

PPG 15<sup>th</sup> December 2022

**In attendance**

Diane Hook

Danielle Perkins

Harriet Kanen

**Patients in attendance**

Eric Gater – walkden medical centre

Aled Owen – walkden medical centre

Marlene evens – walkden medical centre

Derek Cummins – walkden medical centre

James Nutall – walkden medical centre

Zaha Torr – Manchester road east medical practice

Need wifi password for next meeting

D.C mentioned extended services LH extended access not stated where it is located, missing from previous minutes.

D.C mentioned for all participants to have name tags

D.P still looking into posters advertising PPG – awaiting confirmation to get banners printed.

E.G asked if advertising PPG in local papers.

D.c say notices of ppg in practices aren't very well noticed

D.P lots of notices in waiting room not noticed.

D.C unless not been to gp for a while you would look.

M.E lots of people don't want to volunteer for ppg difficult to approach f2f for people to attend.

A.O times agenda

### **WINTER PRESSURE**

D.P explaining gp winter pressures, cold, flus, coughs, strep a. extended access – may be diverted to extended access. DP explained usually in gp house but now government changed to extended access for GP, HCA, pharmacist – looking into adding extra appointments during the day time (core hours)

D.H explain all surgeries allocated certain extended access appointments each week.

D.P if apps not gone before time of appointment can offer other surgeries appointment at extended access.

M.E can you get f2f

D.C GP app doesn't say f2f

M.E is it just triage? Gp app – not sure if it can be f2f booked, long time to book – at least 3 weeks

D.p worried over online triage app – people don't have access to internet – online apps not being released.

D.C wanted f2f – no facilities on app to book f2f, most time tel call is adequate, but wants to be able to book gp f2f online via app.

M.E says should say on app if you want f2f to select.

D.C takes a long time to get through to book f2f

M.E difficult to book f2f on app

D.H cleggs lane would give apps on the day.

Z.T unhappy with length of tel calls and service provided from surgery

D.H if communication has broken down you have the right to change Gp

Z.T has complaints re family members

E.G several tel calls to Dr Wright – very happy

D.P explains has same time for f2f and calls

M.E agree tel calls enough time, no complaints

D.H all gp will ask to see you f2f if needed.

D.C agrees, was invited to attend f2f

D.H all records are electronic and every doctor can read notes from previous appointments.

A.O footfall – going to confuse people with all different digital ways

D.P+D.H all came very quickly due to covid, everyone had to get used to it, GP's were working from home also and doing telephone calls from their home, this was a good thing as patients were still receiving medical attention

D.C downside, puts pressure on GP's who are already under a lot of pressure – worried re Gps, admin, managers retiring

GROUP DISCUSSION. Re all staff doing each persons jobs due to sickness/retirement.

D.H + D.P all hours worked – emails on holidays, laptops at home.

M.E struggles working so many hours due to peoples health

D.H if more people attended ppg's would make more information accessed – need more posters as per beginning of meeting

D.P new building houses and apartments – no new surgeries being built.

M.e government pushed for new houses but no new gp practices.

GROUP DISCUSSION re extra buildings no space, boundaries for gp practices.

Z.T if gp near by and no space

D.P gp practices have to get permission from NHS England to close books, has to be if patient safety is compromised. Usually, can only close for 6 months.

D.H practices will have waiting lists to join but unable to refuse patients joining, special circumstances gps can refuse previous patients re-joining if gone through correct roles for patients to be removed from books and they want to re-join.

A.O my gp adverts for paid fees – not right

D.H my gp is sponsored through adverts

Z.T would adverts be spam?

D.H all verified and the only way my gp is paid for so patients don't have to pay for the app.

Winter pressures, increased demand, strep a extended access

Explained by D.H + D.P

Reception ask what appointment are for and can refer on to pharmacy etc.

D.P explains minor ailments – what you can be seen for – minor ailments referral explained.

D.H explains could have to pay for minor ailments.

Apps data last 4 weeks 27/10/22-27/11/22 – f2f and tel calls.

M.E what does spct stand for

D.P Salford primary care together, figures are from multiple sites

D.P been given all data from all gps in area

M.E reassuring so many f2f appointments given out

D.P explains information is given to make people aware gps are seeing patients f2f

D.P lots of practices changing tel calls to f2f if patient needs to be seen rather than telephone call.

D.H also ANP, HCA, PN all seeing patients every 15 mins too.

D.P physio available, also mental health

M.E have to wait for physio apps

D.P had 2 physios now only have one due to appointment not being used. PCN paramedic on a learning course for 2 years, hoping to extend to other practices and roll out in the new year.

The limes and the gill struggling to get new buildings ready.

We have gone from a CCG to GMICB – awaiting budget sign off.

Now at GM level, who takes priority on.

E.G can we not get local mayor involved

Z.T local counsellor Barbara Kelly?

D.C re chart apps, why do some have more than other.

D.P try to stick to 9% of population

D.C does it matter on location re appointments

D.P all depends on list size, need patient list size on all charts re apps – everyone agrees.

All patients agree lots of gps digital, lots of patients are struggling with digital.

D.P explain all data is pulled from NHS.

M.E asks is the data from chart published

E.G would it be divided between nurses too

M.E data should be published to give people information as lots of people think they cannot see the gp.

Group discussion Re DNA's

D.H people working the system, attending each week, poorly people out there not getting in touch.

M.E people still think they can't get appointments with gp, some people not capable of picking the phone up, happy with tel calls in the past, people need to be aware of f2f appointments.

D.H ultrasound, mental health etc now local, no payment for parking etc.

E.H lots of local services removed and put back to the hospital, doesn't make sense.

D.H all pharmacist now in Gp practices.

E.G deaf patients need f2f – a lot of people don't know this can happen, all patients need to know what facilities are available.

A.O gets partner to contact gp to book appointments.

D.H services you can text for deaf people to text and they will call and book appointments for patient.

E.G should be on notes for communication preferences.

M.E + E.G patients need to be aware

D.P all gps have on each patients records how to communicate – figuring preferences for each patient, possible text/email/letter

D.H can arrange interpreters, sign language, other languages etc

A.O communication pack for patients to point at pictures – not at walkden medical centre-been taken away

D.H explains what the communication pack is for and where it should be.

ANY OTHER BUSINESS

A.O patient expectations, ppg notes, what the ppg is

D.P patients used to take paracetamol for headaches, not patients are ringing gps with headaches before even taking paracetamol

D.H all staff trained in care navigation

M.E wont change people for calling gp/999 for things not really needed.

D.h explains care navigation.

E.G experience at walkden is fantastic, all patients from walkden medical centre agree.

D.P all care navigation if documented on patients file

D.H if some people have to pay they are not happy

E.G could this be taught in schools.

Date of next meeting?