

**MINUTES OF A PATIENTS REPRESENTATIVE GROUP
MEETING HELD ON 8 JUNE 2022**

Present: Perry Anderson, Brian Bell, Janet Copeland, Jan Leftley, Lesley Marginson, Pat Osbourne, Sheila Drury, Morag Keddie (Deputy Practice Manager)

Action

1.	<p>Welcome and Apologies.</p> <p>Perry welcomed everyone to the meeting and introduced the Deputy Practice Manager, Morag Keddie.</p> <p>Apologies received from Dave Dopson and Jane Green.</p>	
2.	<p>Practice Update</p> <p>Perry advised that things are beginning to get back to normal, but not yet at pre-pandemic level. Telephone appointments were around 5-10%, now 50%. This takes away 15% of overall appointments, because some telephone appointment patients need to then be seen in person. Some practices are still only offering telephone appointments. There are no specific national guidelines that surgeries must open and there is a chronic shortage of GPs.</p> <p>Still dealing with Covid, currently seeing 3 or 4 cases a day but at the peak was 70/80 a day. With everything the practice has had to cope with over the last 2 years, now trying to catch up with routine. All 4 doctors who retired (Dr Williamson, Dr Procter, Dr Jackson and Dr Litchfield) have been helping out. Practice staff have been brilliant in a constantly changing environment.</p> <p>Hospitals are so far behind, primary care is having to deal with it. Neurology has a 2 year wait and new ADHD referrals are taking 3 years. Currently 7,000 beds nationally have Covid patients.</p> <p>A question was raised about Monkeypox and Perry advised that NHS guidelines have been received and it is now a notifiable disease. The smallpox vaccine gives some protection against it and preparations are being made to give mass vaccinations. However, unlike Covid, Monkeypox can only be caught by touch.</p>	
3.	<p>Staffing</p> <p>Dr Grace Barden will become a Partner on 1 July. Dr Barden has been working at the practice as a salaried doctor and did part of her training at PHMG.</p> <p>This will give 7 partners, 2 salaried doctors and, currently, 3 trainee doctors (one is due to leave in July).</p> <p>Our Physician Associate, Francesca Davies-Meyers, is leaving to join St George's Hospital. It had previously been decided to employ a second Physician Associate to work alongside Francesca and Lauren Neal will be joining part time in September and full time from November. Lauren has recommended someone who Perry has since met and they will be interviewed again by the doctors in the near future. Having 2 Physician Associates will give an additional 60-70 appointments per week.</p> <p>Giselle Fenwick, Practice Nurse, is retiring after 22 years but will be available on contract to help out with vaccine programmes.</p>	

	<p>A couple of the admin staff are leaving to take up roles at the airport, which offer more money. Interviews for an administrator and 2 receptionists are taking place next week.</p> <p>The Diabetic Nurse, Wendy Owen has left and Hilda Blankson is taking over that role. Dr Williamson is doing a weekly diabetic service. Dr Wykes is now fully trained up to offer a diabetic service and she will train up Dr Barden.</p> <p>Perry will arrange for the website to be updated with all these changes as they occur.</p>	PA
4.	<p>New Build</p> <p>Perry explained there has been a problem with shared parking between the new surgery and new primary school. The developers had underestimated the size of the practice and the number of students and they have recognised there is a parking flaw. They are in discussion with the county council and are hopeful of a positive solution in a few weeks. However, there will be a year's delay in total.</p> <p>The cost of building materials has gone through the roof and what was a cost of £2.2 million is now £3.4 million. The NHS has been very understanding and will contribute.</p>	
5.	<p>Q & A</p> <p>The following are answers to questions raised at the meeting:</p> <ul style="list-style-type: none"> • The practice made the decision in December to cap the number of patients. A year ago there were 16,100 patients registered with the practice, that has risen to 16,650 now. When new patients contact a surgery, the surgery refers them to the CCG who will allocate them to a practice. This may not be their nearest one but spreads the allocation. • CCGs are being changed to an Integrated Care Services approach. • Paperwork from hospitals is constant and patients return to the surgery when there is a delay in hospital treatment. More patients are now going private because of the long NHS waiting times. • Pre-pandemic non-diabetic hyperglycaemia patients had been monitored and blood tests arranged. This increased our diabetic patients and we have 900 pre-diabetic patients being monitored. • A pharmacist now works at the practice on Fridays and she mainly looks after 150 of our patients who are in care homes. She reviews and manages their medications and monitors them if they need blood tests. She also reviews new residents as they go into a home. We would like to expand the pharmacist's role to take over general medication reviews and give a more holistic approach. <p>With end-of-life care, medication does not necessarily stop; this will be a joint discussion with the GP, patient, home staff and family.</p> <ul style="list-style-type: none"> • There are 3000 new training places nationally for doctors and the way they train has changed. Previously, trainee doctors would only work in a GP 	

	<p>practice towards the end of their training, now they will come as early as year one.</p> <ul style="list-style-type: none"> • There are more university courses for Physician Associates. Previously students had to undertake a 3 year undergraduate course followed by a 2 year Masters, now it is a 4 year course. • When the new surgery does open, GPs will split their time between both surgeries. There will also be a super minor injuries unit at Copthorne. • This year the winter Covid vaccinations will be administered with the flu jab and we aim to have 4 or 5 big clinics. PHMG is top in Crawley for Covid vaccinations but Crawley in general is lower than the national average. 	
6.	<p>Minutes of the last Meeting & Matters Arising</p> <p>The Minutes of the meeting dated 22 October 2021 were approved.</p> <ol style="list-style-type: none"> 1. It was agreed that the PRG be kept small but to look for virtual members. Perry has identified 200 patients with a mix of age, gender and ethnicity and he will make arrangements to contact them. 2. Perry will invite a member of the new build Project Management Team to give a presentation at the next meeting of the PRG. 3. Perry will email the new build plans to the PRG, with a hard copy sent to Janet. 4. Perry asked for a volunteer to be Chair of the PRG. Sheila agreed to do it if there were no other candidates. Morag kindly offered to take Minutes at future meetings. 5. Perry was asked how the PRG can be of help to the practice and the following were suggested: <ul style="list-style-type: none"> • In-surgery surveys • Mock CQC inspections • Patient engagement re the new Copthorne surgery <p>It was agreed that rather than having leaflets in the waiting areas, notice boards could be used to inform patients of services as required.</p> <p>The last Friends & Family survey gave a 95% satisfaction rate.</p>	<p>PA</p> <p>PA</p> <p>PA</p> <p>SD/MK</p>
7.	<p>Date of next meeting:</p> <p>Wednesday 17th of August 12 - 2</p> <p>It was agreed to continue with Wednesday lunchtime meetings every 2 months with lunch kindly provided by the practice.</p>	