**Cedars Surgery PPG Meeting 29.06.23**

**Attended by – Michelle Liversidge, Suzanne Oliver, Katharine Manser**

**PPG Members – Marsha Horne, Margaret Robin, Anne Matthews, Judith Nichols, Sheila O’Connor**

**1: Welcome**

A warm welcome to everyone whom has attended.

6 PPG members Invited for today’s meeting.

Apologies from Charlotte Maughan.

Introductions from everyone to the 2 new members of the PPG, Anne Matthews and Sheila O’Connor to Katharine Manser (Social Prescriber for PCN)

1. **AM mentioned not having any “terms of reference”?**

**ML replied** -This is not something we have ever had but can see the importance of this being documented therefore this will be implemented on the next meeting

1. **MH asked if there should be a GP present at these meetings and do they actually read the minutes?**

 **ML replied -** GP’s have never attended these meetings however PPG meetings are discussed at the next available practice meeting and queries/ points made at these meetings raised, any queries/points made that we as a surgery are unable to answer will go to a higher body such as the ICB or the LMC.

**PCN PPG – The PCN PPG were discussed, GP’s do not attend this except the clinical director.**

**AM feels there should be a forum and a clinical directors meeting where PCN staff can go with their problems.**

**2: Previous Minutes**

Previous minutes from meeting 08.12.22 reviewed.

**Update on Blood tests at Deal Hospital**

**MH & AM still campaigning to get the blood tests at Deal Hospital reinstated, AM has had a meeting with MP Natalie Elphicke who is keen to get the blood service reinstated too. AM is gathering more data to support their case and has asked us to provide some figures by way of blood tests offered pre Covid opposed to now. We will provide AM with these to support her case.**

**ML and SO stressed that GP’s here had no objection to reinstatement at hospital and feel would be beneficial to patients.**

**3: Social prescribing update.**

Katharine Manser introduced herself and what the PCN social prescribers can offer to the public. Examples of this would be creation and direction of health and support groups, help and guidance for those struggling to complete assessment forms/claims for income or those generally struggling with areas of life and unsure where to seek help. Often, in some cases a patient may feel the need to contact a GP to discuss these problems in the first instance this service allows a fast direct input from the PCN team who have resources to hand. Katharine explained about the new groups and activities available in the area, to include a Parkinson’s support group, which has just been set up and are hoping to set up a similar group for diabetes. They are look to get some funding for hydrotherapy. Their aim is to promote a healthier lifestyle while encouraging people to interact and socialise whom otherwise may not do so. There is also a weekly health walk and a programme with a Sandwich gym with a discounted gym membership price depending on circumstances.

The PCN social prescribers have been visiting social housing within the area, checking on those that are isolated. They always welcome volunteers to help with groups.

They also work alongside Dover District Council and The Foodbank.

Katharine explained that she is at taking up a new role within the PCN as digital Transformation Lead but her role will be replaced, there will be 5 social prescribers in total. Within her new role she will be looking at trends in capacity and access within the surgeries and helping them to tackle the areas of concern

PCN not given monies for support groups as a rule but have recently been awarded £1000 by the ICB to pilot a support group they are setting up.

**JN asked – Does the PCN help people with mental health conditions?** Katharine explained that yes it does very much so, liaising with the GP, assisting finding support groups and helping with form filling to name just a few.

**JN talked about Health Visitors and Midwives** - routine visits to the surgery have stopped now but would make contact with the surgery where thought necessary. Midwives are still there throughout your pregnancy but no longer deliver when in hospital, this would be the hospital midwife.

**MR asked about the stopping of earwax removal –** ML explained that this is no longer in the GMS contract and not something, we have to do. It is advised that this should only be done by microsuction whom has received relevant training. We do not have an up to date machine and do not have the staff trained to do this which is why we can no longer offer the service. There are several private companies in the area and a patient can be referred to ENT through their GP.

