**MINUTES OF PPG MEETING JANUARY 31st 2024**

**PRESENT:**

**PPG:** John Poland **JP** Alan Granger **AG** Richard Taylor **RT** Marj Thomas **MT** Jenny Sm**ith JS** Jill Campbell **JC** Anna Gent **AGe**

**From Practice:** Rachael Somerville **RS** Dr Ahmed Gamal **Dr G**

**Guest Visitor:** Lucy Money (Admiral Nurse) **LM**

**APOLOGIES:** Ken Sutton / Vikki Sant / Diane Robertson

**WELCOME & INTRODUCTIONS:**

**JP** welcomed all to the Meeting, which commenced at 1pm, and that he was pleased to announce that the PPG application to achieve charitable status had been successful.

**PRACTICE UPDATE:**

**Dr G and RS** updated the meeting, key points being summarised below:

**Dr G** described how the recently introduced triage system to process appointments is to be subject to further refinement, this envisaged to take place from March 2024.

It is intended that this evolution will also take advantage of the benefits accruing from the forthcoming introduction of the new telephone system which will be installed by March 2024.

The changes (from date TBC) are summarised as follows:

* There will be a GP in attendance at all times during Surgery hours, in a ‘back office’ role, to both triage all incoming requests for treatment, and manage the activities of the GP trainees within the Practice.
* Patients will henceforth be able to contact the Practice at any time (during working hours) to request appointments, either in person, by phone call, or via ‘e-consult’, this approach intended to help to reduce the past pressure on patients to contact the Practice from first thing in the morning.
* The GP undertaking the triage role on any day will categorise the appointment requests with a Red (same day appointment) / Amber (48 hour appointment) / Green (within 2 weeks) approach, in real time.
* The key element of this change is that Appointments will be confirmed to the patient whilst the patient is on the phone, so the patient is not left ‘in limbo’, and that the appointment can be confirmed and agreed there and then (or alternatively by e-mail).
* The default option will be a ‘face to face’ appointment, although patients will have the choice to request a telephone appointment if they prefer.
* This system is likely to result in a longer call time for patients, whilst the patient’s request is assessed, but it is believed that this change will provide increased overall appointment capacity, together with the key dual benefits for patients of reducing the need for the ‘8am rush’, and providing the certainty of a confirmed Appointment.

**RS** described how the new telephone system will complement the effective introduction of these changes, as it will incorporate:

* More telephone lines
* A queuing system (patients will know where they are in the queue)
* A ‘ringback’ facility (so patients don’t have to hold if they don’t wish to, and will be automatically called back when they get to the head of the queue)
* Links to the ‘EMIS’ Practice system, so that patient data is visible to call handlers
* The system will recognise patient contact numbers, so relevant messages can be ‘tagged’ to specific calls

It was agreed that these changes should not yet be announced, but could be the subject of a wider briefing to the patient community when it is rolled out.

**RS** updated the meeting re forthcoming personnel changes:

* Dr Alana Goddard is shortly to leave the Practice
* Dr Rosie McCullough will shortly commence at the Practice on Tuesday’s and Friday’s

**ADMIRAL NURSE - LUCY MONEY:**

**LM** introduced herself and went on to describe her role as the Admiral Nurse attached to the 10 Eden District Practices, since her commencement in February 2023.

Whilst she is employed by the NHS, her community based position is funded by Dementia UK (who provide both funding and training), and complements the activities of Admiral Nurses within hospitals. LM’s role is not a prescribing or front line medical role, rather a support role primarily focused on facilitating access to appropriate services for the carers of dementia patients. As such, she works within the Eden territory with the Practices, the ‘iCAT’ team, Admiral Nurses within local hospitals, and the ‘Memory Team’.

Her initial introduction to family carers is via referral from the Practices within Eden, and she described her role as being ‘case management’ and ‘pulling the levers’.

**ALL** thanked LM for her interesting presentation and her clear passion for her role. **JP** suggested that LM may possibly be interested in presenting at a future PPG Seminar.

**MINUTES OF PREVIOUS MEETING:**

The Minutes of the previous Meeting held on 29/11/23 were accepted as an accurate record.

**MATTERS ARISING:**

None other than those referred to below or elsewhere within these Minutes.

**PPG FINANCE:**

The current financials are as per the ‘12 Month Financials to 31st December 2023’ detailed 3 page spreadsheet file provided to Members by **JP** in his e-mail dated 26th January 2024. Immediately prior to the Meeting **JP** had e-mailed (dated 31st December 2024, 10.55hrs) confirmation of the completed Audit of these full year Accounts, signed off by independent Auditor Mrs L M Morton, together with his ‘Treasurers Report’ for the same period.

