MINUTES OF CROSS KEYS SURGERY PATIENTS’ PARTICIPATION GROUP (PPG) ZOOM MEETING HELD ON FRIDAY 3 FEBRUARY 2023 AT 11.00 AM

In attendance: Denys Williams Chair. Peter Yoxall. (Practice Manager (PM) Anita Templar. Judith Young. Sue Ashdown, David Torrance, Teresa Lawrence, Nick Oakley, Maggie Kaye, Marian Purdy. Clare (Phoenix Health PCN)

Apologies. John Speller, Rose Williams, Dr, Ally Wilson (Partner). Deb Dobson. Jane Padwick, Shelley Jennings, Stephen Reading,

**Opening Remarks.**

1. **Minutes of last meeting**. Agreed.
2. **Matters Arising**.
	1. **PCN The PM to advise patients about the availability of the new services and appointments.** The PM will advise meeting on this at the next agenda item.
	2. **PM to give Sue’s phone number to Jessica to help prepare an article for the PUMP**. The PM had passed on Sue’s phone number but she had heard nothing from Jessica. **Action. PM to chase Jessica re matter.**
	3. **Appointments. Chair to continue to laisse with the Practice Staff and arrange another PPG meeting if required.** So far, he has heard nothing and we would discuss appointments under the Agenda Item 5.
	4. **The Chair to invite the PCN Manager to a meeting so she can advise of PCN roles and activities**. The Chair said we have Clare with us today who is one of the PCN Pharmacists. Many of you will know here as she was previously the Manager of Lloyds Chinnor.
3. **Primary Care Network (PCN).** Clare told us about the Community Pharmacist Consultation Service (CPCS). Currently patients are referred via NHS 11 but this has been expanded so that patients can be referred to a local pharmacist via the CPCS by their own surgery. The NHS CPCS was launched by NHS England on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients’ homes. The service helps to alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this. Clare said that it has been used very effectively in the Marlow area and our PCN has been slow to introduce the scheme. But with Kate, who used to be the Pharmacist at Little Lloyd in Princes Risborough, are working closely with our local Pharmacies to develop the CPCS. There is a list of conditions that can be treated under the CPCS and the referral would follow a triage by the receptionist. For example, head lice, threadworm, coughs, colds, sore throats and allergies. Children under the age of 2 cannot be referred to the CPCS The information will then be sent to the appropriate pharmacy and the pharmacist would either arrange a face-to face appointment or a telephone consultation. Following the consultation, the pharmacist could carry out a number of actions, for example, sell an appropriate product, provide advice, further refer to a minor injuries clinic or refer back to the surgery. If the patient is referred back to the surgery, they will not lose their place and the referral will be red flagged so the patient does not have to start the process all over again! Whatever the outcome, a message goes back to the surgery to update the patients’ medical records. Clare went on to say that with Kate they are working closely with the pharmacies to identify their capacity to support CPCS to ensure they themselves are not overloaded. Training has taken place for the reception staff. Feedback from the scheme has shown that the outcomes for has been as good as though treated by GPs or practice nurses. The main challenge is getting patients to be aware and accepting of this scheme. Anita asked if the outcome of the consultation would be fed back. Clare said yes and added that the pharmacist would only have access to a patients summary care record if they had chosen to share it. Anita said she was pleased that Clare had referred to a triage process. Sue reminded that information is key and we had to let the patients know about this scheme. To that end the Chair asked Clare if she could write something that could be inserted into PCN and Practice’s websites . It could also be sent out in the next Practice Newsletter. Sue mentioned that when she receives her Practice Newsletter, she has it printed out and distributed around various locations in Chinnor. **NOTE CPCS for our Practice is still in the infancy stage and we will be advised when it is up and running.**

