Minutes of Meeting = PPG

**Attendees**

* EL – Healthwatch Kent
* JM
* AC
* VM
* D = Reception supervisor
* KG
* Dr Ghandi
* PC
* Py Cole

**Apologies**

PW, UB, JT, JS

**Minutes**

1 **Apologies and attendees were noted**

2 **Minutes of Last meeting**

LB ran through the minutes of the last meeting and reminded people of the actions and any outstanding matters.

Wider discussion on the need to share information about self care and how we get the messages out to the community.

3) **Practice Update** – Dr G reminded people about the e-consult and in person options. Some issues with people taking home the paper forms and posting them through the door at the weekends or photocopying them. Practice emphasised the need for people to fill it in at the practice on the same day.

JM noted the lack of confidentiality by talking through your problem at reception.

Dr G said there was a need for people to realise it’s not just a GP they will see other health and care professionals.

The triage system means the most urgent cases get seen on the same day. The benefit is we can talk to other health professionals in the same place to make decisions on treatments. There are now Saturday appointments as part of enhanced access supplied by the GP Federation.

VB asked how many requests on E-consult before it was limited – Debbie said 300 people in a day on average, which they couldn’t work through safely enough. 200 e-consults are considered a safe amount. Still taking phone calls. People’s communication needs are met. Blood Tests can be done via a link, Smears and Childhood Imms all done via the website.

11 December – 13 January – 13.500 calls including e-consult, 2,264 F2F appointments given.164 Appointments where people didn’t show up. PyC have you looked in to why that is, for example COVID vaccine where you get a text from national NHS and need to cancel a local appointment?

Had to use a lot of locum Drs, we cannot recruit to salaried GPs, as there just aren’t the people wanting to be a partner. Libby suggested the PCNs could set up Bank Staff to save costs on agency fees for locums. Further discussion on the need to help people to understand. PyC asked how we get the message across to people on things like Diabetes care – checks over the phone etc. Need to make the outcome clear and have more empathy with patients’ different needs.

**4 Health Day – called Health and Wellbeing**

LB presented the proposal for the Health Day. All agreed that would be a good idea.

EL suggested Oral Health support, and Hypotension group. NHS App support.

PCole – this could help us to reduce some of the Facebook noise.

Dr Ghandi, mentioned about specific health conditions and early recognition support Arthritis, menopause etc. LB suggested we ask people at the Health Day if this was something they would like to have.

**5 AOB**

Py C – Are you still battling post COVID, is this busy time going to be permanent – Dr G – not sure as practice is getting people with more anxiety. Mental Health is a big issue. Access to MH support for children – EL said it was very lacking and it would be a ticking time bomb.

PC – Introducing the new telephone line has been great, you know where you are in the queue. Is there anything you can do to not cut people off at lunch time, perhaps an overlapping team. Reception team said they would look into it. Surgery is open at lunchtime for in person contact. That 1pm down time is so we can catch up with the actions from the phone calls.

VM spoke about the BBC News article about the receptionists that get so much abuse. Debbie confirmed this happens at the practice.

There’s a culture of panic with no self care and general lack of common sense, which is worrying.

**LB to ask ICB for information to support public to make health decisions**

**Date of next meeting – 15 February 2023 at NAG Sports Centre.**