**Bridge Cottage Surgery**

**Patient Participation Group**

**Annual General Meeting Minutes**

***20th February 2024***

Chair: David Bell

Present: David Bell (DB), Caroline Griffiths, Jenny Harding, Jayne Truran, Jaqueline Pountney, Carolyn Clark, Neil Burns, Alan Sparshott (AS), Yvonne Bartlett, Shaun Nikkiel, Sue Fletcher, Anne Land, Dr Nick Mistry (NM), Debbie Crossley

Apologies: Henry Bowrey, Sandra Saunders, Debbie Shearly, Gerard MacDonald, Jan Jacklin

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| **Item** | **Notes** | **Action** |
| Nominations for Membership | Standing down from PPG are: Debbie Shearly |  |
| Nominations for Officers | David Bell agreed to Chair meetings preferably in rotation with others, Yvonne Bartlett volunteered to act as Vice-Chair and Jayne Truran volunteered to act as Secretary – all were agreed |  |
| Election of Officers | David Bell – Chair meetings in rotation with othersYvonne Bartlett – Vice ChairJayne Truran - Secretary |   |
| Minutes of the last AGM – 20/02/23 | Minutes were agreed as correct |  |
| Presentation from Practice – Dr Mistry (NM) | NM thanked the PPG for their service over the years.**Current pressures in primary care**Funding to primary care reduced, around a 7% drop in real terms from 2018/19 to 2022/23. This varies across the country, in London closer to 20%, Hertfordshire around 8%.​England is experiencing a critical shortage of GPs, with the number of full-time equivalent GPs declining. Despite government efforts to recruit additional GPs, there has been a decrease in fully qualified full-time GPs, exacerbating the strain on general practice. For example, as of December 2023, there were 1,877 fewer fully qualified full-time GPs compared to the baseline in September 2015. The country would need an additional 16,700 GPs to match the OECD average of GPs per 10,000 people​.**BCS pressures:**Demand for appointments increasing.DNA data – 481 DNAs since November 2023**Challenges for 2024**The challenges facing primary care in England in 2024 are complex and multifaceted, driven by both long-standing and emerging issues. These challenges encompass a range of factors including health inequalities, lifestyle-related health risks, the burden of chronic illness, unmet healthcare needs, and specific pressures on general practice.1. **Health Inequalities**: There are significant disparities in life expectancy and health quality across different regions and socio-economic groups in England, with those in more deprived areas experiencing poorer health outcomes and shorter lives. The COVID-19 pandemic has exacerbated these inequalities, highlighting the urgent need for targeted interventions​​.
2. **Lifestyle-Related Health Risks**: Smoking, poor diet, physical inactivity, and harmful alcohol use continue to be leading risk factors for preventable ill health and mortality. These factors are socially patterned, affecting more deprived communities disproportionately and contributing to a significant burden of disease. Efforts to address these risk factors through policy and community-level interventions are crucial​​.
3. **Chronic Illness and Multimorbidity**: The number of people living with major health conditions, such as cancer, dementia, and chronic pain, is increasing. This rise in chronic illness and multimorbidity, particularly among those in deprived areas, is likely to continue, placing additional demands on primary and community healthcare services​​.
4. **Pressures on General Practice**: General practices in England are under significant strain due to declining GP numbers, rising demand, and difficulties in recruiting and retaining staff. The shortage of GPs, coupled with an increase in the number of patients per GP, exacerbates the workload and stress on existing practitioners. This has led to changes in working patterns, with more GPs opting for part-time or flexible roles to manage stress and burnout. The government's failure to meet its recruitment targets for additional GPs has further compounded the problem​​.

**Improving access:**NHS England are advising practices to implement a modern general practice model.**What is the modern general practice model?**The [Delivery plan for recovering access to primary care](https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/) commits to supporting practices to move to a modern general practice modelThis model is a way of organising work in general practice that enables practices to:* see all patient need, by providing inclusive, straightforward online and telephone access
* understand all need through structured information gathering
* prioritise and allocate need safely and equitably (including continuity of care)
* make best use of other primary care services and the multi-professional team
* improve the efficiency of their processes and reduce duplication.

They have suggested online triage tools as the best way to implement this. The main online triage tool is eConsult. However due diligence required before implementation due to our more elderly and vulnerable population. **Pharmacy first scheme (PFS):**[The PFS will include 7 new clinical pathways and can be found on the NHS England website](https://www.england.nhs.uk/publication/community-pharmacy-advanced-service-specification-nhs-pharmacy-first-service/). These will enable pharmacists to:* offer advice to patients
* supply NHS medicines where clinically appropriate (including some prescription-only medicines under Patient Group Directions), to treat 7 common health conditions

These conditions are:* sinusitis
* sore throat
* earache
* infected insect bites
* impetigo
* shingles
* uncomplicated urinary tract infections in women

