

- Welcome and Practice Updates

- The practice is in the process of recruiting two new members of our reception team due to staff leaving to pursue other endeavours. The new members will be starting over the next month.

- Primary Care Network Updates

Recruitment:

The Primary Care Network have recently recruited a new paramedic who will work across all nine practices to provide an acute care visiting service. The paramedic is currently serving notice and is due to start end of September.

There has also been recruitment of a new cancer care co-ordinator who will provide ongoing support and follow ups for patients newly diagnosed with cancer, in co-ordination with the MacMillan service. Hannah will also be working with practices to increase cancer screening uptake and working on locally targeting campaigns to raise cancer awareness.

The PCN have appointed a health care assistant, Jackie, who will work with two patient groups (patients with a learning disability and patients with a serious mental illness) to provide annual health checks and signposting to beneficial services and support. There are discussions of Jackie being able to also provide usual health care support for practices with blood tests, diabetic foot checks, ear syringing and flu immunisations.

- Newsletter

During the meeting we discussed additional ideas of items that would be useful for a quarterly practice newsletter and ideas included:

- Meet the staff
 - Primary Care Network services – who does what
 - General health information – hayfever in summer, coughs and colds in winter
 - Health campaigns and news – Shingles roll out for over 65s – how we will contact patients

It was discussed that these items would be beneficial for the TV in reception too and a meet the staff board in reception.

- Practice & PPG Aims and Expectations

Practice aims for a PPG – Ambassadors for the community – assist in recruitment, inform the practice of local events/groups that the practice can promote. Feedback on services/offering – critical/constructive friend, highlight things that

could do with improvement and ideas on how we could implement this.
Work with the practice on how we can improve on survey results etc
Input of health promotion/activities – e.g. Be Well

PPG aims – it was discussed by members that the vision of the PPG is to provide a patient view and standpoint and for the group to act as a sounding board for the practice.

- AOB

- A member of the PPG had attended the digital workshop to help with the use of patient access and the NHS app following an invite from the practice. Reports that the workshop was useful. Practice is pleased to know it was found to be beneficial and will continue to engage with ED who runs these workshops.
- Website and posters – It was highlighted that some information in the waiting room and website had not been updated recently. VT acknowledged and will update shortly.
- It was also discussed that some items on the website are not easily located such as the PPG tab which includes the minutes from the meetings, the Practices' Vision, Mission and Values statement. VT will look how we can improve the accessibility of tabs on the website.
- Patient letters and communication delays from the hospital – on going issue with delays of letters being received from secondary care. Discussed the system currently in place and some letters are received electronically but a lot are still in paper form – dependent on department. Dr Parikh mentioned “my MFT” which is in place in Manchester where patients can access their own appointments and letters. VT will discuss with ED to see if this is something the digital workshop group could work on.
- There was concern raised about pushing patients to use more digital/electronic communications as a PPG member experienced issues with an electronic request and was told the practice would not check this. VT reassured that the practice does check these messages and as this had previously been raised directly, the issue had been discussed with and training provided to the member of staff the PPG member had spoken to.
- Extension update – awaiting council approval can be a delay due to fire regulations. Dr Parikh will update when further information available. Discussed the need for a lift due to clinical rooms being on a second floor and contingency should the lift break – the clinicians would be able to move rooms to a ground floor treatment room should the lift break and a patient was unable to take the stairs. Member of the PPG asked how the Practice currently responds to a member of staff who is unable to take the stairs – reassured that all facilities required including kitchen, toilet, private working spaces are all provided on the ground floor and staff do not need access to the second floor currently.

Date of next meeting: Tuesday 3rd October, 10:30 – Grosvenor Medical Centre