**3: Staffing**

Clinical staffing has stayed the same. Dr Hill was a salaried GP but has now joined the practice as a partner. Johnathan Anderson is a very experienced ACP whom works 1.5 days per week for us and Dr Justine Lyell along with Johnathan cover Dr H Smith’s maternity leave. Dr Smith is due back later on in the year. We currently have 4.8 GP whole time equivalent at the moment, we have tried recruiting through different channels but this is proving difficult.

**AM asked if any of the GP’S offer day surgeries? - ML replied –** No, it is very hard to recruit GP’s that want to come to deal possibly due to transport links and secondary care accessibility .

**SOC mentioned about recruiting a GP PA -** We discussed GP admin assistants whom are not trained as a GP to help with admin duties, this is a possibility but don’t think we would particularly gain from it here SCO mentions it may be worth targeting the universities for roles such as these if necessary.

**MR asked if we still use Dr Tapping? –** ML advised No, she works at the UTC/HUB.

**MH asked if the GP’s get paid more at the hub. –** Ml advised we do not know what the DR’s get paid at the hub- this is sub-contracted through CHA.

**SOC talked about trainees. –** This was discussed and we did use to be a training practice but our trainer GP reduced his working hours therefore we were unable to continue, this means we do not have the bonus of registrars.

**MR asked if housing was a problem for prospective GP is moving to the area. -** ML replied we think it more a case of transport links and do not offer extensive clinical training.

**Four: Capacity and Access**

**ML talked about the new capacity and access plans and what this means for the surgery. All patients are to be signposting patients at first point of access; this can include a clinical face-to-face appointment, a clinical telephone appointment, the UTC or pharmacy. We are in the process of working through a new booking system and staff training in order to achieve this.**

**SCO finds it frustrating that there are very few appointments to book online and unable to book online with a nurse.** ML explained that there are some appointments, which have the same title but different amounts of time depending on test performed. We have had a lot of confusion in the past meaning patients are not booked in for enough time to perform certain tests that we withdrew the service. Patients are able to book online for routine blood tests.

**MH? What would happen if a patient only wanted to be seen by e certain clinician? –** Explained that the patient is entitled to see a clinician of their choice but would have to expect to wait until the next available appointment with that clinician in particular. If it were of an urgent nature, there would not be an option to choose however someone appropriate to deal with their problem would see them.

**AM asked why pre covid you could see your GP within 2-3 days but now so much longer of a wait? –** ML replied that this is purely to a lack of GP’s, the quantity of work and an ever-growing population. SO also explained we have lost approx. 4 appointments a day due to BMA guidelines of how many patients a GP should be safely seeing per day. The GP’s here at The Cedars were seeing more patients than they should be therefore appointments had to be reduced slightly.

**MH asked about hub slots –** This was discussed, currently we have approx. 5 per day to book but this does change according to GP/Nurse availability. It is a very helpful service but GP’s receive a lot of work back from it as the hub are unable to refer and are not happy for results to come back to them. The HUB/UTC do offer a walk in service 7 days per week**.**

**AOB:**

**Future PPG Meetings - general** feeling by all is that we need a more frequent PPG meeting as struggling to get through the agenda in the timeframe given.

**MH – Medical checks** – MH asked about medical checks otherwise known as a Health check. This are still carried out between the ages of 40 to 74 and the invites are generated by NHS England.

**MH – Medication Reviews –** MH? Medication reviews and on a personal level had not had one in some time. ? Could a clinical pharmacist do these? ML will look into this and will be put on the agenda for the next meeting.

**Appointments for more than one problem –** This is an ever growing problem and the GP’s are happy to address as many problems as they can within a reasonable time limit or it is suggested that the patient makes another appointment to discuss. If a patient is complex, they are usually booked a double appointment but any patient is encouraged to book a double appointment if they have several things they would like to discuss with the clinician.

**Rail on both sides of stairs –** JN mentioned that she thinks there should be a handrail on both sides of the stairs. We will mention this to the GP has and put on the agenda for the next meeting.

 **Next PPG Metering 26.10.23 @2:00pm**

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