

Thursday 16th January 2025 Patient Participation Group Meeting Minutes

Time & Location: 19:00 George Clare Surgery

Agenda:

1. Recruitment
2. Constitution
3. DNA Figures (Did Not Attend)
4. Group Consultations (Dr Shirin Howell)
5. Local developments
6. British Medical Association General Practice Collective Action
7. New Chair
8. AOB
 - a. Date of the next meeting (March 2025)

Present PPG Members: Ron Hodson (Acting Chair), Mike Quinn & Richard Angood

George Clare Surgery: Mary Hutson (Social Prescriber), Melissa Morley (Practice Manager) & Dr Shirin Howell (GP Partner)

Ron Hodson thanked everyone for attending. No apologies received from PPG members.

1. Recruitment:

- a. Reception – We are currently advertising and interviewing for the ongoing Reception vacancies. These have been vacant since around June due to 1 staff member relocating and 2 staff members progressing into different Departments. As a Practice, we encourage our Team to progress but backfilling their positions has been a challenge and impacted on other departments.
- b. Asthma/COPD Practice Nurse – We are currently finalising candidates to arrange interviews for the position of Asthma/COPD Practice Nurse to aid with the growing numbers and high demand. We have advertised for a temporary position for up to 12 months with a view to long-term.

2. PPG constitution:

- a. The PPG constitution has been updated with the kind support of Ron Hodson. Melissa Morley asked the group if anyone had any comments on the update. Richard Angood asked if there was much different to the previous. Melissa Morley commented that we had had requests for a copy of the constitution which she had discussed with Ron Hodson as acting Chair and it was felt it was not as in depth as previous versions. Ron Hodson kindly supported with this update and discussed with the group the updated constitution.

3. Did Not Attend figures:

- a. Melissa Morley asked if the group had any feedback/thoughts on moving forwards due to ongoing high non-attendance. All patients are receiving 2 to 3 texts prior to their appointment. Mike Quinn asked if we could take any actions for repeat non-attenders. Dr Shirin Howell discussed the difficulties

around this and that unfortunately there is not really any action we can take other than reminding patients to cancel their appointments.

4. Group Consultations:

- a. Dr Shirin Howell discussed with the group how we have found our group consultation project so far and the difficulties we have experienced. We started our focus on diabetes offering 3 free sessions with a Nutritionist to patients. We also tried evening menopause lifestyle/nutrition groups but found the uptake very low. Attendance unfortunately dropped off massively for the diabetes group after the first consultation. We are in the process of readjusting what we are doing. We are currently exploring whether we can get people with diabetes a Libre blood glucose monitoring machine from the representatives for 1 meeting per week for 4 weeks to see how they are reacting to certain foods. Richard Angood asked if it is because people do not want to come. Dr Shirin Howell explained she felt it is possibly due to people being more reliant on medication than looking at nutrition and lifestyle changes. Richard Angood asked how often the groups were run. Dr Shirin Howell explained we had 4 weeks of 2 diabetic groups per day initially and we are now down to 3 groups out of the original 8. We are regrouping and seeing what might work better moving forwards, taking on board any patient feedback. We are looking at doing some of the regular annual diabetic reviews in a group format, hoping to have groups of 8 – 10 patients. All patients will have had beforehand an appointment with the HCA for diabetic foot check, blood test, blood pressure and weight. Richard Angood asked if we were seeing both type 1 & type 2 diabetic patients. Dr Shirin Howell confirmed type 2 diabetic patients only.

5. Local Developments:

- a. Our patient numbers are slowly now starting to go up. Richard Angood asked for a ballpark figure on what we think is our maximum. Both Melissa Morley and Dr Shirin Howell explained that clinical recruitment right now is okay but space is the issue and we would need to explore the need for further space with the building owners but there are potential ways to expand if needed. As our patient numbers grow, funding should also increase. A lot of the newer developments have Section 106 money now being allocated which is positive, although we are aware that a number of previously agreed developments did not have this.

6. BMA Collective action:

- a. Dr Shirin Howell and Melissa Morley discussed the recommended safe working; limiting the number of patient contacts in a day to a set amount and increasing appointment time lengths to ensure clinicians are working safely. We have been doing this at the Practice for a few years now. We are safely starting to push back on hospital work too. The Practice is not paid for, for example, monitoring PSA (patients with slightly raised prostate results). Where we are being asked to monitor patients on behalf of the hospital every 6 or 12 months, we are going to push back and serve 3 months notice to the

hospital that we will not be continuing to do this work. No one is currently commissioned to do this work in General Practice and most GPs are going to be doing this which will in turn push the ICB to look at funding, monitoring and whose role it is. We need to look at all funding streams at the Practice, it has got to be safe and it is not currently safe funding wise.

7. New chair:

- a. Melissa Morley discussed that Ron Hodson is kindly acting as Chair following the departure of our previous Chair to a new location. Mike Quinn asked how long Ron Hodson had been chair. Ron Hodson has previously been chair for 18 years. Mike Quinn offered to relieve Ron Hodson from his position and the group agreed to the new chair.

8. AOB:

- a. Richard Angood raised how pleased he is with the service he has received from the surgery.
- b. Ron Hodson felt that those who have complained, once more has been explained, they are understanding.
- c. Mike Quinn felt that communication is key.
- d. Ron Hodson felt that more patients are jumping to defend the Practice where there have been negative comments on social media, although this seems to have reduced significantly recently.
- e. The Practice is currently looking to implement an SMS service for patients who have their medications dispensed by the surgery to inform them when their medications are ready to collect.
- f. Richard Angood commented that he felt it was sad that not more people attend the meetings. Mary Hutson felt that drip feeding this information works.

9. Date of next meeting:

- a. Wednesday 19th March 19:00 at George Clare Surgery