

Patient Participation Group Notes

SEPTEMBER 2023

1. **Attendees** – Sue Hague (Chair); Chris Hudson; Pam Wright; Sheila Whetton; Joan Bramley; Sandra Bridge; Cathy Hickton; Pam Smiley; Paula Elliott (PE Practice Manager); Karin Ward joined for her presentation; Dr White joined for part of the meeting.
2. **Apologies:**

*Margaret Breeds;*

*Patricia Chambers (and also apologies for the last meeting omitted in error) – resigned*

*Lynda Hewitt*

*Martin Liddle*

*Michael Varley – potential new member*

**ACTION** *– PE to phone those people who we post information if they plan to participate and if it is to do with access to the top floor. ?Any ground floor rooms or lift accessible rooms in the locality we could use for free or cheap hire?*

1. **Privacy Notice** – Draft policy for discussion – passed with local amendments.
2. **SPLW –** Karin Ward – started 1st May here but in the role for over a year. Karin covers us and Calow and Brim.

Suzanne now left the organisation.

* Shared copy of leaflet
* 22 on waiting list at the moment with a 16/17 week wait due to staffing levels. Target is 12 week turn around.
* Referrals are received from GPs and pharmacists, then triaged and put on waiting list.
* Barriers – can't get into surgery due to mobility or mental health so the SPLW do phone calls and home visits. The first challenge to building trust.
* Triggers for referral – suffering with mental health - mild to moderate not complex, socially isolated, weight issues etc
* Bereavement – Cruise is 6m wait; Sue Ryder starts quite quickly. So when triaged these people are sent information to try and support them whilst they are on the waiting list.
* Elder Friends are struggling for volunteers so quite a long wait.
* NHS Check and Chat – a scheme where you get 3 phone calls a week for a month;
* Other organisations: Let's Be Friends; Bright Lights; Safe and Sound; St Vincent de Paul; Live Life Better Derbyshire;
* How is the Befriending service monitored as those befriending sometimes need as much support as the referred patient? Via Derbyshire Volunteers Association – they run the checks and monitor.
* SPLW help people integrate in groups
* Figures: 2 in April, 13 in May, 4 in June, 3 in July, 5 in August.
* Current Brim Surgery Patients caseload for the 2 days Karin works is 33 patients.
* Once pts gain confidence and then form their own networks which is what the SPLW's aim.
* You get up to 8 sessions and some don’t need this.
* Live Life Better Derbyshire (LLB) – Dr referred one of the PPG to them; LLB referred them to Queens Park and this was in April and have heard nothing. Told on the waiting list but not heard anything.
* U3A £13 per annum
* Please let Karin know about the groups – [Karin.ward1@nhs.net](mailto:Karin.ward1@nhs.net)
* Case Studies presented:

1. A Patient with arthritis and poor eyesight – discussed the Health Living Centre; Live Life better Derbyshire – 12-week course; Connected to U3A; Sight support Derbyshire supplied some visual aids
2. A Patient with ADHD and dental issues who was new to area and not employed or in education so connected to a dentist; ADHA drop in café at Sorbo Lounge; Princes Trust training program and referred to Sleep Station as pt not sleeping well
3. Stroke pt – recently bereaved, incontinence service referral; carers wouldn’t put shopping away as not in time remit – spoke to 2 social workers to have extra time added to their care package to do this; back of house unmanageable; no independent travel arrangements; very bored and wanted to work from home; Applied for Garden Asst scheme but they don’t do weeds they do lawns and hedges; Social worker referral to get ramps etc made, but 73 cases to be heard and this pt was number 69. Gold card and Blue Badge applied for; Disability Support Service involved as the patient can offer telephone support from home.
4. **Pt feedback - (standing item)**

Family & Friends – still high satisfaction rates

National GP Survey – reviewed together including comparisons with 2 other local practices <https://gp-patient.co.uk/patientexperiences?practicecode=C81058>

1. **Surgery News – (standing item)**

Staffing:

2 GPs are going on Maternity leave soon; we have Locum cover from Dr Mark Blagden; Dr Johnathan Smith and Dr Emma Withycombe.

Trainee Nurse Associate – Heena is training and will soon be able to do Phlebotomy; BP; Spirometry; ECGs.

ARR Laura our new pharmacist has not settled in Primary Care and is returning to Secondary Care.

Patient Co-Ordinator Team – Hollie is now a qualified GP Assistant however she is moving away and leaves in October. Sammy who used to work in Reception and then Admin and left prior to the pandemic returns to replace her as she is also now a qualified GP Assistant

Discussed Room Capacity – issue regarding funding for this. We have created one extra clinical room and a further space that should be suitable for the Pharmacy team.

Flu & COVID clinic – after a few hiccups from NHS England we will be undertaking the Autumn booster COVID vaccinations at the same time as the flu clinic.

There are likely to be mop up clinics however these are yet to be planned as we do not know what the take up will be like.

We are doing a PCN survey and PPG members are kindly coming to help with this at the Flu Clinic – it is a bit lengthy but as it is PCN wide we are unable to alter it.

1. **Social prescribing walking group update** – going very well and attracting peoplefrom out of our area.
2. **Any other business**

Query – can anyone else use the dermatascope to look at skin issues?

Dr White informed the group of the following:

Anyone can use it however, it is about the interpretation and this would be Dr White or Dr Whittaker who have done extra training. Not all lesions need this.

All GPs are trained to look at lesions, but they might refer on to Dr White or Dr Whittaker.

Nurses have had some limited training on skin cancers and if they had a concern, they would get someone there and then to have a look, or sort out seeing someone.

It is possible to send in a photo especially if another GP has seen it and wants Dr White's review. However the quality of the photos are not always good, but gives some indication of priority. Photos of rashes can be easier to diagnose.

Not a quick 1 min appointment as history and family history needs to be taken.

Do people decline to tell Patient Support Team what the issue is – yes.

Our aim is for a patient to be seen by the "right person in the right time at right place" and without information we are unable to triage. The Patient Support Team on Reception are not clinical however, they are trained and several have over 20 years' experience.

1. **Date of next meeting:** *11th December 2023 – 10.30am*

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