MINUTES OF CROSS KEYS SURGERY PATIENTS’ PARTICIPATION GROUP (PPG) ZOOM MEETING HELD ON FRIDAY 25 NOVEMBER 2022 AT 11.00 AM

In attendance: Denys Williams Chair. Peter Yoxall. (Practice Manager (PM)). Dr, Ally Wilson (Partner). Anita Templar. Judith Young. Jane Padwick. Sue Ashdown, David Torrance, Teresa Lawrence, Nick Oakley, Maggie Kaye, Shelley Jennings, Stephen Reading, Deb Dobson.

Apologies. John Speller, Rose Williams, Marian Purdy.

**Opening Remarks.**

1. **Minutes of last meeting**. Agreed.
2. **Matters Arising**.
	1. **Accountable Doctor.** The Practice website has been amended to reflect the change to Accountable Doctors. Patients who are 65 and over or in a disease group (at risk) will be allocated a usual GP. All other patients will be allocated a generic GP and will be able to see any of our clinicians.
	2. **NHS and Patient Access App (NHS/PAApp).** Whilst a lot of people are signing up for these apps training is required. The Engagement Steering Group (ESG) has also realised that further training is required for both patients and practice staffs and are undertaking to develop such. The Chair reported that the take up of these apps is 52% nationally, 61% in Bucks and 59% at Cross Keys Practice. The aim is to continue to grow their use but to get full functionality, training is required. Nick asked what was wrong with the old ‘Appointments on Line’? The Chair advised that this wasn’t linked into the wider NHS practices and NHS systems. The NHS/PA apps allow you better to monitor all aspects of your health as you can see test results, review of consultations etc, so your can better manage your health. In future all your secondary appointments will appear on the apps. Shelley asked ‘did you require both apps?’ Chair advised you only need one.
3. **Routine Practice Matters.**
	1. **Staff**. There were 2 GP/Partner vacancies and adverts are out. One admin staff member is looking for a position closer to home. They are in the final process of recruiting a phlebotomist and she should be starting in January.
	2. **Receptionists.** The Practice is looking at a software package which should help receptionists’ signpost patients to the most suitable healthcare professional.
	3. **Primary Care Network (PCN) and Enhanced Access (EA).** The enhanced access is slowly coming on stream. Initially it has been used to help with the Flu and COVID clinics. There are now face-to-face physio appointments available on a Saturday. At the moment these are for 4 hours but, when another physio is being recruited, there will be 8 hours of treatment available. There also, hopefully be starting in February Saturday dressing clinics, this will take the pressure of the district nursing team and our own staff on a Friday. There will be an extra 5 GP sessions per week. On Mon, Tues, Thur and Fri these will either be from 4-8 pm or 6-10 pm and 9-1 on a Saturday. The 5 sessions will be shared amongst the 3 Practices in the PCN (Cross Keys, Unity Health and Haddenham). It is also helped to resume health checks. Finally, there is flu vaccine still available for the 50-64 old age group. Let anyone know if you can. The Chair commented that included what was going to be discussed Item 5 PCN Update. The PCN is now starting to deliver more services which will be welcome. He asked if the appointments would be solely telephone. PM said he understood initially yes but, where required and possible, it could transition to a video appointment. The remote GP would have access to the patients’ medical record. They will be able to prescribe but not adjust patients’ current meds. This decision would have to come back to the Practice. Shelley asked how these appointments will be booked. PMs aid he was in discussion with the other 2 Practices in the PCN to ensure an equitable distribution and that on the day appointments are available. Chair suggested that when the detail became clear the Practice publish the details on the website and let patients know in a text/email. Sue wanted to publicise the PCN information in the PUMP (Chinnor local info). PM asked Sue if it was OK to give her contact details to the PCN Manager Jessica. **Actions. The PM to advise patients about the availability of the new services and appointments. PM to give Sue’s phone number to Jessica to help prepare an article for the PUMP.**

1. **Appointments.**  The Chair introduced this item to say there had much press and tv coverage of the appointment problems with n primary care. Quite simply demand outstrips demand, exacerbated to a shortage of GPs and the extra demand placed on Primary Care by the huge backlog in secondary care. The Chair had written to the Partners on this topic, and as this was only 3 days ago wasn’t expecting a response yet. He invited Dr Ally to give us a feel of what the Partners thought of the situation She gave us a very candid reply highlighting the fact that they had lost 3 or 4 GPs due to the high workload. They were frustrated that they couldn’t always treat those who were old and vulnerable as they would like. They will continue to their best whilst managing the staff’s workload. The GPs were often working late or at weekends trying to deliver a service to the patients. The Chair commented that, unlike many other local surgeries we do not have any form of triage. Dr Ally was hopeful that the new proposed software will help receptionists’ signpost patients to the right clinician or advise self-treatment. The Chair commented that this would stop people making any appointments on line as on the receptionists could action this programme. Judith asked how many GPs were we down at the moment. PM said that the lost GP’s sessions were currently being covered by locums. Sue reiterated the importance of communication in a written form which was more likely to read by the elderly. Stephen raised concerns about how the confidentiality and management of a triage system. Whilst he supported the concept of triage, he was concerned about how a patient could speak to the receptionist about their condition in a private way. The Chair said that the Practice was currently examining proposals and there were a number of different models out there to be considered. Whatever system was decided upon, there will be challenges for certain sections of patients. However, the system must ensure the sick, elderly and vulnerable have equal access. Dr Ally said that they had a Partners Meeting the following week and Appointments was the main topic. The Chair asked if the PPG could be involved before any changes were made and has a view of any software that may be introduced. Dr Ally agreed that the Chair and PPG members would be able to see the process software before any changes were made. The Chair brought the topic to a close saying he was happy to have another meeting, if required to discuss further appointments**. Action. Chair to continue to laisse with the Practice Staff and arrange another PPG meeting if required.**
2. **PCN Update**. The PCN update was covered in Item 3. **Action. The Chair to invite the PCN Manager to a meeting so she can advise of PCN roles and activities.**
3. **Chinnor Matters**. The surgery continues to be closed at short notice due to staff availability. Nick asked now that Dr Neale was back was Dr Khan still working at the Practice. PM advised that he has taken on Dr Spanswick’s list whilst she is on maternity leave. He also asked if the shortage of doctors was caused by a lack of funds or people? PM said it was a lack of GPs.
4. **AOB.** Sue told us abbot the revision to the Chinnor Neighbourhood Plan. They are going to reach out to their community in a variety of ways. They will be asking residents about their experiences of the local schools and surgeries. She said they would provide feedback on the responses. The revision will be a slow process and could take up to a year. She felt this could help with the development of our Practice. Currently, there is lot of dissatisfaction with the Surgeries and the pharmacy. They do have an elderly population. She stressed the importance of communication but felt what she had heard today was very positive
5. **Date for next meeting.** 27 Jan 2023. But will have an extra meeting to discuss appointments if required.