**Patient Participation Group Argyle St Surgery**

**Minutes of meeting held 09.09.2024.**

The meeting was held at Argyle St Surgery

**Present:** Rose Blackburn, Victoria Clare, Dennis Evans ( Chair), Kay Macken, Maria Williams,

**Surgery Members**: Judith Scourfield, Dr Bhari, Dr Harriet Power, Shona Hay, Ceri Ralph.

**New PPG Members**: Phillip Bowen, Suzanne Cole, Paul Evans, Paul Jones, Jane Lee, Jacky Perkins, Tony Upfold

**Apologies:** Claire Francis, Justine Hendy, Lucie Jane Whelan

Dennis opened the meeting and thanked everyone for attending, he welcomed the new members, and everyone introduced themselves.

4. The minutes of the previous meeting were accepted. Maria Proposed the acceptance and Rose seconded it.

Dennis then explained that in the past the PPG had been a much smaller group and that due to the larger number it would be necessary to follow some strict ground rules.

Dr Bhari gave a brief outline of the surgery. He explained that Argyle St had formed by the joining together of 3 practices, they currently serve 25,000 patients and have 4 partners, 6-7 salaried GPs. He had a presentation that he would share later in the meeting.

5. Matters Arising: A conversation was held regarding the surgery receptionists and the difficulty the experience dealing with the public, sometimes facing harassing calls and the way that the system works. Judith explained that it can be difficult and stressful as they can only offer what there is to offer. Training is mainly in house training and that the support that is available is mainly colleagues and practice manager. Some training is giver regarding handling and how to cope with difficult patients. At previous meeting it had been suggested that role play could be introduced to the training program, this has not yet been done but was being considered. The number of same allocation appointments available are dependent on certain factors. These could be the number of recall appointments that day, and the number GPs on that day. The nurse practitioners are available as are call back consultations, but some patients are just adamant they must see a GP. Receptionists try their best to understand and work with patients as much as possible.

Paul explained the training that is undertaken in the Ambulance service and Shauna stated that COVID had slowed the training in the surgery down. Tony asked if it was possible to speak with other PPGs in the area and seek some information about their training programs. Dennis explained that we were the only PPG in the south of the county.

Tony questioned if there was internet access to the availability of the appointments in the surgery, such as “Hotel.com “ and he shared an experience he had been told by someone who’s mother failed to get an appointment and he called into surgery and she was given one. Might that be a system that could work for the surgery. Judith said that they couldn’t be compared to Hotel.com.

A question was asked from Sarah Scourfield via Maria. How had the new PPG members been chosen? Dennis explained that aprox 17 had applied and that was very encouraging, but it had been decided to consider 8-9 initially as new members, those present had seemed to be the most suitable and were interviewed by Dennis and Judith and it was felt that each new member had something to bring to the group and were accepted. Dennis had contacted all those who were not accepted and suggested they could re-apply if they wished to.

Paul explained that although he was a Town Councillor, he had explained to Sarah that he had joined the PPG as an independent member, hoping to bring some support to the group. Dennis explained that the group had originally been mainly councillors it had moved away from that some time ago.

Some discussion was held as to whether the group should have some change in members after 2 years serving. Dennis felt that this could be considered but that sometimes this happens a natural way.

6. Dr Bhari shared a presentation regarding demographics, geographic and types of long-term illnesses which the surgery manages. The running of the surgery and the relationship with the Health Board. The comparison with other areas around Pembrokeshire and some parts of Wales and further afield. An interesting fact was that 69% of homes in Argyle St catchment area are deprived, compared to 59% in Milford and 58% in Haverfordwest.

He explained that a typical GP Day was taken up with some planned appointments, phone consultations, reading patient documents, signing 300 prescriptions, return appointments and providing sick notes, and any other problems that may arise. The question was asked if there was a channel to challenge the signing of repeat prescriptions. Tony asked if prescriptions could be made for 2-3 months? Dr Bhari explained that it is a legal requirement that Prescriptions are signed by a GP. Although this has changed in England since 2004 it is not the case here.

