

## **Park Farm Medical Centre and Vernon Street Surgery**

### **PATIENT PARTICIPATION GROUP (PPG)**

#### **Minutes for Wednesday 5<sup>th</sup> July 2023**

The meeting opened at 7.04, on both 'face to face' at Park Farm Medical Practice, and on Teams.

Val Haylett (Chair) welcomed everyone and said how lovely it was to welcome new and old members to the meeting.

Apologies were given for Sister Teresa Kennedy and Susie Ekins

The minutes of the previous meeting in April were agreed. There were no matters arising.

Sean Hedley, a Social Prescriber at the practice was welcomed to the meeting. He said social prescribing is still a relatively new venture and not known about by most people. Val invited Sean to further explain. Sean said it's taken quite a while to fully understand the role and what social prescribers do.

At this point one member raised that he couldn't hear well on Teams, and could he raise a query for AOB in case he had to leave due to the sound quality. Simon Jones the Practice Manager offered to source a new microphone. In the meantime, AOB was agreed by the Chair.

The member requested a statement re the purpose of the PPG, down to 6 lines and for it to be circulated with every set of minutes. Another member said such a statement existed.

Agreed the original statement would be checked and refreshed and in future circulated with the minutes of meetings.

The member then requested that the front steps at Vernon St be kept swept clean of leaves etc. He felt currently that this was currently extremely poor housekeeping and that the cleaners should help to keep this clean. See 'Actions' below.

Another member raised that Vernon St practice had no obvious name sign and that it was confusing as there was another GP practice opposite and he had therefore gone to the wrong practice. See 'Actions' below.

Sean was then invited to resume his talk, he explained that the name was slightly confusing as Social Prescribers do not prescribe, the idea behind the name is to prescribe the social aspect. A brief outline of social groups on offer, are housing issues, finance issues, low level mental health, loneliness and isolation, befriending services, and help with benefits etc. Also in the community, there are 3 coffee mornings across the city, one in Spondon on Monday with about 8-9 people attending, Mickleover meet on Wednesday with approximately 26 joining in and then the Thursday Allestree group at the Markeaton Hotel have around 16 people attending. People are welcome to join any of these groups.

There is a Chronic Pain Group which meets every other Tuesday morning, usually with 12-14 attending. The reason for setting up this group was that there was a demand from people who have fibromyalgia and arthritis etc. The people attending feel this is going well. Speakers, including Physios and GPs are invited to attend. There are Tai Chi sessions and exercises. The whole idea is for this to be a peer support group. There is help and advice from the General Practice but at the same

time attendees try to give peer support to each other, people can share experiences. This has proved very beneficial.

The coffee mornings are there for people who may be lonely or isolated or anxious, Covid has had quite an impact on a lot of families and people. As soon as people turn up for the coffee mornings, they enjoy it. Sean mentioned that if anyone wishes they can go to any Coffee morning, whether this is for Allestree or to join other coffee mornings in Mickleover or Spondon, as well, they are most welcome.

Social prescribers help people with a variety of different things on the social side. If someone goes to their GP and they are struggling with say, depression, or finance problems causing them anxiety as an example, rather than the GP saying here is some medication and offering to see them again in 6 weeks which leaves the patient on their own, the GP will now refer the patient to Social Prescribing. They do the groundwork essentially and have contacts with such as Derby Homes, DHA, Food banks etc. The system is growing, and they have had a lot of good feedback. Sean has been in the role for over 2 years and feels that they can take pressure off patients at the most stressful time for them. There is a self-referral service being set up on the web site. If someone does not have access to a website there is now a direct phone number to ring or a generic email address to use.

A member raised that it would be good to share the leaflets about Social Prescribing. Another member said she had never heard about Social Prescribing. The leaflets will be sent out to PPG members with the July minutes and will be available in both practices and on the website. There are some text messages sent out, but this is a learning experience as to who and how many to send to. A member who regularly attends the coffee morning in Allestree said that this was paradise for him, and he had now met some wonderful people. Another member said she attended the Chronic Pain Group and felt it was worthwhile and good.

Sean said that they are getting good numbers through the doors but even if only 1 person turned up it would be very worthwhile. They want the system to be accessible for everyone and they want to be approachable. They are probably the only PCN (Primary Care Network) who have created their own leaflets and hosting groups because other Social Prescribers say they haven't the time to do it. They are the only PCN offering this now, PCNs in Derbyshire and other areas do not all work in the same way as the Derby PCN. Feedback to Sean from PPG members, regarding sharing the information about Social Prescribing would be most welcome. Pharmacies do have the information as do the practices, although this is new to pharmacists.

There are 8 Social Prescribers, but this will increase to 9 in the next few weeks. Greater Derby PCN has 90,000 patients, and it works out that there has to be 250 patients into each service every year. Sean has a case load currently of 68. The hub where referrals are directed, currently is giving 20 referrals a day, mostly from general practice but in future it may be there could be external referrals from the Health Visitors or from anyone who has had any input with a patient. The criteria currently is that the person referred should be registered with one of the practices There are currently 11 practices that the Social Prescribers look after. It's hard to measure how well social prescribers work, they do get some nice feedback, and get people ringing them back saying thank you so much for the help they have given.

