

In attendance:

Dr Kirsten Scriven	Lesley Passantino
Sarah Hargreaves	Maggie Wagstaff
Lauren Field	Kevin Smyth
Cathy Rogers	Colin Richardson
Mustak Hafiji	Victoria Sherry-Garnett
Stella	Anne [Last name TBC]
Katherine Booty	

Apologies:

Kim Willis
Jennifer Mikulsky

<u>Subject</u>	<u>Notes</u>	<u>To Action:</u>
Welcome / Introduction / previous minutes	<ul style="list-style-type: none"> All introduced ourselves – brief background on previous jobs and where originally from/born. Mixture of business, education and NHS backgrounds. SH reinforced the group is not for individual grievances but for helping with practice development system for everyone. 	
New GP Appointment System	<ul style="list-style-type: none"> LF explained the new appointment process and how it has impacted us day to day Cathy used recently and has been quick in getting an appointment Dr Scriven explained the rationale behind moving to a new system and explained how it works in practice Main goal is to improve access for patients Anne questioned how the clinical urgency is decided and SH talked through the questions asked which helps determine urgency for the triaging GPs Cathy finds new system much more simple and questions are clear LF explained the variance in demographics and the reports demonstrate this very well with around 60-70% are submitting the requests online We can ask for photos from patients too if patients have not uploaded when submitting the request We still can do video consultations but prefer to do face to face consultations instead Around 90/95% appointments are currently face to face Colin queried if we use a usual doctor system which confirmed AHC do. Try to book appts with usual GP where possible and usual GP processes all prescription requests Very new system for Avonside so keen for suggestions All agree expectations need to be managed and change over time Dr Scriven reinforced we still need to work within a safe capacity so are trying to encourage patients to submit requests before 11am. Mushy asked Dr Scriven how the new system is for doctors. Dr Scriven explained the pressures and juggling of tasks Across the partners and management we met with other practices locally and nationally to discuss pros and cons to help develop the new appt system 	
Online Access / Data Sharing	<ul style="list-style-type: none"> Colin queried why Avonside has not turned on the automatic prospective access to records. SH explained rationale behind why we have not turned this 	

	<p>on yet but likely will be activated in the future. Paperwork is currently with our Data Protection Officer to be checked – need this before can switch on unilaterally. We want to protect patients as much as possible. However, if someone does want online access to records they can still request this and it will be reviewed and activated individually once form has been completed.</p> <ul style="list-style-type: none"> • SH explained where patients can opt out of data i.e. research, shared care agreements. Privacy notice is available on the website. If patients let us know, we can add a code to a patients record to allow or decline access. • SH explained the disconnect between hospitals, secondary services and GP systems. We do not automatically get sent all the information from other services. This is improving over time. 	
GP Contract / Funding	<ul style="list-style-type: none"> • SH briefly explained why we may ask for certain information is to contribute to targets/funding. • All agree a presentation of General Practice and where we sit within the NHS and how we are funded. SH will do this. • The new General Practice contract for 2024/25 is in dispute due to the lack of increase in funding. Funding has been increased by 2% this year which is far below inflation. The British Medical Association (BMA) is working to fight for improved GP support. • GPs do not get the same funding as hospitals, we only have finite resource. • BMA is campaigning for safer working and better funding • Currently estimated on average funding is 30p per patient per day. It is known that other practices in the country are closing due to being financially unviable. SH reassured that Avonside is not at risk of closing, but that doesn't detract from the significant financial challenges faced. • 	SH
Roles	<ul style="list-style-type: none"> • Queried if PPG members could volunteer to help and assist the practice and we are more than open • Stella discussed own experience as a PPG member at Abbey Medical Centre in Kenilworth including helping vaccination groups, assisting with support groups. Can also help with patient experience or managing new projects. Has set up a walking group around Kenilworth with the social prescribing team. Has set up a menopause group for monthly talks and support each other – sometimes GPs attend too. Trained individuals to ring patients who were in an age cohort who had not visited the practice in XXXX time. Key thing is finding what the practice's patients need/want as well as helping to be a voice. Could look into surveys, support, social events etc. Helping with practice grounds: adding flower beds, awareness posters. • We still need a chair, secretary and PCN representative (next PCN meeting 11th Sept). Stella suggested is also a South Warwickshire PPG (meet every other month). • National Association for Patient Participation (NAPP) has resources and info 	
What's next?	<ul style="list-style-type: none"> • Stella is happy to mentor who may volunteer to be chair • Next agenda to discuss wants and needs • Stella will share a helpful document on building an effective PPG 	

PPG Meeting Minutes
19th June 2024
Avonside Health Centre 18:00

Suggested next meeting date:

TBC – KS/SH have A/L in Sept