheryl Smith |  |

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| **Ref** | **Discussion** |
| **1** | **Welcome, introductions & apologies**  Graham Mansfield welcomed everyone to the meeting. Introductions were made and apologies noted. |
| **2** | **Minutes of the last meeting / matters arising**  Minutes agreed were accurate.   * Our phone message still says patients are unable to order scripts over the phone but we are. Worth a discussion at next clinical meeting whether we are to continue this. LS will add to the next clinical meeting. |
| **3** | **Extended Access/Hours**  These are local enhanced services. NHSE said to the PCN that they want us to do evenings and not mornings and just Saturday rather than Saturday and Sunday. As the group of 12 we would ask the PPG to get input into offering both early morning and evenings. They do fill at both ends of the day. On a rota basis between the 12 practices we open at weekends and have some appointments for our patients at other surgeries. All appts are for routine not emergency. Agreed that it seems reasonable to keep both early mornings and evenings and weekends. We managed to keep on doing all appointments regardless of guidance that they could be stopped during covid vaccinations, we only stopped when we were told to (lockdown – smears etc were stopped). |
| **4** | **Return to Normal Appointment Making**  Always been available for telephone and face to face but we were triaging the calls into the F2F appointments. For the last two months we have given full patient choice back. We had a meeting yesterday to reassess what was working and what wasn’t and from June we will have: 8x telephone appointments & 8x face to face appointments per session  Only issue is when we have lots of staff off due to isolation (healthcare still have to isolate) we have to convert to urgent on the day only due to amount of staff. Agreed it was useful to send out the texts to let everyone know that we were struggling due to covid. |
| **5** | **Sustainable Healthcare**  A lot of GPs are not aware of what is there for them in terms of clinical decisions and wanted to make us aware. Interested to know what we are going to engage patients – do they take inhalers back to pharmacy or throw them away? We are aware with inhalers from the PCN, lots of patients to change over a 12-month period, how to do that safely? Ultimately about good control and self-management of asthma. Our discussions at the moment are bringing in groups of patients (8-10) and setting aside an hour for a group consultation with the lead nurse.  Not aware of the toolkit, ALS will take to the PMs meeting and can possibly arrange a slot to talk about the toolkit.  Priorities are there in terms of greener NHS nowadays. Pharmacies have to provide the offer of taking back medications but patients are not aware of that and tend to dispose of in the bin.  Blister packs are not widely recycled – only Superdrug in Derby locally.  Insulin pens there is a pilot scheme in terms of recycling – going back to reusable pens rather than disposable. Lots of development work going on around that. Pressure on pharmaceutical companies to take reasonability for recycling what they produce. |
| **6.** | **Terms of Reference**  Equal balance in relationship between this group and the practice. Happy for any changes to be made, fairly standard stuff. The Partners at The Oaks have seen it and agreed it sounds reasonable. Initially accept this, all take it away and look at it and agree a date for any changes/comments to be made so that it can be agreed at the next meeting. LS will re-email out the terms of reference. |
| **7.** | **Any Other Business**   * Drug disappeared from repeat medication without any communication with the patient. It would usually be reviewed by the pharmacy team or possibly a task to reception and a telephone call should be made. ALS will raise with them. * Diabetes support group, not the best of venues. Really difficult to get hold of anyone who runs it. MR been to two meetings but it was of high demand so they’ve split into two groups. There seemed to be a lot of enthusiasm from attendees and what they wanted to get from the group. At the minute it seems to be a pilot scheme but hoping it will continue as there was a great mix of patients. It’s a very different set up to the DESMOND & DAFNE courses as the agenda is made up of what patients want it to be. ALS will feed it back to PICS. |
|  | **Date of next meeting and close**  Graham Mansfield thanked everyone for attending.  **Next meeting date: 28th July 17:15** |