**Action. Clare said she would write something suitable for patent information.**

1. **Routine Practice Matters.** The Practice has recruited a new salaried GP, VictoriaMargesson, who had been a locum with us. She is taking over Dr Golde-Brammer’s list and for her first 3-4 months she will be on reduced workload to help ease into her new job. Two new phlebotomists have been recruited, one started on 1st Jan and the second on 6 Feb. They are looking to recruit a new receptionist. No progress has been made on ‘sign posting’ and no launch date has been decided on. Nick asked if the Practice could now do blood analysis since we now had 2 phlebotomists. Pater said that blood samples still had to be sent to the hospital for analysis. Nick commented that, in the past, his blood tests had been carried out by nurses. The PM explained that although the nurses and Health Care Assistants (HCA) can take bloods, it was more cost effective to use the phlebotomists rather than nurses and HCAs.
2. **Appointments.** The Chair introduced thisitem by saying he frequently pops into the surgery and chats to people out and about. The feedback is invariably that once they get to see/speak to a clinician the treatment is excellent, the challenge is to get that appointment. Previously, the Chair said he was able to monitor the daily availability and take up of appointments. This is no longer the case but today for example, there were still telephone appointments available at 1030. Things have got easier over the past few weeks but there was still no response from the Partners although Dr Ally Wilson had previously said it was high on their agenda at a previous partners meeting. Without trying to put the PM on the spot he asked if he had anything to add to the availability of appointments and any changes to the appointment system? PM commented that they had been running short of about 200 appointments per week but with better doctor availability this shortfall had been rectified. This had taken the pressure of the receptionists and doctors. Rachel, the Reception Manager, continues to monitor the situation.PM is hopeful that patients will find it easier to get an appointment. There is also more availability of appointments via the PCN which will be giving the Practice an extra 54 slots per week.. These appointments are provided by an online service LIVI. Their web site is www.livi.co.uk. Please note that at present you can only use this service via a booked appointment from the Practice. The Practice is looking to better utilise some of the LIVI appointments on a Saturday to ease the Monday morning booking pressure. The PM gave a breakdown of a typical GP session: 3 Online appointments bookable in advance or on line, 6 Phone appointments two bookable in advance, 2 face-to face appointments 1 bookable in advance, 1 patient review, 1 complex appointment and then 4 extra faces to face for those that the GP has decided needs a face to face following an earlier consultation. Marion said that one of her friends had been singing the praises of a locum doctor, Dr Yule??, the gentle giant. The Chair said that patients can always provide feedback via the website [www.iwantgreatcare.org](http://www.iwantgreatcare.org). It’s a good thing to provide positive feedback on the Practice. To conclude the Chair said it was encouraging to hear about the greater number of appointments and, hopefully, this will result in less pressure on all the staff and particularly the receptionists. The Chair asked the PM if there was any way to gauge the number of appointment requests that cannot be met. On a daily basis? For example, recording by what time of the day when the receptionists have no further available appointments.
3. **Chinnor Matters.** Marion said that the service from Lloyds Chinnor was not too bad. She also hoped that with the extra doctor appointments that the closing of the Chinnor surgery on a Friday pm could cease. The PM said there were no plans to open the surgery on a Friday pm.
4. **AOB.**
	1. The Chair reminded that Lloyds Chemists are changing their name. It appears that each branch will adopt a new name. Importantly for patients, there is no change to the ordering of prescriptions Lloyds are their designated pharmacy. Clare said she and Kate were monitoring the situation to help to avoid any problems.
	2. Sue mentioned as a Parish Councillor she wanted to be put in touch with Unity health. She said the quality of information coming from Cross Keys was excellent. She asked if she could be put in contact with Unity Health PM said he would get Lesley, Unity Health Managing Partner, to contact Sue. **Action. PM to ask Lesley to contact Sue.**
	3. Maggie said how helpful the receptionists have been through this challenging time. Always polite and cheerful. . Anita seconded Maggie’s remarks and said you could even sometimes get a joke or two out of them! PM said Rachel was listening in the background and she would pass on your kind comments to the reception team.
	4. Chair said that he had comments from people, who had signed up for Patient Access and the NHS App, that they were still waiting to be given full access which requires a sign off by their GP. PM said that the paperwork was coming through and the Partners had been discussing access. PM is waiting their decision.
	5. The Chair said he had inherited the Chair some 6 years ago. Throughout this time, he had struggled to get more members to make a more representative PPG of the patients. Sadly, despite best efforts we have not achieved that. He is disappointed more individuals are not prepared to become more involved in their health care provider. As taxpayers we are paying the Practice to provide us with a service. It is like being non-executive directors to a company trying to hold the Practice accountable. Chair said he was happy to continue in his role and asked if any other member was interested in taking up the job. Members were more than happy for him to continue!
5. **Date for next meeting.** 28 April 2023.