

Heswall and Pensby Group Practice

Patient Participation Group

Minutes of Steering Group Meeting Monday 20 May 2024

Minutes of last meeting

Agreed

Presentation

The PCN lead for care homes and patient engagement attended to update the group about PCN activities and to establish a liaison between the PPG and PCN.

PCN services include:

- a. A visiting service for frail elderly people, run by a multi-disciplinary team. The aim is to ensure that patients receive appropriate care and expedite referrals to GPs if necessary.
- b. Extended access service for pre-bookable, non-urgent appointments. Early morning, evening and Saturday appointments are offered. It was pointed out that some patients have commented on social media that when using PATCHS they have been given appointments at other practices with clinicians they don't know. It was suggested that the PCN might publicise and explain the service, possibly through social media.
- c. Vaccination services in care homes. Recently 541 residents in 27 care homes were given covid vaccinations in ten days.
- d. Another patient engagement event is to be held on 27 June at the United Reform Church, Heswall

Matters arising from the minutes

Recruitment – There has been no response from Parent Associations to the invitation that was recently sent. It was agreed that with the imminent summer holidays we would revisit the matter of extending the age representation of the PPG, in the autumn.

Phlebotomy – Delays in phlebotomy appointments are due to major problems with recruitment. It was reported anecdotally that the hydration advice sent with the appointment is resulting in fewer failed procedures.

Revised dates for PPG meetings – Awaiting further information.

Update from Practice

- a. The merger with the Commonfield practice is now completed, with the clinical system merging on 17 June.
- b. Dr Guest is now a partner, based at Commonfield. There will be a new salaried GP at Heswall and Pensby.

- c. More patient co-ordinators are being recruited due to turnover of staff, mainly for promotion or career moves. It was suggested that the apprenticeship scheme might be considered.
- d. The practice holds significant event meetings which are used as learning experiences.

There were some questions/points from members:

- a. Why, according to the patient survey, is there an increase in patients choosing to go to A&E? There was no apparent reason, but the GP present said that information sent from A&E was not always prompt or comprehensive.
- b. It was acknowledged that, for logistical reasons, patients may not always be seen by the same doctor. The GP present explained that the comprehensive notes enable them to see what the previous doctors had written so there was an element of continuity. This led to a discussion about patients preparing themselves for consultations, so they can inform the doctor. There is an NHS publication (<https://www.nhs.uk/nhs-services/gps/what-to-ask-your-doctor/>) which might be used to develop an easy to read guide, possibly to go on the website and/or as a leaflet.
- c. There was a lack of clarity about the triaging process after submitting a PATCHS request. It was explained that triaging is done by patient co-ordinators, using a care navigation system designed by the GPs in the practice.

Any other business

- a. It was suggested that a PPG awareness event could be held in the practice, possibly in September.
- b. An Annual General Meeting is to be held in October.

Date of next meeting 17 June, 6pm (Zoom)