**CHARITY STATUS APPLICATION:**

**JP** was delighted to announce that the PPG had now been successful in its application to achieve charitable status and that has been awarded Approved Registration by the Charity Commission under the name ‘Court Thorn Surgery Patient Participation Group’. On behalf of all in the PPG, **JC** thanked JP for his extensive efforts in achieving this status, endorsed by **ALL**.

**JP** proposed various ‘next steps’, which **ALL** agreed to be progressed, these including:

* An initial Meeting of the Trustees and the Practice, to review the relevance of what is set out within the Constitution (**JP** to propose date)
* Update the PPG elements of the CTS website
* Convene the first AGM (to take place at the September PPG Meeting), to include appointment of Trustees for the subsequent Term

The initial Trustees of the Charity are:

* John Poland
* Ken Sutton
* Jill Campbell
* Alan Granger
* Vikki Sant

**PRESENTATION TO FORMER MEMBERS:**

Date TBC, **JP** and **RS** to liaise re appropriate approach.

**PRESCRIPTION DELIVERY SERVICE:**

As per the previous Meeting, **RT** reported that the PDS continues to operate satisfactorily, the current rota is working fine and that the inclusion of a ‘nominated reserve’ driver now provides increased resilience to cover unexpected or immediate driver absence.

There was a discussion surrounding the difficulty of delivering to a number of specific locations, it being agreed that these would be resolved through separate liaison between **RS** and **RT**.

In response to a discussion initiated by **MT**, **RS** confirmed that the ability to continue to operate the CTS dispensing pharmacy is an essential element of the continuing viability of the Practice.

**FUTURE EQUIPMENT NEEDS OF THE PRACTICE:**

As per the Minutes of previous Meetings.

**STAFF FUND:**

The balance of funds of £62.95 remain to be spent as the Practice staff agree.

**ROAD SAFETY UPDATE:**

**AG** commented that a positive step had been taken since the last Meeting in that the white lines have been re-painted over an extensive distance of the A6, including the double white lines outside the Surgery.

**JC** was congratulated in that this had followed from lobbying of the Westmorland & Furness Council by **JC** and her colleagues on the Hesket Parish Council.

**MT** expressed her frustration that the Highways Department had summarised their position (in response to MT’s request for a pedestrian crossing to facilitate bus passengers to safely cross the road after alighting at CTS) by stating that:

*"the location has been assessed and does not meet the criteria for a pedestrian crossing, controlled or uncontrolled. It would be a dangerous location to encourage people to cross the road.”*

**RS** had recently submitted a ‘dangerous event’ report to the Highways department via their website relating to an incident she had experienced whilst turning into the CTS site.

**AG** had previously suggested that the Practice consider the installation of a prominent ‘Give Way to incoming traffic’ sign visible to drivers on the approach to exiting the Court Thorn Car Park, no action progressed at this point.

**ANY OTHER BUSINESS:**

**JC** raised a question re salting and gritting of the CTS car park and paths, her husband had been concerned in that after assisting a patient who had slipped over on ice in the car park, had been told by a member of staff that the car park and paths could not be salted due to health and safety rules. **RS** stated that this should not be the case, the car park and paths should have been gritted, and that she would investigate further with staff as to why this had not taken place.

**AG** raised a question about CTS resilience and care to vulnerable patients during the recent bad weather and power cuts, **RS** responded that the Practice do have a Business Continuity Plan, and could hire in a generator if a power cut became extended. She confirmed that the Practice did continue operations during the recent power cuts, although this did involve consultation notes etc being manually written and updated onto the system later. With regard to vulnerable patients, it is the responsibility of Electricity North West Ltd to provide relevant support facilities to eg; end of life patients, in these circumstances.

**AG** raised a question about dispensing prescriptions on a Friday, as it had been anecdotally reported to him by a member of the public that “an emergency prescription could not be fulfilled on a Friday as the Pharmacist did not work on Friday’s”. **RS** responded that any repeat prescription requests would be processed as per the normal 72 hour lead time cycle, but that any prescription issued on a Friday as a result of a consultation with a doctor would be processed there and then by the Pharmacy provided it was in stock within the Pharmacy. If it wasn’t in stock then the patient would be advised where it could be sourced from alternatively.

**AG** raised a question about seeking to widen the membership base, following his e-mail circulated on 13/12/23. It was agreed that this would be the subject of the ‘Inglewood News’ contribution for March, **AG** to draft appropriate words.

**NEXT MEETING:**

The meeting concluded at 3pm and it was confirmed that the next PPG meeting would take place at **1pm** on **Wednesday 17th April 2024.**

Dates and times for the following two Meetings were proposed as:

**Wednesday 19th June at 1pm**

And;

**Wednesday 11th September at 1pm** (which would also be the **Annual General Meeting** of the new Charity).