Jackie asked if missed appointments (DNAs) could be offered by computer access. This would be difficult as they are only known because the patient has not turned up. Rose stated that not everyone is IT literate so excluding several people with this system. Was the surgery advertising the number of DNs but Judith explained that they are only able to say the % of DNs experienced in the surgery.

The question was asked if it was possible to have a sit and wait evening system introduced? Dr Bhari explained that this would put tremendous pressure on the evening GP and felt sure that younger GPs would not welcome this. Dr Pointer stated that 10 minute appointment slots which were supported by the BMA meant that her concern if any more pressure put on GPs would inevitably mean that diagnosis could be missed and mistakes could be made. The surgery could lose its licence.

Dr Bhari shared that relationships, trust and satisfaction becomes a problem if the pressure to expand the numbers seen daily is introduced. Tony said that big is not always beautiful and was there a case to reduce GP numbers, Paul asked if the problems were due to the budget allocation Dr Bhari answered “no” and that less GPs with the same number of patients would not work. Rose sated that in Cardiff the surgeries are not so stretched, and they receive more money per head of patients. Discussion around this took place. Dr Bhari explained that if the surgery decided that they could no longer manage to provide the service they would have to hand the contract back to Health Board and they would then manage it. This has happened in a couple of areas in Pembrokeshire. Also, he explained that the Health board is £150 million pound overdrawn and many Hospital Doctors and practice GPs are choosing to go abroad to work. Judith added that everyone in the surgery works very hard and no matter what is going on everyone does the best they can. Dr Bhari also said he believed the surgery was making a difference to the lives of the patients.

Jackie asked about unfiled positions and Dr Bhari explained that they had recently lost 2 GPs. They have interviewed and had hoped to appoint a GP from abroad but gaining a visa for him has proven to be a challenge. He is keen to come but the surgery will have to complete more forms etc.

The challenges for recruitment are many including bad publicity, the economy of this area, and depravation issues and the long-term illnesses that need a great deal of regular support. These are all factors that any GP looking for a position considers.

Tony asked what was the best way to tackle the problem of recruiting GPs, would offering incentives or higher salaries be a way forward? Would this help the appointment system and encourage more GPs. Dr Bhari explained that even when there were 20 GPs in the practice the appointment system was still a problem. There would always be persistent offenders who demand appointments, and you cannot ban people for this. Judith asked Tony what did he think. Tony said that he didn’t know but that he ha questions that hadn’t been answered and were not on the agenda for tonight, he would leave his questions for the next meeting. In reply to this Dennis stated that one thing we can do is educate and disseminate the information that we have heard tonight He explained that one person who had been very critical about the surgery had met with himself and Judith and had through that meeting become much more aware and understanding. Judith said that she welcomed anyone who wished to meet with her and discuss problems they were experiencing.

Victoria said that people in the arts club were negative and against the surgery, she did not know how to handle the negativity. Maria asked if a leaflet could be printed and available in the surgery containing information about the surgery. Jayne thought that many would not read it and would still demand to see a GP. Maria shared that 2 weeks ago she had a HTI and there were no appointments and so it was suggested that she go to the pharmacy who were very helpful. She has also had good experiences when she has been offered an appointment with a DN. People need to be educated about alternatives other than just seeing a GP.

Dr Pointer shared that she found the comments very difficult and upsetting and some had become personal, also burnout were all contributory reasons to GPs leaving.

Dennis suggested the position of Vice Chair be considered. However, Maria proposed Paul and Tony seconded. This position was accepted.

Tony reminded the Chair that he would leave his questions to be taken to the next meeting. He also asked if a member of the group could sit in during the busy AM time to observe the system and the problems. Also would it be possible for the group to have an informal meeting to discuss that PPG role. Judith said that may be possible but would look into it. Dennis said he would look at a way of providing this opportunity too.

The date of the next meeting November 4th.

Dennis thanked everyone for attending.