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| **Minutes of Patient Participation Group (PPG) Meeting**  **Held on Wednesday 28th April 2022**  **Central Canvey Primary Care Centre** | |
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| **Those Present:**  Samantha Baulch (SB)  Barbara Adams(BA), Norman Crampton(NC), Joan Logan(JL)  Barbara Westropp(BW), Jennifer White(JW), Jackie Brown(JB) (Last 30 Mins)  **Apologies:** Tom White, James Rhind, Paul Senior | |
| 1. **Welcome and Introductions**   Meeting started at 18:30. Sam welcomed all to our first meeting since the pandemic. |  |
| 1. **COVID-19**   Sam discussed the changes the practice has faced since the pandemic started.  Since March 2020 the practice has worked in line with NHS England and local clinical commissioning group (CCG) guidance during the pandemic. Personal Protective Equipment (PPE) and cleaning slots after each face-to-face appointment have been in place since the start of the pandemic and our cleaning regime is in line with infection control policies. In March 2020 routine GP matters were suspended for as per CCG instructions and we operated as an urgent service. During this time, to help reduce patient footfall the practice email address was texted to all patients who had a record of a mobile phone number, this was also done to help reduce the amount of extra telephone calls we were receiving at this time. Making the email address accessible to patients did create extra Admin workload as we then found that we were having lots of people contacting the surgery for minor illness advice, which they would normally have visited the pharmacy for. The practice received daily reports of covid positive patients, some of these patients were placed on the “oximetry at home “clinical pathway. In March 2020 all non-urgent appointments were cancelled, and the practice started using a triage service, this helped ensure that only patients that needed to be examined or seen face to face would be invited into the practice and this helped us protect our patients and staff alike. We agreed a continuity plan with another local practice which enabled us to be able to share staff between each practice should any practice find themselves without enough staff due to COVID infections. BW mentioned that when she attended the practice the waiting room was empty, Sam advised that during the pandemic all face-to-face appointments were staggered so that we could follow social distancing rules.  Most covid restrictions have now been removed, however, due to backlog of work we are still running a partial triage service but if covid infections continue to fall there are plans in the very near future to return to a pre-covid style booking system. |  |
| 1. **Patient Survey**   Sam discussed the June 2021 patient survey results. We discussed the methods for distributing the survey and Sam advised that the survey was posted on the practice website for completing online, paper copies were left with each clinician and reception area for patients to complete by hand and a link to complete online was sent to patients via SMS.  The survey results showed a lower percentage of patient satisfaction than the previous patient survey and mainly showed concerns around telephone contact and patient confidentiality in the reception area. These points were discussed in detail along with the changes that the practice has made with the telephone system and creating a larger free space around the reception desk to give patients more privacy. Sam felt that the maybe the survey was a reflection on patients’ frustration with the changes made to general practice contact during the pandemic. NC asked when the next survey will be, and Sam responded that that this will be some time after June 2022. |  |
| 1. **Staff Training,**   JL was interested in what training the non-clinical staff receive.  Sam advised that all non -clinical staff are yearly trained in Basic Life Support, Defibrillator use, Anaphylaxis, Safeguarding, Care navigation, Confidentiality, Fire evacuation, GDPR, Infection control equality and diversity, Health and Safety etc. Staff also have specific training in regards their relevant roles such as Prescribing clerk training, Coding and summarising records, Practice Management, Human Resources, results management etc.  On the first Tuesday of each month, the practice is closed from 1pm for our monthly Time to Learn Sessions. The staff have a group meeting where we can discuss any new changes, patient complaints, processes, and any significant events.  After the meeting the staff are then place in a training session, these can be either online, in house or and a local venue. |  |
| 1. **Surgery Updates:**   Sam informed the group of our new team members and explained their roles within the practice.  Nurse Gaynor Thompson.  Emergency Care Practitioner Aaron Hughes  First Contact Practitioner Rob Farey  We can now also refer patients to the Link worker and Social Prescriber for help with any social issues.  Rachel Baqai is now back in surgery after her long-term sick leave.  Jackie Brown is now a Practice Partner alongside Dr Ana Linacero-Gracia and is remaining as our Practice Manager. |  |
| 1. **Any Other Business**  * Online services were discussed, and NC could not find any details on the practice website. Sam assured NC him that it is on the website but agreed to check later. * Website was discussed and BA suggested that we add the practice website address to our noticeboard and TV screen. (This is currently out of action) * Surgery patient check in screen was discussed and Sam informed the group that this is no longer working and was voted out of relacing due to cost and the practice decided that patient funds were better placed in patient health. * Sam advised of our new self-service patient POD, which enables patients to attend surgery at any time without an appointment to perform BP checks, Asthma reviews, Health Checks etc. * It was noted that some staff do not always give their name. Sam advised at all staff should be wearing a name badge, it was suggested that a name plaque be place on reception so that patients know which receptionist they are speaking to. * Surgery newsletter was discussed, and Sam asked if any members had any suggestions for our next newsletter.   **\***Personal medical matters were used as reference by some during this meeting, and these comments have been omitted from the minuets as it is deemed appropriate to minute these\*  MEETING ENDED 20:30 |  |
| **Date of next meeting: To be arranged.** |  |