**Patient Participation Group**

**Attendees: Via Microsoft Teams**

**Apologies: Sent to Practice**

**Standing Agenda**

**Welcome**

**PRG Meetings and Roles Held**

**COVID19 Update & Building Update**

**GP Appointments Update**

**Staff Update**

**PCN update**

**OPENING WELCOME**

Sara Heywood (SJH) – PRACTICE BUSINESS MANAGER – Explained currently not in practice due to off sick with COVID19 however due to on the day sickness absence also in practice non COVID related Amie Sutton (AS) – Practice Duty Manager - AS covering therefore SJH taking meeting today however AS will do going forward in 2022

**PRG Meetings and Roles Held**

SJH – explained in practice all meetings still held via teams due to COVID19 and no plans to change as yet – when practice meetings change back to face to face then will review Patient Reference Group meeting however Teams allow more people opportunity to join as flexible and more accessible with timings

*ACTION – if any PRG member would like a different time to be considered then please add to chat*

SJH reminded that David Chairperson had resigned early this year and Partnership would like any expressions of interest to be emailed in but would advertise the post in the New Year.

Practice would like the PRG to be patient led rather than practice led as the group is ideally for the patients to support the practice and become involved – can do this interactively with speakers as easier to arrange them to attend for part of teams meeting perhaps than previously attend a lunchtime face to face session

*ACTION – PRG members to add to chat / email topics / speakers would find of interest*

**COVID19 Update & Building Update**

SJH explained way practice working remains same as last 18 months

Clinician will give time to come down if need to be examined in risk room / separate entrance so don’t need to wait in waiting room - entrance is near green gate - clinician will give instructions though when do telephone assessment whether to go straight to gate / press intercom etc. / wait in car – this was built especially with COVID funding and purpose built for assessment for patients who needed to be seen for existing health conditions but who had COVID symptoms or were isolating because of household members

Intercom for assistance and then patient choice if wish to come in waiting room / wait in car using buzzers / wait outside – SJH informed still have a large number of patients who prefer not to wait in waiting room so whilst may look as though standing outside many choose not to enter building for some community clinics

*ACTION – AA – suggested to promote on social media buzzer policy as many may not know have choice – SJH will feedback to team*

SJH informed clinic timings changed to accommodate social distancing guidelines within healthcare settings and have continued to work well from early clinics to lunchtime sessions so not as many patients sat together in waiting room at once

**BUILDING WORKS**

Lots of building grants applied for vacant spaces to change into clinical space to accommodate changes now- clinical room using part of waiting area

**SECURITY ISSUES**

Looking at CCTV security grant, already have mosquito alarms in place but issues with congregating youths especially in summertime - NHSPS advised fake cameras in the interim period

Lots of rubbish left in circle near green gate usually in the mornings but have to release staff to clear it up so may be lunchtime before can clear it as domestic teams not responsible

Outdoor shelter bid turned down due to risk of encouraging groups congregating out of hours however request put forward for overhang type ledge rather than bus shelter type (porta cabin was offered by NHSPS but turned down as not ventilated alternative)

**GP APPOINTMENTS / STAFF UPDATE**

Dr Cepeda-Lucas – been on extended sick leave since June 2021 due to post op complications – due back on phased return Jan 2022

Dr Carradus – on extended sick leave possibly now for next 12 weeks due to personal reasons

Sessions will continue to be covered clinically by partners / GPs in house / locums as have been done since June 2021

JB queried why not enough full-time Drs if only have x 2 – SJH explained 9 GPs not all full time sessions, also had other clinical roles, x 2 full time pharmacists, advance nurse practitioners, nurse associate and GP assistants – not always GP need to see though for appointments which is why team signpost and telephone triage may be done by clinician

SJH informed recently recruited Advance Nurse Practitioner due to start in Feb 2022 to assist with additional workload pressures as new care home opened recently which required additional clinical care - SJH reminded to recognise that staff budgets come from Additional roles scheme from Primary Care Network but also from Contract budget which remains set each year

JB asked if this was why we advertised for more patients. – SJH explained we have obligation to inform that our patient lists are open and not closed and our patient numbers remain at a steady constant with patients leaving and joining as temporary residents / students / passing away / moving in and out of areas as families etc.

AA – discussed experience of being advised to call 111 early on a Friday morning – not ideal and not a great system especially for vulnerable or those with complex long term conditions – SJH agreed especially when can come full circle back to practice

SJH – explained practice have raised along with other practices and how NHS England are aware there is a nationwide issue with access due to high patient demand which was present and highlighted pre COVID .

Capacity issue is not going to be resolved no matter how many GPs are in on the day as patient demand is always going to be higher.

Clinicians have a certain number of patient contacts each day and when they are full they refer to the Duty Doctor who also can only safely deal with a number of patient contacts each day and then they need to signpost to 111 either online or on the telephone who can then do the clinical triage for them and if necessary signpost on to the most appropriate services.

Our reception team can signpost to services but do not clinically triage

Not only do they have patient contacts (face to face and telephone contacts) they also have to review lab results / hospital correspondence / patient medications / prescription requests – urgent queries on the day etc. and all this takes time as each patient record needs to be reviewed

**PCN update**

SJH explained recruiting now for Pharmacy Tech / Care Co-Ordinator due to start in January 2022 and Advance Nurse Practitioner due in Feb 2022 to assist with additional workload pressures as new care home opened recently which required additional clinical care;

**AOB**

Discussed Telephone Message

SJH – explained Zero tolerance policy had been in place for number of years however in recent months threats of violence and verbal abuse to reception staff both over phone and face to face and in car park had risen

Practice will not tolerate as service is provided to best of ability with resource available

Feedback from PRG member – excellent service from practice recent own experience – thanked practice and staff and clinicians

JB – Asked why Longton didn’t give COVID boosters at same time as FLU vaccinations

SJH explained Penwortham CC was set up when local mass vac clinics hadn’t been set up so patients had somewhere local to go to when NHS England were starting to send invites out

Longton Health Centre covered 1st / 2nd housebound and care homes then hibernated for Phase 2 as local sites were then set up i.e. St Johns / Grasshoppers / Jubilee House etc.

LHC then assisted with schools vaccination programmes and vaccinated @Priory High and Penwortham Girls as these were allocated to our Network

Fishergate Hill Surgery was designated site geographically for the Network as a practice for those patients not able to go to mass vaccination sites – LHC declined as unable to provide an 8am – 8pm 7 day a week service in addition to our normal patient services with the staff we have – a decision we stand by as a practice and as a Partnership

KA Left

KB Left

GG Left

Closing discussion JB / AA regarding schools and effects COVID 19 has had on teenage mental health SJH informed information on website however engagement in schools from school nurses from patient feedback was reactive not proactive therefore will also feedback from practice

CLOSE