(PPG) Patient Participation Group Meeting

Held on 16th November 2023

At Gun Lane Medical Centre

At 1pm

In attendance on behalf of Matrix Medical Centre:

* Emma Hassett (EH)
* Mandy Kaur (MK)
* Claire Patching (CP)
* Dr Clancy
* Dr Folorunso

In attendance on behalf of the patient participation group:

* Ian Bentley (IB)
* Josephine Bentley (JB)
* Raymond Fraser (RF)
* Gillian Jarvis (GJ)
* Marion Blundell (MB)

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| 1. | **Welcome:**  EH opened the meeting by explaining the role of a PPG meeting. The purpose of the PPG meeting is to allow patients to ask questions and provides patients with the opportunity to provide feedback to enable the practice to improve.  EH explained that we are now part of the PCN (Primary Care Network) which include groupings of local general practices. The PCN provide funding to enable access to additional services such as physiotherapists, social prescribers and mental health nurses.  At Gun Lane Medical Centre we have recently set up a LARC (long acting reversible contraception) clinic. Our GP Dr Balogun is providing these clinics on a Saturday. These clinics are available currently to Brompton Medical Centre, Matrix Medical Centre and Gun Lane Medical Centre but eventually this will be available to the rest of the PCN. The waiting lists at Clover Street to receive contraception are currently very long and therefore the clinic should enable patients to be seen quickly. The other additional services currently held at Gun Lane on a Saturday include ultrasound clinics and additional nursing clinics.  MB stated that the ultrasound clinic was very helpful for her as she was awaiting an ultrasound on her foot; she was waiting previously for three months to have the ultrasound. MB was then told she needed an ultrasound on her wrist where she was given an appointment within two weeks via the Surgimed clinics. |
| 2. | **GP Project:**  Dr Clancy discussed her and Dr Folorunso’s project for menopause and HRT provision. The aim is to have information sessions surrounding HRT to help educate patients on the information and side effects of HRT before the point of prescribing. Potentially providing nursing clinics to support the prescribing of HRT by providing blood pressure readings and weight. Dr Clancy explained that a 10-minute appointment is generally not enough time for the patient or GP to discuss all the information required. Dr Folorunso added that she has already run a session in Dartford already, which was successful. These clinics could potentially be held at Brompton and Wayfield in the New Year. |
| 3. | **Websites:**  EH explained that the websites have now changed since our surgeries have merged. CP has been making improvements on the websites and also keeping them updated with the latest information. EH explained if there is an emergency such as an IT issue, we update the websites to keep patients updated. MK explained the websites are now simplified to make it easier for patients to navigate.  Our E-Consult is also available on the website between 8am-9am.  EH added that we also have had a new phone system installed this year and requested feedback. MK explained in the last meeting the phones were an issue for some patients. MK explained that the new phone system allows you to be transferred through to the correct department, whether that be the Pharmacy Technicians or the Medical Secretaries or to the reception team.  EH asked for patients to check the websites and to provide any feedback. |
| 4. | **Amalgamation of our surgeries:**  Raymond Fraser asked how successful has the merge has been between the surgeries and what difference has it made to the practice.  EH explained that for the management team the merge has been very successful. The merge allowed the surgery to amalgamate the nursing clinics between all of our sites. This allows patients from all surgeries to have full access to our nursing clinics regardless of what site they are held at. EH explained that COVID and flu vaccinations have been easier this year as patients can choose to go to another site that is convenient for them. |
| 5. | **Referral Pathways:**  RF asked what the patients should be doing better to assist the surgery.  EH explained that there is nothing the patients should be doing better. As a practice, we understand the waiting lists at the hospital for referrals are very long. The medical secretaries receive numerous calls from patients chasing their appointments with the hospital and unfortunately, we are not provided with any pathway to chase the hospital other than the details, which are provided to the public. MK added the ADHD referral waiting time is currently 5 years.  RF asked if different surgeries or areas get priority with appointments following a referral. EH stated that we do not. Referrals are sent electronically via the electronic referral service and will then be triaged by the department that the referral was sent to who will then mark the urgency of the referral, which then determines how quickly the patient will be seen.    Josephine Bentley asked if we are linked to the wound clinic or whether we work separately as he attends three times per week however, they are always empty and he is seen directly on time. CP confirmed we are now commissioned to do some forms of wound care. |
| 6. | **Appointments:**  RF asked whether our GP’s are flexible and work across all of our sites. EH confirmed that many of our locum GP’s work across all of our sites. CP confirmed that when we merged surgeries we wanted to maintain that patients can attend their regular surgery to accommodate for all patients especially ones that cannot drive.  RF asked how many GP’s Gun Lane Medical Centre have. MK confirmed that at Gun Lane Medical Centre they have normally two GP’s per day and normally 5 different GP’s per week who work on regular days.  CP explained that by booking patients on the day rather than pre-booking appointments, we experience less DNA’s. It also means that urgent appointments can be seen on the day rather than waiting to be seen in weeks to come. MK added that as a surgery we run primarily on Locum GP’s, should a GP fall sick we can easily re-arrange clinics whereas if these clinics were already full this could cause disruption for our patients who would have pre-booked an appointment. Gillian Jarvis stated she never has any trouble to get an appointment with the surgery and can normally be spoken to that day or if fails the following day.  MK stated we have MPA who provide home visits for patients. CP added that we also have a PCN Paramedic who works with us and goes to visit our housebound patients to provide services such as diabetic reviews, foot checks, heart failure reviews, and blood pressure readings. |
| 7. | **Other Business:**  RF raised that when he come to the surgery it was difficult to speak privately with the reception team as you may have other patients in the same area completing forms or waiting to be spoken with. RF raised that it may be beneficial to have a separate area where patients can complete paperwork (such as a shelf or a clipboard) to avoid patients having to lean against the reception.  MK added that we can certainly look into adding a shelf on the side for patient prescription request.  MK added that at Gun Lane Medical Centre they are having electric doors installed, which will be automatic making the surgery more accessible for patients. |