

## Francis Grove Patient Participation Group

### Minutes of Meeting held remotely on Thursday 24th February 2022

<b>Attendees</b>	WP(Chair), LB(Practice Manager), PL, AM, GN, SP, WPr
<b>A Warm Welcome to our new member, Puja Ladua and Apologies</b>	RA, LN, AL (new member)
<b>Minute Taking</b>	WPr agreed to do this
<b>Actions Arising from last Meeting</b>	<p>LB reported confusion about access and communication regarding the 4th vaccination. GPs not yet informed about eligibility for these being extended to over 75s as well as poor information about the ending of free Lateral Flow Tests from 31st March 2022. It is difficult for the surgery to cover individual patient circumstances and the system remains fragmented.</p> <p>Surgery Doors now open at 9am A good take-up of patients using Doctorlink The scaffolding on the building is now down and there is a new sign for the surgery going up. There is now a chair in the foyer for those less able while awaiting entry to the surgery.</p>
<b>Minutes Agreed</b>	
<b>Compliments and Complaints</b>	<p>There is an ongoing complaint about a 4th vaccination. (see Matters arising above). LB also reported an especially recent lovely compliment about the surgery</p>

<p><b>Staff Update</b></p>	<p>The surgery now has two pharmacists and two more will be joining. The emphasis of their work will be on monitoring drugs and developing a more structured review of medications. This service is shared with the Lambton Road Practice.</p> <p>Dr. Adada has been replaced by Dr. Helen Gage who will be doing six sessions a week.</p> <p>Dr. Baillie is moving towards cutting down to two days a week.</p> <p>Dr. Satpal Chaggar will join on 16th March for four sessions a week.</p> <p>Dr. Clare Judd will join in June/July covering Mondays.</p> <p>Matt Childs, the paramedic, has left due to a very long commute to work. The surgery is recruiting to fill this post.</p> <p>Natalie, Data and SAR Manager is leaving.</p> <p>Emma, previous Assistant Manager, has returned into a different role.</p> <p>WPr raised the issue of doctors and staff at the practice being almost entirely female.</p> <p>LB is aware of this but explained that it is very difficult to attract male doctors.</p>
<p><b>Patient Access</b></p>	<p>LB reported that from April Patient Access will be 'live' and consultations with GPs will be recorded as they happen and to be made available to patients. The GPs will need training for this change.</p>
<p><b>Telephone system</b></p>	<p>LB reported that from April there will be changes to the phone system.</p>
<p><b>Expanding the practice</b></p>	<p>WP wondered if the room available upstairs could be used for a psychologist or a therapist.</p> <p>LB pointed out that the lease has still not been agreed as the CCG will not pay the higher rent.</p> <p>Until this issue resolved any maintenance or new use of rooms are not really possible.</p>

<p><b>Face to Face Appointments with GPS</b></p>	<p>LB reported that the surgery is moving back to face to face appointments but there are issues of space in the waiting areas and corridors due to Infection Control guidelines. There are more face to face appointments than previously but since December and the Omicron outbreak progression to directly bookable face to face appointments with GPS are on hold. The practice awaits guidance on this point. Ventilation is a problem in the building. PL wondered why that is the case. LB explained that the practice operates in a non-NHS building so there is little scope to change the layout or windows. The air conditioning which is the building owners' responsibility does not work effectively any more. Windows are closed due to the noise from the railway and confidentiality during consultations. The meeting agreed that not everyone needs a face to face appointment. WPr wondered how those needs are assessed. The onus seems to be on the patient to ask for one. The meeting felt that there are circumstances which suggest that a face to face appointment is more appropriate and that in such cases the responsibility for that decision should be taken by the GP. The use of photographs to report certain conditions is dependent on the patient having a smartphone and this in itself is discriminatory. LB advised that we are still operating under the guidance that if it is clinically necessary as an aid to diagnosis then the GP will ask the patient to come in for a face to face appointment.</p>
<p><b>Mock CQC Inspection</b></p>	<p>This was held to prepare for the official inspection. The practice received good feedback. The inspectors liked our PPG and its involvement in the practice. They liked the service from the nurses and praised infection control. Aspects to work on are as follows: Raise the threshold for 'significant events' and documentation.</p>
<p><b>Date of Next Meeting</b></p>	<p>Wednesday 13th April 2002</p>