

Painswick Surgery

Notes of Patient Participation Group at Hoyland House.

Tuesday 10th October, 2023 at 15.30.

Present:

Patient reps: Anthony Fisher (AF), David Perry (DP), Jennifer Stark (JS), Sue Canning (SC).

Staff: Dr Rhys-Evans (RE), Mike Mack-Smith (M M-S), Jenny Vallely (JV), Julie Duffield (JD), Amelia Ryder (AR).

Apologies: Charlotte Tempest. (CT), Brian Painting (BP).

1	Angela Crossley and Barbara Crawford have resigned from the group.	
2	We had approached various schools and colleges offering them experience by designing a flier advertising the PPG. We had just one response from Stroud College and are due to meet them next week.	DP
3	One PPG Gloucestershire Care Primary Strategy Reference Group who undertake strategic planning are asking for volunteers to be the voice of patients and Brian Painting has been proposed by us as a member and we wait to hear if he has been accepted.	DP/BP
4	DP asked why we did not have PPG meetings with the members of our PCN. RE commented that the five clinical directors, one from each practice, wish to keep the practices independent. The feeling is that while valuing the benefits the PCN brings it is more beneficial to keep them separate and not become one mega practice. RE also pointed out that they felt that communication across the network was necessary for those directors but not for patients.	
5	RE and JD explained that it was not possible to ring patients back at a particular time. The duty doctor was supposed to contact 35 patients a day but actually reached up to 45 by mid day. 3 attempts were made by text and phone and messages left and most days this meant all but one or two of our urgent cases had been contacted.	
6	DP raised the question as to whether social prescribers were being sent appropriate patients and saved the Practice clinical time. RP told us that they had relatively few referrals but those made seemed to work well. AF commented that he knew of one very successful interaction. JD added that they seemed to work well in the area of juvenile mental health.	
7	JV explained that when our IT systems changed from Emiss to System One patient data was not transferred as the systems were incompatible. DP reported that his historic data was now available. MMS told us that in future a much wider range of data would be available. It was confirmed that patients still had to opt out if they did not want their anonymised information used in medical research and he confirmed that existing opt outs will be carried forward.	
8	The Practice had again done well in the Patient survey with the understandable exception of the ability to get an appointment when wanted. Members at the meeting confirmed that they had favourable comments from friends and neighbours.	
9	DP pointed out that on the withdrawal of the UK from the EU the EHIC card became unavailable to us. However the newer GHIC (Global Health Insurance Card) is now available offering treatment when necessary on the same basis as local inhabitants.	DP

	More information from https://www.gov.uk/global-health-insurance-card	
10	<p>JV brought us up to date with staff changes. Rachel has started on reception and replaces Mandy who is replacing Julie as head of reception. Rachel is from South Africa and has experience in medical admin. Alice is maternity cover for Baillie. Millie a new health care assistant is experienced in secondary care.</p> <p>Louise is an advanced nurse practitioner and works alongside the duty doctor each day. She can see some of the patients and is experienced in respiratory diseases and can also prescribe.</p> <p>Julie is retiring. It was commented that turnover of staff was not a problem and that unlike some other practices we had not had a problem filling vacancies.</p>	
11	<p>Louise Wilson from Longfield Community Hospice has been in touch with information about their services and has offered to talk to patient groups and possibly arrange a visit to the hospice. DP agreed to take this forward to the Patient-only meeting for consideration.</p>	DP
12	<p>RE reports hospitals are in a bad state bouncing back patients to Primary Care – no further financial help coming for the winter. Vaccination payments are down 25% from last time and fewer people are being vaccinated which means more people will be infected. While we have double the staff per patient of some other practices the 6% extra fpr wage bills has to cover twice as many staff.</p> <p>It is so good we can answer phones in 1 min but anticipate winter is going to be even more difficult than last year and patients need to know this. The waits are already too long and they are only going to get worse. RE thanked the PPG for explaining to patients the reasons for the problems.</p> <p>RE left the meeting at this point.</p>	
13	<p>Econsult still works well and most patients deal with the form well. An average of 45 new issues arise that day. The receptionists are in at 8.00 and by 8.45 they have sorted the overnight requests. Many eConsults do not need to go to a doctor. There are not that many appointments available so enquiries such as for sick notes or that can go to direct to the Pharmacy or nurse or chasing up a referral are deflected away from the doctors. The duty doctor will then triage the remainder as to degree of urgency.</p> <p>AR also added that some younger IT literate patients were were apparently reluctant to use eConsult and defaulting to phoning the Practice. It needs to be explained to them that the way the doctor receives their information is more complete than in a telephone conversation and leads to better outcomes.</p> <p>The overall message was that the Practice could not function without eConsult and while not all patients are wholly convinced, the reception team help all those who struggle.</p>	
15	Jenny will try to get a social prescriber to talk to us at the next meeting.	JV
16	<p>The next Practice meeting will be on Tuesday January 9th 2024 at 3.30pm.</p> <p>There will be a patient only meeting before that. DP will send out a poll of possible dates.</p>	DP