Pharmacists will need further training and support for this to succeed.**How can the PPG help?**PPG to lead on newsletter going forward. Collate community support, such as digital inclusion programmes, dementia cafes and other services that would benefit our patients.***PPG Questions:*****Will eConsult be available in the evening?** – It is unlikely due to clinical risks. If an eConsult were submitted out of surgery hours and not looked at until the next day this could mean too long a wait for an issue which should be dealt with quicker. 111 is always available out of surgery hours. As AI and algorithms improve over the years, it may be possible for a more accurate response to information provided by patients to be given as they complete the eConsult. This could be a couple of years away but is being worked on now. **Who will be receiving the eConsults?** Receptionists will be trained to do basic triage and will deal with all the admin eConsults. The remainder will be triaged by a clinician.**It is helpful to hear that the surgery is looking at safety issues when using algorithms -**NM reported that only a handful of clinical incidents had occurred over the years it has been running.**Is there a reporting feature for eConsult?** Patients and surgeries can communicate with eConsult, which is a private company, to notify of any issues or requests for changes.**Is there a way of saving medical history in eConsult so that you don’t have to enter multiple times?**  eConsult does not save any information and as you do not log in to eConsult there is no access to any of your medical information.**Do you have to do an eConsult to book a follow up appointment?** This has not been agreed yet. **Continuity of care is important. If an appointment is agreed with the Dr to review in e.g 2 weeks’ time will that be possible?** There should be a mechanism to arrange this for continuity. However, it is difficult to have continuity of care with the eConsult system.**Confusion regarding PCN Staff –** NM explained that PCNs (Primary Care Networks) are funded to provide additional staff to practices within the PCN. Staff are recruited, such as physio, mental health nurse, social prescriber, pharmacist and employed by the PCN and shared between the surgeries in the PCN. For example, we have a physio who comes once a week to the surgery to see our patients and on the other days, they work at the other surgeries in the PCN. |  |
| Report for the year 2023 – David Bell | In the past year we have had six face to face meetings with no longer any need to use zoom. Until recently the PPG team size has been small which has been worrying but at the last two meetings some of the vPPG have attended.The small group size has limited what could be achieved during the year, but the PPG has worked on some specific areas in conjunction with Debbie.The PPG has provided input on the surgery Newsletter, the patient flowchart, phone system, eConsult, surgery website, special needs access, surgery appearance and access to SystmOnline and the NHS App. We have not been able to re-start the PPG tables that we had in previous years, and we need to restart those this year with the need to communicate the forthcoming changes in the way patients contact the surgery.We have had two presentations during the year from Practice GPs. Dr Hari explained the changes in the pharmacies and how they will take on a greater role in the future. Dr Mistry provided a flowchart for patient contact for us to review at our last meeting. The surgery now has some leaflets on how to use the NHS App and these can also be downloaded. Over 60% of patients are now signed up to the SystmOnline which is a pre-requisite for full use of the NHS App. Patients can use either the NHS App or login to SystmOnline to access their medical records, order prescriptions and book certain appointments.One of the developments during the year has been and continues to be the relationship of the Practice to the PCNs (Primary Care Networks). We are a member of the Hertford & Rurals PCN which includes Hanscombe House and Wallace House in Hertford, New River Health in Hertford & Ware plus Watton-at-Stone Surgery. The surgery staff have regular meetings with these surgeries at a professional level. Debbie gave me the contact for the new PCN PPG group, and I have had two constructive coffee-shop meetings in the last two months. Where services can’t be provided at the local surgery, a patient may be directed to one of the other surgeries and it is important their visit works well. The PCN PPG group will try to ensure that there is good commonality in the patient experience across the PCN.A challenge for the forthcoming year will be to ensure that the developing IT systems including SystmOnline, the NHS App and eConsult are understood by patients and used by them for mutual benefit. Not all patients are able or wish to use a mobile phone or PC and they can still phone the surgery. This may mean a triage via eConsult with an appropriate follow-up. This will be a big communication challenge in which the PPG can help. The surgery now has some leaflets on how to use the NHS App.Finally, I should like to thank the PPG and the Practice staff for all their work during the past year and indeed since the PPG started. I would like to give special thanks to Debbie who has taken on the role of PPG secretary when it should really be someone from the PPG itself. I have stood down as full-time chairman because I must reduce my outside commitments. We are lucky to have one of the best practices in the PCN. At least one PPG in the PCN has no contact with their Practice Manager. Thank you, Debbie, Practice staff and all PPG members both present and absent. |  |
| Question Time | * It was suggested that the option for meetings to be attended remotely should be considered. Link to be sent to those unable to attend face to face for future meetings.
* ‘Everything Within’ document which was produced by Ian Skidmore (previous PPG Chairman) recommended by (AS) for patients who may struggle to access this information. The surgery is unable to provide patient information to send these out due to confidentiality. PPG to discuss any other options.
* Coping with dementia event and community café in Digswell promoted by (AS) – agreed would be useful to have a section on the website informing about these events and others.
* (DB) suggested that Mind in Mid Herts could present at a PPG event on what services they could provide to our patients. Discuss at a future PPG meeting.
* IT support for elderly is available at Welwyn Garden City library – they have IT champions who offer support.
* (YB) suggested that one PPG member be responsible for keeping signposting details for all the organisations up to date on the surgery website.
* A Map of statutory services in secondary care would be useful – Hertshelp were suggested for signposting.
* Pharmacies who are operating Pharmacy First locally – Codicote, Knebworth, Barnes and BCP and some others. Not all are up to speed, but patients can just walk in and ask to see a pharmacist.
* An offer of assistance with the interface with secondary care was made.
 | DC – set up MS teams for remote attendees.DC – check websiteEvents to discuss at next PPG meeting |
| Next Meeting | TBC – 6 weeks between meetings |   |