MINUTES OF CROSS KEYS SURGERY PATIENTS’ PARTICIPATION GROUP (PPG) MEETING HELD ON THURSDAY 18 JANUARY 2024 AT 1200 NOON

In attendance: Denys Williams Chair, Dr Lucy Guest (Partner), Ann Lukas (Practice Manager (PM)), Rachel Gray (PM), Anita Templar, Teresa Lawrence, Deb Dobson, Sue Ashdown, Shelley Jennings, Judith Young, Stephen Reading, Everyn Daley.

Via Zoom, Maggie Kaye

Apologies. Rose Williams, Jane Padwick, Nick Oakley, David Torrance, Marian Purdy.

1. **Minutes of last meeting. Agreed.**
2. **Matter. Arising**.

**Appointments.** The Chair had provided the PMs with a patient view on the new appointment system. The PMs had included this in the latest newsletter and the Practice website.

**Primary Care Network (PCN).** The Chair reported that following the Berkshire, Oxfordshire, and Berkshire (BBO) Integrated Care Board (ICB) with PPGs that Phoenix Health will now welcome PPG representation at their board meetings.

1. **Routine Practice Matters** Rachel said that the Newsletter would be published quarterly and input welcome. The Chair commented that he has provided a ‘Patients View’ and he said he would welcome input from other PPG members. Dr Dushan Hettiarahchi (Hetti) is now a new partner. One new GP was unable to continue with the Practice due to domestic reasons They are now recruiting to fill this GP vacancy. There is now a new phlebotomist who works 4 mornings a week and does addition sessions in reception. We now have an IT administrator which will help the PMs trying to fix IT issues. Chris McGhie, paramedic, assists the duty doctor. The Practice will use the ‘Family and Friends’ feedback system. Patient will receive a text 24 hours after their appointment to encourage to info on their appointment experience. The Chair reminded the meeting that they can also make comments via www.nhs.uk/services/gp-surgery/the-cross-keys-practice/K82021/ratings-and-reviews. Shelley asked how many patients the Practice has? Answer 14896 or for big hand 15K. There was then a lot of feedback from the PPG members on how much the service had improved over the last few months. **Action.** Chair to advise PPG members when notified input required for Practice Newsletter
2. **Appointments.** Rachel gave a breakdown on the daily/weekly appointments . This shows that a doctor will deal with about 35 patients a day. In addition the duty doctor/paramedic will action 40 consultations on Tue-Wed-Thur and 60 on the Mon and Fri peak days. On average there are 6 doctors on duty per day. Chair asked what happens what action can the receptionists take when all the appointments have been allocated. Rachel explained that the patient is asked about their symptoms and, if considered urgent, the patient could be directed to the duty doctor or NHS 111. NHS 11 triage the patient and then direct them to appropriate care. In some cases, this is back to the Practice(normally the duty doctor). Rachel then explained that there is now greater flexibility between face-to-face and phone appointments. The receptionist or the patient can decide what is a more appropriate type of appointment. This change reflects the fact that many phone appointments end up with the doctor wanting to see the patient, i.e. taking up 2 appointments! The Practice is still waiting to hear when the Community Pharmacy Consultation Service will be introduced. ([NHS England » Referring minor illness patients to a community pharmacist: new referral pathway for primary care networks](https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/referring-minor-illness-patients-to-a-community-pharmacist/)). This will help Practices deal with minor ailments but the pharmacist can refer patients back to the Practice if they think that is appropriate. The Practice is looking to change to a triage system of appointments in the near future.This will, hopefully, ensure patients are directed to the most appropriate clinician within a reasonable timescale. The Chair said it would be helpful if the PPG could review and comment on any change to the appointment system (i.e. triage) before it is introduced. This was agreed at our meeting on 20 July2023. **Actions. PMs to advise Chair before the changeover to triage system. Chair to arrange a PPG meeting to review proposed procedure and help identify potential snags.**
3. **Primary Care Network (PCN) Update.** The PCN supprtd the Pratice and the services they provide are summarised in the attached Annex. Their website is at [Home - Phoenix Health PCN](https://phoenixhealthpcn.org.uk/). The PPG Chairs have a further meeting with the PCN on 31 Mar.
4. **Chinnor Matters.** Sue said that the service provided by both the Practice and the local Pharmacy had improved and she was getting good feedback. She was trying to be able to join the Unity Health PPG as she wants to provide feedback in her role as a local councillor.
5. **Challenges for 2024.** The Chair introduced this item asking that we look at ways to support the Practice.
	1. **He had suggested that he would like to see more people making better use of the NHS or Patient Access Apps** - like it or not, our lives are becoming more digital! Rachel said that the numbers signed up to receive texts or emails is only about 1500 i.e. 10% of the patients. Anita said she would like to see more training available to help people get used to the apps. (Note, we are hoping the PCN can provide support in this) Whilst transitioning to greater digital use, we must remember that a significant part of the elderly population is not IT savvy. There were suggestions that we could go out and talk to local groups e.g. U3A, WI or residential homes. This would also be helpful in also explaining the changes to our primary care services. Deb suggested making use of FACEBOOK to help spread the word. **ACTION Anita to contact U3 and Evelyn to contact local WI to find out if they would be interested. Chair to post an article on local FACEBOOK.**
	2. **How can we get the PPG be more representative of the patient population?** Our PPG is mainly comprised of ‘senior citizens ‘and does not represent our younger, diverse patients. It is not an arduous task to come to quarterly visits.
	3. **'I want to see a doctor'.** Encourage patients to realise that 'I want to see a doctor' is not always needed when often other more appropriate clinicians are available. As Primary care takes on a wider range of healthcare clinicians, the first port of call need not be the doctor. When a triage system comes on the line the reviewing clinician will be in a better position to direct patients to the right clinician.
6. **AOB.**
	1. Shelley and a couple of other members commented that they had not received the last Newsletter electronically. The Chair had the same problem and had to ring to get one. Anita said that the Newsletters were not in a good visible position. **Action PMs to review NEWSLETTER distribution.**
	2. The Chair advised that he had spoken with local pharmacies about drug shortages. This is a national problem and widely reported in the papers. When a drug is not available the pharmacist has to get the patient to go back to the doctor to find an alternative. This is time consuming for both parties.
	3. Chair said following BOBICB PPG meeting, PPGs can have an NHS email address. This will help continuity**. Action. PMs to get NHS email address for PPG.**
	4. It was suggested that it would be helpful for the patients to know whom is on the PPG. Most members were in agreement that we could have our names shown but not contact details. **ACTION**. **The Chair will write to all PPG members to confirm they are happy to have their names on the Practice website.**
	5. The Chair asked PPG members if they could help inn the running of the PPG. He would like someone to be able to stand in at meetings when he is unavailable. He also said Chairing PPG meetings,trying to record discussion and then writng the Minutes is a challenge. He would welcome some help. Action. **ACTION PPG members to see how they can help.**
7. **Date for next meeting.** 25 April 2024 **(Note this a week alter that on the agenda)**

