Painswick Surgery

Notes of Patient Participation Group at Hoyland House.

Tuesday March, 28th at 3.00 p.m.

Present:

Patient reps: Anthony Fisher (AF), David Perry (DP), Jennifer Stark (JS), Tony Pryce (TP), Sue Canning (SC), Brian Painting (BrP), Angela Crossley (AC).

Staff: Dr Matthew Heywood (MH), Mike Mack-Smith (MM-S), Julie Gatfield (JG).

One Gloucestershire: Becky Parish (BeP).

Staff Via TEAMS: Jenny Vallely (JV).

Apologies:Charlotte Tempest.

1	JV reported that the SystmOne software that is now used to run our practice enables patients to receive their prescriptions from different pharmacies around England. A patient's query to the PPG had led to the realisation that if they requested their next prescription from a different pharmacy it could revert to their usual pharmacy in error. The Practice has implemented a new procedure to avoid this.	
2	Becky Parish (BeP) now joined us. She works for NHS Gloucestershire Integrated Care Board (ICB - see 5 below). They do not provide services but have responsibility for buying services from GCC Social Services, mental & physical health providers and the patient advice and liaison service (PALS) and to help patients with navigating the system. They also commission Primary Care (69 GP practices) and district nursing, monitor, quality safety etc and support patient groups such as ours. Practice staff commented that the ICB was very supportive. The Practice **Patient** representatives also agreed the ICB was very helpful through the regular County-wide meetings they hold.	
3	JV told us that they had direct written instruction from the ICB that the Practice email and text services were only for messages relating to direct patient care. BeP considered it would be reasonable to send out a message once or twice a year drawing attention to the PPG's minutes or perhaps to alert patients to something new. BeP told us of how other PPGs engaged with young people. She also suggested parish councils could be on our newsletter distribution list.	DP, JV
4	BeP told us how they had developed a patient survey based on questions from the National GP survey, we could use this by adding questions of our own to find information about our own patients' views. One Gloucestershire would then use secure survey software to do some basic analysis for us, giving us a survey link and QR code to access results such as pie charts and reports. The sort of things we could ask would be Practice-specific like opinions on the	

information provided in the waiting room, are patients aware of Social Prescribing? Do they know what the PPG is? BeP suggested we look at the national survey when it is published at the beginning of July and consider what questions we would like to follow up in more depth rather than to find out what we already know. Only two PPGs have done a survey so far.

5 CCGs have been replaced by Integrated Care Partnerships (ICPs) each operating under an ICB from last July. These combine county councils, health trusts, acute hospital providers, mental health trusts and the network of GP practices etc. While most areas contain several overlapping councils Gloucestershire has one of each of these authorities largely contained by the County boundaries. This makes it far easier to coordinate than in complex urban areas.

BeP addressed the matter of patient representation and said the only Integrated Location Partnerships with patient representatives were ours: The Stroud and Berkeley Vale, and the Forest of Dean. However various charities and voluntary bodies had representation. The Chair had expressed dissatisfaction with the S&BV group and we have not been represented on it for some time.

6 BeP confirmed that no Primary Care Networks (PCNs) had patient representatives although they were apparently keen to hear from organisations such as PPGs.

PCNs and ILPs make their own rules so it is up to them individually to decide how they communicate with other bodies and who they want to hear from.

She said that at the county wide meetings of PPGs we are grouped as one table per PCN so this would be a good opportunity to talk to our fellow members.

MH told us that changing to the new SystmOne IT has been a challenge and in some ways had made matters worse. It will take some months to catch up therefore. The Practice is short of doctors despite having employed locums but Dr Barraclough was off sick and the GP registrar on study leave, while Dr Evans had spent much time on the changeover. JV reported SystmOne was now starting to work well although still slowing them down as they learnt the new procedures. In time it will be really for good communicating better with other medical professionals.

