

In attendance:

Dr Kirsten Scriven
Sarah Hargreaves
Lauren Field
Mustak Hafiji
Cathy Rogers
Kim Willis

Apologies:

Lesley Passantino

<u>Subject</u>	<u>Notes</u>	<u>To Action:</u>
Introduction	<ul style="list-style-type: none">• SH introduced to the team and the plan for today's agenda.• KS - one of the partners and explained not had a PPG for a few years. Four partners at AHC.• LF – Operations Manager - covered brief background on previous job role in retail sales distribution industry.• SH – Business Manager – previous manager at Chase Meadow Health Centre. Previously worked with a PPG. Generally overlooks practice finances and targets.• Kim – used to be a director in the automotive industry. Retired but now started a bank role within the NHS – working with Solihull School Nursing Team.• Cathy – Private physio - has reduced working due to health issues but tries to work as much as possible. Understands both sides from providing care and receiving care due to own experience. Daughter works within health care too.• Mustak/Mushy – Previously a solicitor in various areas. Family work within healthcare including a consultant and a radiographer. Parents were disabled so feels has grounded insight into NHS care. Key focus is on quality. <p>All hoping will be able to bring something to the table to make a difference.</p>	
Appointments	<ul style="list-style-type: none">• A lot has changed since covid including forcing total triage through the challenging time. Overtime AHC has been trying to adapt to needs of pts and staff. Since September 2022, AHC reverted back to face to face appointments or telephone appointments – some appointments are triaged by duty GP if booked as an emergency appointment.• Kim complimented covid vaccination programme as the programme improved with time and appreciated the scale of it and how quick things changed. SH explained how AHC worked together with the Primary Care Network (PCN) as well as the pressures of finding a venue and planning.	

	<ul style="list-style-type: none">• KS queried if everyone is aware of a Primary Care Network – no one aware. KS described what a PCN is and how it was introduced in 2019 as part of the contract. AHC is partnered with Priory, Chase Meadow, Abbey and Castle. Has helped us work on scale as well as supporting each other. It does have its challenges as we all have different aims and objectives. Key projects have included the covid/flu vaccinations programme. New contract due next year. Currently work very well as a PCN.• Mushy queried how funding is shared between practices. KS explained this is heavily down to targets including QoF and PCN projects such as flu/covid, cancer care, appointments etc. Funding from the PCN includes funding ARRs staff (paramedics, pharmacists, physio etc).• Kim mentioned patients are not necessarily aware of services Avonside offer – Kim was only aware through a GP appointment. Had a great experience. Queried how would be best to communicate this with the community – Kim suggested 'Look Local' which is free. This is usually posted or can be collected from the supermarket. Could use local news to highlight services available. Mushy suggested marketing approach with SMS or email.• Discussed communication and experience will heavily be a reason for patients not accepting alternate services/practitioners for GPs. LF suggested maybe personal experience stories may be beneficial. Mushy feels may be very difficult to move away from the want to see a GP.• Kim uses the NHS app which has proven useful. Not always helpful as doesn't notify when prescriptions are out of stock etc. and pharmacies will always push back any problems to the GP. KS explained we have had huge problems over the years with medication shortages and not being aware until OOS. We now have ARRs staff we have that assist with investigating stock across pharmacies.• Kathy described recent experience with eConsult not always being best as options are not always suitable as don't ask useful questions.• Kim explained experience and benefits of seeing the same GP for continuity of care and recent event with husband seeing a couple of GPs (SH asked for information as may be beneficial to investigate for learning purposes). KS agreed as this is better for the GP too for a greater understanding and relationship with each patient. Kathy agreed as can become frustrating explaining symptoms over again but also	
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	<p>understands is not always possible – communication is key.</p> <ul style="list-style-type: none"> • KS explained AHC ‘usual GP’ system and how it works in regards to medication and letters etc. Explained can request appts with specific doctor via eConsult if appts not available that day. SH explained can do an eConsult Lite for patients without internet access. • Kathy suggested improving way of making others aware of facilities for patients who need it. • Mushy highlighted how technology is great when it works but doesn’t always work especially for those who may not embrace technology and we should always have this in mind. Kathy reinforced ‘one size does not fit all’. • SH explained how NHS England often dictate some changes such as online consultations. • Mushy queried how much trust we have in other services such as CPCS and how much is referred back to the practice. LF summarised how the services works and the rare occasions we get referrals back and why i.e. prescribing pharmacist on leave. • Discussed how some people may find the huge changes over the past few years has been very overwhelming. • Mushy queried the use of the word ‘patient’ as AHC is actually a business. ‘No one wants to come to the doctors’ so we need to have a more open mind set to accept people on tend to visit or use the service when they are ill. Feels the NHS has forgotten its purpose of helping those who need it rather than running as a business. Both NHS workers and patients are all human. • Agree it will be useful to share the appointment protocol as much as possible. All new patients will receive this but can also share this on social media, in reception etc. • Kathy queried if we have heard of Okra – looks into technology vetting for security/data and health care perspectives. Kathy had call with them which used diabetes as an example as a great validated tool for patients. LF/SH will look into this. • ‘A smile would go a long way’ • Discussed recruitment and challenges of finding the correct person. • SH to present results from patient survey at the next meeting. SH explained how our survey was based on the nation survey s we can benchmark across nation – national survey sent to such a small population which doesn’t represent reality. 	
Telephone Queuing System	<ul style="list-style-type: none"> • Have had some problems with the queuing system i.e. has been 35 in the queue but has cut out getting to number 5. Frustration often builds as a result of this. 	

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	<p>Kim to email LF will number so LF can investigate further.</p> <ul style="list-style-type: none">• All appreciate this is due to a number of slots each day and SH confirmed due to a maximum safe capacity.• SH explained recent developments and comparisons vs local practices regarding the queues and how well AHC is performing. Now also have a call back option as well as having a queue system as nothing more. We have pushed to use the NHS app as much as possible to free up the phones.	
What's next?	<ul style="list-style-type: none">• SH has queried if someone would like to join the PCN PPG meeting which meets once a quarter – only one needed to attend as is a chair of each PPG. No volunteers yet.• Next meeting we will aim to identify a chair, a secretary to take minutes and discuss next steps and what we can achieve together.• Next time may meet virtually to try and help those who are unable to attend. SH will send email to all those previously interested.	