**Annex**

1. **Phoenix Health Services**

**PHOENIX HEALTH PCN SERVICES**

ENHANCED CARE IN CARE HOMES

Phoenix Health PCN has a growing, multi-disciplinary team who help our GP practices to care for and provide additional services to the residents of the 8 care homes in our PCN area.

CLINICAL PHARMACY TEAM

Our Pharmacy Team work closely with our member practices and our Care Homes Team to optimise the best medicines for patients by carrying out Medication Reviews, ensuring prescribing is patient focussed, safe and following the latest guidelines to produce the best possible patient outcomes.

The Community Pharmacy Consultation Service (CPCS) whereby 111 and practices can refer patients to a community pharmacy near them for minor illness and injury is being rolled out across England. The pharmacy team will link with our local community pharmacies to maximise use of this service.

SPECIALIST MENTAL HEALTH ADVICE

Our Specialist Mental Health Practitioner (MHP) is available to support and advise the practice teams on mental health in the context of complex patients, signposting, referrals to mental health teams and services, and teaching.

The MHP focusses on complex or stuck patients who fall between the current remit of services such as IAPT (Healthy Minds) and those who are cared for by Community Mental Health Teams. The aim is to intervene at an earlier stage before patients reach true crisis point and support them to maintain health in all aspects, support to readjust imbalances in physical health and in doing so hopefully increase the life expectancy of those with mental illness.

COMMUNITY SUPPORT TEAM

Consisting of Care Co-ordinators, Social Prescribers and Health & Well-being Coaches this team work to improve the health and well-being of patients who need non-medical help and support to improve their lives by sign posting to local services and offers of support, helping people who are feeling lonely or isolated, providing coaching to empower and motivate patients to adopt a healthier lifestyle. For more information on these roles see the Who’s Who section of our website.