7 MH said demands on the Surgery have been incredible. To ease this, many people with minor needs could go direct to the pharmacy or MIIUs and do not need the Practice. They are hoping to use the new phone system to direct patients to the most appropriate service.

While demand rises the patient list remains stable at about 4800. However because of our ageing demographic we get resources for a nominal 5300. It is not really possible to close a list. BeP said there was an overall 20% increase

on pre-pandemic demand.

MH left the meeting at this point.

8 DP raised the question on behalf of patients such as those at work who can not access their phones at all times so cannot answer when a doctor rings back following triage. Could their calls be arranged for a definite time when they would be available? The best answer the Practice could give was that they would always try for this but under the present circumstances it could not be guaranteed. The PPG asked that this option be made available if requested.

9 Royden Hales had resigned. In his resignation letter he said he was frustrated because he cannot understand how the NHS and the overall health system functions, not helped by all the acronyms making it unintelligible.

10 Regarding access to PPG meetings, M M.S explained that the Top Floor meeting area was initially only a storage area so was only developed with a simple spiral staircase. It had not proved possible to install a lift and enable disabled access when it was further developed in to a rest and meeting area. Members can join meetings remotely via Zoom or TEAMS if the Practice is given advance notice.

11 DP raised the question of what would happen with all the data that was held on the Emiss app now that our contract had ended. BeP was sure that they would not be allowed to exploit this under the terms of their contract. It was noted that there was considerable concern abroad about the number of private companies now getting access to patients' confidential data, especially when these were American companies involved in healthcare with dubious records regarding the legality of how they operate (eg Palantir).

12 BrP was interested in using the patient survey to see if there was interest in setting up a scheme called Volunteer Emergency Telephone System (VETS) which aims to get swift help such as a defibrillator to cardiac arrest victims. This would involve recruiting 10 volunteers who would be phoned after the initial call to 999. Funding would be needed for training and running costs which could come from the Parish Council. A problem might be that from 2025 the old copper landline system is to be turned off and switched to internet phone connections only so will not work if there is a power cut. Mobile phones would not be affected by this. BrP

13 JV reported that the launch of our new Footfall website at the end of last year had been poorly managed by its owner Silicon Practice. It transpired that the company had been sold and was being transferred during this period. We have only just received new assurances that everything will be satisfactory from now on.

14	Many patients had raised the problems they are now having with accessing the NHS app and through this their patient records. JV explained the problem was that most of the patients signed up under the old Emiss system had used the Patient Access app which belonged to Emiss. Only those who had signed up under the NHS app could transfer. Everyone else would now have to start again with the NHS app. They will need to have their own ID such as passport or driving license and establish password and log in details. It seemed that many people who had tried this had been successful. They will however, only have their records from the date of their new access for sometime.	
15	DP, JS and SC had produced a revised Code of Practice which was discussed and agreed with further minor amendments. The major changes were to hold an AGM and to have a quorum of five for our meetings. BeP suggested we combine the AGM with another event to help attract more members to attend. DP has since circulated the revised code to members who attended.	
16	Julie Gatfield is retiring and Mandie Hayden is taking over as Practice manager.	
17	DP asked if someone could develop a flier from a sample. AC volunteered to carry this out. M M-S said the Practice could help with the production. It was agreed that there will be a patient only PPG meeting to discuss this after Easter.	AC
18	It was asked if there had been any signs of poverty preventing people collecting prescriptions but nothing had been noted. DP will check with the Pharmacist. It was suggested that pre-payment cards be brought to people's attention whenever this came up.	DP
19	Virtual wards where patients are cared for in their homes are developing but they include some need for patients being familiar with IT.	
20	Covid vaccines for the over 75s and those with suppressed immune systems will take place on Wednesday and Thursday afternoons over the last two weeks in April. Help with car parking will be needed from the PPG. The Practice prefers to do this in the week rather than call overworked staff in for yet more weekends.	DP
21	The number of complaints for the last year was still very low. Twelve in all with one or two outstanding.	