

PPG Meeting 8th June 2023

Present: Millie, Gillian, Keith, Sam, Diane H, Terry, Ian, Diana R, Clare, Julie, Lucy, Emma,

Apologies: Andrew Gravells, Chris Rogers, Dr Chris Hower, Siddharth,

Venkatanarayanan,

The meeting opened with Millie welcoming everybody and introduced two new members Diana Rowles and Julie Joyner. Current members introduced themselves.

Matters Arising: Staff supervision was raised and Ian explained that six monthly “one to one” supervision was now in place and monthly meeting with departments was taking place. These are called “WWW meetings” Whats gone well? Whats not gone well? What do we want to do differently? A question was asked about the possibility of raising a concern anonymously? Ian said staff could and there is a staff suggestion board to raise issues and concerns. This has followed on from the improvement programme that the practice engaged in earlier. Millie asked if this had improved the communication within the staff team. Ian said that staff retention is very good at the moment and he is focused on having a happy team.

The eye screening bus coming to the car park, has not materialised to date. Diabetic eye screening is available at county level. It does visit the Tuffley Rovers carpark.

Feedback from patients, was asked about. Ian explained that text messages were sent in May to 100 patients with 12 responses, he is looking to increase that to 200 in June and hopefully get a better response rate. Of the twelve, nine were positive and three were negative. There were learning outcomes so a positive engagement.

Ian reported on the previous three months, another GP has been recruited Dr Patel who has been a locum, he will work seven sessions a week. This brings the team up to strength and excellent news, one GP will be on maternity leave and a locum will cover her hours. Over the last twelve months a corner has been turned in terms of recruitment. Keeping the practice an attractive place for people to work is key to success. A physio has started at Hadwen and at the sister Quedgley Medical practice. Two additional patient advisors will be recruited and the turnover of staff is very low. Two information sessions on Menopause and Diabetes, the first has 30 attendees and the 2nd only has 3 attendees. There are more in the pipeline. Mens health was suggested as a topic. A frailty session was also suggested. How many full-time Dr's were in the team was asked, Ian explained that 8 sessions was classed as full time and went through the figures for each Dr in detail. The team meet every morning and clinicians have the opportunity to discuss cases they have concerns about, with fellow clinicians which is a very good intervention. The waiting time for patients has come down and GPs can work remotely when there is a increased demand.

A relationship with a company that recruited locums allows Ian to turn the service on and off as demand dictates, this and the successful recruitment of GPs has put the practice in a better place. GP's can choose when and where they wish to work so making Hadwen Health a attractive place to work is key, Hadwen has 80 members of staff currently. The main source of income is the NHS but other sources of income have to be developed. Hadwen provides the health assessment for children in care, this has been running for 10 years now. Private income is required as the NHS income has not risen with staff costs and other costs. Admin teams have to be in place to facilitate these contracts. The board

room is not hired out commercially unless they are a commercial company able to pay for the facility. The roof has solar panels and there is a plant room where a battery stores energy from the solar panels.

Nurse students are now offered a placement as well as the GP training placements. This brings youth and energy into the team as well as getting the practice known.

The acute respiratory hub is run at Rosebank, this has acute respiratory specialists. This offers additional appointments to those patients who have had an acute respiratory episode in the last three weeks, to be seen at Rosebank.

The booster clinic have been held at Hadwen now as pop up clinics, a Sat and Two Wed pm clinics. Flu clinics are now in planning phase and will happen in Sept this year. Patients can now book in times slots. Covid clinics worked well, hopefully these will finish now.

Healthy workplace with Healthy Lifestyles in progress. The average wait time for a routine appointment is around two weeks. Appointments can be made at the desk as well as by phone. Urgent appointment on the day are best requested by phone so the triage on call team can offer the best service. Home visits was asked about, the on call team deal with these, one GP does urgent home visits. Wasted appointment was asked about, Ian says it is still a concern but has improved.

More people have phone appointments now but some do not answer the phone, that is difficult to gauge and measure. Is the patient given one chance to answer was asked, Millie highlighted this issue as both home and mobile numbers are on the patients notes. Is there a list of the phone calls not answered? We hope patients will ring again if there have a missed call recorded on their phone. One example was shared which hadn't gone well initially.

Community pharmacies should be doing a lot more for minor illness. This work has gradually increased in their contracts. Children with eye infections is a typical case in mind.

Ian was thanked for his report and Millie and members are pleased with the progress that Hadwen is making especially on the continual improvement front.

Millie shared that Lloyds pharmacies often located in stores such as Tesco and Asda are closing. Some areas of the county will be left without a community pharmacy for miles in more rural communities.

Online services can be difficult to get hold of when issues arise. The staffing costs for a 100 hours pharmacy is very high now. Home delivery is very common but it is a free service and adds additional cost to the pharmacy.

Millie updated on the PPG Network meeting which outlined the Community Mental Health Transformation which is being rolled out. This is the biggest change in 50 years, this is about putting the patient at the centre of all round care, listening to the patient and working with voluntary groups and identifying the contributors to mental health. If a person is unhappy with their job they could be helped with wider social issues to improve their mental health.

Health inequalities was another project that highlighted the work of eye health with homeless people, who now get tested and provided with glasses and other eye health issues that impacts on their lives.

We had a presentation from Support for Veterans, Hadwen is a accredited practice, What does this mean for Hadwen patients? Ian explained that patients are asked if they have a forces link either themselves or their family link. All new patients have this coded on their records, they can then be referred to appropriate services. The County Social prescriber has access to charities that provide timely services. Millie explaining there is training for practice staff that Hadwen can avail of to ensure staff are up to date with the current support available.

Living well was the last presentation where health inequality was identified in each of the district areas and looking at solutions such as luncheon clubs or transport for vulnerable people to enable them to engage with services that can improve their wellbeing. Frailty is the new buzz word of enabling people to age well and maintain their independence. Millie has a questionnaire for anyone who had need to refer to social services in the last month, than Millie can forward a to them.

The age of consent for children was raised by Clare, this was discussed at length as the age of consent was thought to be 11 years, this has now been researched and shared with members. Ian said he will look at the policy of the practice and update the guidelines for staff training. He will feed back at the next meeting. Clare and Lucy are happy to help with approving the document.

Children who use their Parents mobile no, this has to be turned off at the age of 11 years and ordering prescriptions has to be done by paper or phone, so not using the online service which Parents would normally look to do.

Non verbal children or those with special needs will be dealt with on a case by case basis.

The issue of members who don't attend was discussed and Millie was asked to contact the persons concerned and take it forward on an individual basis. 3 or 4 meetings missed was a reasonable basis for asking the question of attendance or stepping down from the PPG.

Sam asked about medication shortages, the community pharmacy was unhelpful. Was there feedback from patients and what are the challenges to this issue. Ian said yes there was but it was outside the control of Hadwen Health. The law says the prescription has to be followed as it is written. The in-house team can help in some cases. Some medication can only be reordered in a certain timeframe.

Ordering wound dressing was an issue for patients, at Hadwen only the district nurse could reorder, other practices don't have this restriction apparently, Ian will look into this and feedback at our next meeting.

Millie thanked everyone for attending and contributing.

Next Meeting Wed 13th Sept 6.30pm