

**Patient Participation Group
Minutes of an On-line Meeting
held on Tuesday 7th March 2023
via Zoom**

Present:

Patients: KF, JK, RK, MK

GP Partner Dr Majida Hussain (MH)

GP Partner Dr Moin Kapadia (MK)

Practice Manager Ekram Ar-Rikaby (EA)

Announcements:

PPG update – We will be sending out 2X Newsletters per year and we will be organising 2 Virtual meetings per year.

Matters Arising

There were no matters arising from the previous minutes.

Health Professional roles and services provided at the GP (*Physiotherapists, Pharmacists, Dieticians and Social Prescribers*)

- Dr MH discussed these roles are not a new concept – patients are simply sent directly to the specialist rather than going around in circles.
- Drs appointments are being used for more social issues or issues they do not specialise in. These services are here to support the patients as patients can be booked in with the service providers in the first instance.
- KF – (Physiotherapist)- mentioned that there needs to better clarification during the consultation, there is little explanation behind the reason the patient may be experiencing the issue. Dr MH explained the Physio will do initial assessment, it is not always clear what the reason behind the issue is and there is not always a clear diagnosis straight away. The Physiotherapist can liaise with the GP and request further investigation

Friends & Family

Jan and Feb reports - discussed F+F negative comments. (EA)

Appointment bookings

Discussed: Patient's frustration regarding not being able to book an appointment to see the Doctor when they come to the Surgery or call. They are directed to eConsultation or other Clinicians

Also discussed why receptionists asking 'medical questions' when patients call the surgery and can they ask for a specific GP? (RM)

Outcome: discussed the new pathway, we have to implement a standardised procedure so the reception team can book appointment appropriately with the correct Healthcare Professional, it cannot always be the Doctor. The team do try accommodating where they can when patients ask for a specific GP.

There are not many GPs. Other health professionals and service providers are supporting the GP.

Online Consultation – can be appropriately triaged by the clinical Pharmacist. Patients can also contact the Surgery without having to wait on the phone. (Dr MK)

Restructuring and changing the pathway of booking appointments – so the GPs are not booked with issues that can be dealt with by another Health Professional (EA)

Hub Appointment

Discussed: Hub Services, Hub sites are further away from home, difficult to get to. (JK)
Not speaking to their usual GP who they are comfortable with.

Outcome: explained the capacity issues across the whole of NHS including hospitals.

The hub services are supporting our surgery; the surgery has to use all resources provided. Assured attendees that feedback will be given to reception team on appropriate booking of hub service appointments as it may not be suitable for everyone. The GPs at the surgery try to prioritise elderly patients and young children at their home practice – especially for complex issues. (Dr MK)

Blood Test

Discussed: two main complaints about the Phlebotomy

1. Waiting time and 2. Hard to find the patients vein.

Outcome: explained we cannot control or avoid technical issues – such as label printer not working. (EA)

The Surgery should use the Jayex board more often when clinics are running late. (KF)

There are many factors why it may be difficult to find the vein, such as, being overweight, not drinking enough fluid, phlebotomist may not be experienced enough, some patients just have difficult veins. (Dr MH)

Nurse

Discussed: a patient (baby) booked to have a vaccine, the mother was unhappy as they had to leave the room to change the nappy. (EA)

Outcome: two issues, the dirty nappy cannot go into the clinical waste, which why the patient was told to leave the room to do this. The second issues the nurse will run late and patients will complain. (Dr MH)

Better approach in regards to courtesy and explanation to patients will be very helpful so patients have a better understanding. (KF)

Actions from the Meeting

Attendees asked for more information regarding the current changes made, promo material to include some graphics with information.

Below is some extra information from the NHS England Website.

The needs of our communities, in particular in areas where there are health inequalities, are greater than ever before. Our population is being impacted more and more by complex, long term conditions. There is a growing concern about areas of longstanding unmet health need and the social determinants of health are playing a bigger role than ever before. These new challenges are increasing the pressure on the system to deliver for those in our communities and there is more that we can do to shift our focus from treating those who are unwell to preventing ill health and tackling health inequalities.

Improvement support

Embracing change and different ways of working, are helping general practice and Primary Care Networks better meet the demands placed on their time and services. Through the use of evidence-based quality improvement tools, techniques and approaches, we can help staff make change that is meaningful and sustainable. For example, redesigning a more efficient appointment booking process or reducing inappropriate GP appointments through improved signposting.

Clinical pharmacists

Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex medication use, especially for the elderly, people in care homes and those with multiple conditions.

First contact physiotherapists

First Contact Physiotherapists (FCP) are qualified independent clinical practitioners who can assess, diagnose, treat, and manage musculoskeletal (MSK) problems and undifferentiated conditions and, where appropriate, discharge a person without a medical referral. FCPs working in this role can be accessed directly by patients, or staff in GP practices can refer patients to them to establish a rapid and accurate diagnosis and management plan to streamline pathways of care

Date of Next Meeting

Newsletter will be sent out