Sean was asked who he was responsible to in regards of what he does. He answered that there is clinical supervision. Dr McKay is one of the clinical directors. There is clinical supervision once a month, which is where complex patients may be discussed. The team meets once a week with managers to keep up to date and share new ideas.

Val thanked to Sean for his presentation behalf of the group, and suggested that it might be a good idea for Sean to return in 2024 to give an update, Sean said he would be very happy to do that.

Simon Jones, the Practice Manager then was asked to give an update for the practice.

Simon added his thanks to Sean and said that the social impact could well improve peoples lives and could impact their overall health and clinical outcomes.

Simon said 2 GPs have left the practice recently. Dr Okotie who had trained in the practice but had left to rejoin her family in London. Dr Mc Dermott, one of the partners has now retired from partnership but may return to take on ad hoc locum work. Both will be missed. Dr Islam will now become a partner in the practice.

2 new GPs are starting at the end of the summer, one is a current registrar who is due to qualify, Dr Ibadin, her training has been in the practice.

There are still 6 partners and, in addition to the 2 new salaried GPs, Dr Wood is still doing ad hoc sessions.

Tracy, a new Health Care assistant has joined.

3 reception staff have now retired, and there are new faces in the roles. This is a difficult post to fill, it is a very demanding post, a lot more complex than most people realise. It is not just booking appointments, there is a lot of administration work in the background. It may be that the new receptionists will ask extra questions of patients, and then go and check what to do if they are unsure. There is a lot of work training new reception staff, especially for Amanda the team leader. Please be patient with the new staff.

The phone call queue has been increased to 20, so if you try to call in the morning and can't access the queue this means there are more than 20 waiting. A member raised the fact that the phone queue still stated that you were number 5 in the queue, the number does not go up to 20. Simon apologised and said he had been informed that 20 was the queue number, he would check with the telephone company. Whatever the number you are in the queue, no one can jump you. He said that if you are in the early morning queue it is worth waiting for an answer. People ringing at that time will only be booking appointments so will be dealt with quite quickly. Access at 8am is a problem around the country and it is being looked at with phone providers. Lots of options are being looked at to improve access into the practice. Most weeks there is good availability of appointments. The biggest issue is patients not being able to get through, being put off and ringing back late in the day and by then the appointments may have gone. Most days there are approximately 50 -100 appointments free, that is in addition to the prebooked 100 or so appointments with GPs and Nurses etc.

A member asked if there is still an out of hours service, Simon responded that for Park Farm every Monday evening and Thursday evening there are appointments until 8pm and, on Saturday morning there is a GP and a Nurse for appointments, these are all good times for people who work. Within the PCN they are trying to increase the number of out of hours appointments as well, perhaps looking at all day Saturday, rather than just the morning with more than 1 GP. The practice is constantly trying to increase the number of appointments.

One of the problems for the practice is not having the physical capacity to put clinicians in, so even if the practice can get more GPs there is then the problem of finding the room to accommodate them on busy days. The practice is thinking outside the box and looking at remote working, i.e. for 1 GP to purely be doing telephone calls for patients who do not necessarily need to be seen face to face, whilst other GPs in the practice can see patients face to face.

Simon was asked about the patients who make an appointment but do not turn up and do not notify the practice. Simon said the DNA (did not attend) rate is monitored and the practice is proactive in the sense that after 3 DNA, not attending 3 times in a row, they will receive a letter to make sure they are fully aware they have not attended. He said he would check to see if there is a text message sent out on the day they DNA.

A question was raised about patients being able to see their record online, the member had requested this a several times but was still waiting. Simon said he would make a note of the patient's names and check the system for access for them. He added that from October 2023, he had been informed that any current information will be available to all patients, through the NHS app.

It was suggested by a member that when you are in the phone queue there could be at the start a list of number options so you could choose, physio first, pharmacist, social prescriber etc rather than wait in the queue for the receptionist to divert you somewhere. Simon said this is something that he will discuss with the phone supplier in order for the practice to have more control over the phone system, even changing the system during the day to say routine appointments have all be used for the week. So if you were ringing for a routine appointment the system could inform you at the start that they had all be used for that day, but they would open up again the following morning. This could save a wait of up to 20 minutes on the phone. It may be that at some point in the future that routine appointments could be available online again.

It was suggested that thank you letters should be on show in both practices. Simon said this was a good idea and they were also thinking of putting up a notice board saying 'You said this' and 'We did this'.

It was pointed out by a new attendee that she had found out so much at the meeting about the practice, that she hadn't know about and felt that all patients should hear about the information shared at the PPG. It was pointed out that out of around 13000 patients only 670 were members and it is therefore difficult to get information out to everyone, however, the minutes are on notice boards at both practices and on the web site.

### **Next meeting**

Wednesday 4<sup>th</sup> October 2023 at 7pm

In person in the meeting room at Park Farm Surgery and available on Teams.

The speaker will be Dr McKay.

### **ACTIONS**

#### Simon

- Leaves and litter on steps Vernon St practice
- Sign for Vernon St practice
- Check with phone company for phone system to quote 20 waiting in queue not 5.

#### Val

- Aims of PPG to be circulated with all minutes.