**Hodnet Medical Centre - Notes from PPG meeting, 16th November 2022**

**Present**: Dr Mehta; Rosemary Mehta; Christine Poole; Helen Charnock; Mary Hardy; Tory Russell

Apologies:

Dr Mehta chaired the meeting, taking up the discussion from last time to address ways in which patients might become more aware of issues affecting the Practice.

Overall he felt positive and optimistic about his work and the future for the Practice, though the administrative demands on him remain heavy, and the constantly changing requirements from NHS England make life more difficult for all the staff.

New members for PPG: all please bear this need in mind and speak to others about it where appropriate. Personal invitation often proves the most effective. The intention is that the group should reflect the spread of areas served by the Practice, with a good range of both men and women of all ages, though this has proved difficult to achieve in the past.

Patient Access: increasing uptake of this remains a priority for the Practice. Around 100,000 prescription items will have been dispensed during 2022 by the end of the year (¼ m over last 3 years). Anything to speed up or improve accuracy of processing is therefore worthwhile.

It was agreed to try texting patients with encouragements to start using Patient Access if not already doing so (starting now) and to include slips with the same message in prescription bags (from February).

Flu Clinics: next dates are Tues 22 Nov (morning) and Weds 7 Dec. Please contact RM if you are able to help with leafleting about Patient Access even for a short time.

**Improving communication with patients/PPG Action plan**

Overall aim: seek to communicate matters of interest to patients in meaningful way, right tone, light-hearted but informative. Also cover matters the Practice wishes to promote or explain.

Specifics:

* Increase views of Practice News on website, possibly by promoting use of RSS feeds.
* Texts (see above)
* Notices/regular announcements in Hodnet parish magazine (plus find ways of reaching those areas served by the Practice but outside Hodnet Parish boundaries)
* Newsletter - quarterly might be achievable, matched to the seasons. Monthly would be burdensome. (TR to discuss ideas further with RM)
* Seek inspiration from other local practices’ websites, newsletters, PPGs.
* Day in the Life (of the doctor, of the dispenser) or From the Doctor’s Desk. (Regular format could help, e.g. What’s been said/Why does it matter?/What can I do?)
* PPG noticeboard - apart from personal conversations, data-sharing constraints make establishing meaningful two-way communication between PPG members and patients difficult. A PPG noticeboard in the waiting room might help to enable this.
* Raise patient awareness/encourage understanding of the difficulties faced by the Practice.
* Promote underused services whilst they are available, e.g. people can self-refer to the Healthy Living adviser (formerly Social Prescribing), which can include Help to Quit advice.
* Find ways of raising awareness of things which it is *not* necessary to see a doctor about.
* Note recent changes to Community Pharmacy arrangements. Cannot now just walk in and seek advice. A person has to be booked in by the Practice for an appointment. They also have to pay for any prescriptions, even if normally exempt from charges. (It was agreed that this seemed a counter-productive and prolonged procedure.)

**Other matters**

Primary Care Network: Dr Mehta reviewed the reasons why he believed it advantageous for the Practice to remain outside the local PCN, though they were affiliated to it and therefore kept in touch with developments.

Extended Hours and Extended Access: arrangements for these have recently changed. Again, Dr Mehta felt it would not be beneficial for Hodnet to participate in the Extended Hours scheme, but it is possible for the Practice to book their patients in for access to appointments elsewhere outside the usual 8:30-6 window on weekdays, or on Saturdays.

Natioanl Patient Survey: RM noted that satisfaction with GPs levels had gone down nationally in this year’s randomised survey, though Hodnet satisfaction remained above average.

Media: Some practices use waiting room TV to disseminate useful medical information. This had some positives, but costs and practicalities made it unattractive for Hodnet at present.

Staff: Having completed a Training Trainees course, Dr Mehta now has a trainee GP registrar starting in December. He hoped such arrangements could benefit the Practice in time.

Continued benefits were resulting from cross-training of different skills amongst other practice staff.

Could ways be found of building the relationship between Practice staff and PPG members, e.g. occasional lunch-hour meet-up?

E-consult: this provision was now a required national policy, to facilitate patients arranging online consultations.

Patient Access to Medical Records: regulations now stipulate that from 30 Nov 22 patients should have access to any data in their records added since 1 Nov 2022. They can ask to view historic material. From a Practice point of view, reviewing notes and redacting any personal/sensitive data is very time-consuming.

Resignations: both Richard Holtom and Mary Hardy had notified their intention to stand down from the PPG as of this meeting. Richard was absent, but RM had already thanked him for serving as chairman for several years. Mary Hardy was also thanked for her input as secretary.

**Action**:

All: seek new members for PPG

All: continue to promote Patient Access whenever and wherever possible

Helen: check out Community Pharmacy policy in practice

TR: meet with RM to discuss newsletter content/format

All: look out for local examples of Practice newsletters

**Next meeting**:

Weds 15th Feb 2023, 1-2pm, Lyon Hall