

PPG Meeting Thur 29th Sept 2022 18.30

Present: Ian, Dr Chris, Jo, Sam, Diane, Terry, Millie, Chris, Gill, Sid, Clair, Lucy, Cheryl, Keith,
Apologies: Andrew, Emma

Millie welcomed everyone and introduced two new members, Clare and Lucy. Suzanne has resigned and Millie has thanked her for her service on the forum.

Members introduced themselves to the new members.

Millie reminded members of the Roll of the PPG and more importantly the "Membership Code of Conduct" notable the one saying "not to use the forum for personal agendas or complaints. These should be taken forward through other appropriate channels"

Ian gave us an update on the business developments in the practice, one GP has been persuaded to stay and a new GP is joining. The team consists of 80 people in total. A new pharmacist is coming which increases the pharmacy hours overall. GPs work remotely doing phone and video sessions. A long term locum will be here until the end of the year. An additional nurse is joining the team, who has sexual health qualifications so this will free up GP time. The auditing of the getting the right patient seeing the right staff member at the right time continues. A Consultant will be supporting the practice to achieve good outcomes for patients, with this accelerate programme.

Cruise bereavement is doing 4 sessions at the practice. Glos Healthy Lifestyles are running a Weight and Go sessions at the community centre. 50 people turned up to the first session and ongoing support is provided. PCNs work together, Hadwen's PCN has the highest no of care home patients with a care plan in place which is 80%, the average in Gloucestershire is 44%.

The PCN has the highest no of referrals to the Social Prescribers, of which, there are now 4 employed at Hadwen. This takes work off the GPs. making good use of these staff.

Patients are referred to Healthy Lifestyles by the social prescribers.

Patients have a choice of a telephone, video or a face to face appointment. Urgent cases are always seen on the day.

The issues was discussed where a patient didn't need a same day appointment but likewise was unable to wait 4 weeks for a routine non urgent appointment. Jo is aware of this issue and tries to work around it, The difficulty is to find 7-14 days appointment in the system. Staff will continue to work on this issue.

The problem of a 'no walk in service' on Sundays was raised and we were advised to contact the Integrated Care Board to raise awareness with them. Mums of very young children find the phone consultations a great service to get advice there and then and not having to bring very young children to the practice.

111 is the service to give advice on how to access services.

Millie reported that the Living Well Course is now ready to be rolled out in Nov/ Dec. The content of the course was outlined.

The issue was raised of the long waiting time for phone calls to be answered, this gives the public a poor impression of the business. It was suggested that a call back system be looked at and the staff will look at this suggestion going forward. The budget is an issue, having had a 2.1% increase from the Government this year.

The progress on enabling online appointments to be made by patients was raised: here the issue is patients making appointment to see the wrong health care professional to meet their needs, which Hadwen is trying to reduce. Annual reviews are bookable by text and this is being rolled out further to include follow up Dr appointments.

Messages from the website offering appointments have increased the "do not attend" numbers.

Emails are answered by Jo and two supervisors. E-consult was abused by patients and therefore discontinued last year. The email response is working well and gives positive feedback. Screening is by text recall and bookable by text.

COPD and Asthma reviews are combined in one longer app. The appointment when made, stops a letter going out. The questionnaire for well patients with chronic conditions negates the need to have a face to face appointment.

The item of patient feedback will be dealt with next meeting due to time restraints, all members were asked to bring their ideas forward next time.

Do blood tests have to be ordered by the Dr where one was missed previously, the answer was yes but do contact the practice. PSA testing is being looked at. The message from the Dr is "Don't do a test if it wouldn't change your management"

PSA testing was raised and there is a leaflet sent by text to the patient. Medically there is good argument for not having a PSA when no symptoms are present.

The options of treatment available for enlarged prostates was discussed, there are two drugs used, one that relaxes the muscle and one that shrinks the prostate. All other interventions are offered and options discussed by the Consultant Urologist at secondary care level. Prostate Artery Embolism was mentioned and can be a intervention of choice for some and can be accessed in Oxford.

Fasting Blood test are limited so a non fasting blood test is routinely offered. The practice has a machine which gives a HbA1c which give an instant readout from a finger prick. This need to be backed by laboratory tests but is an accurate test to inform on progress. Blood tests requests go out without the patient being aware of why they need a blood test. How many of these are going out to patients? This is helpful feedback and Dr Chris will take it forward. Consultant led blood requests are able to go to Edward Jenner. GP requests are done at Hadwen.

The option for faster surgical treatment hubs was discussed, after 6 months patients should be offered an alternative service provider. This is a hospital responsibility and people were advised to contact the Integrated Care Board as when you find a service you need to be referred by the GP and start back at the beginning of the waiting list. There is a telephone number available called Hospital Customer Care Line to contact and this information is available on the website. The PALS Team is also very helpful with issues of this nature.

The issue of recording B/P in the practice and at home was raised and good to know there is a move for patients to take responsibility for recording and being aware of their own B/P , which is a good indicator of health.

The relationship with the Pharmacy was raised and patients have been stopped from ordering from the pharmacy to reduce drug errors. There are three ways of ordering medication, online on the NHS app, on Hadwen website by email or by paper request. The time for prescriptions being ready start when the request is picked up by Hadwen.

We discussed a suggestion of offering a choice of dates to members, all felt this was just too difficult and time consuming. We try to meet alternate months. Those who volunteered for the vaccination clinics will be contacted by the manager who is organising the clinics.

Millie thanked everyone for attending and meeting closed at 20.00 hrs.