**Bridge Cottage Surgery**

**Patient Participation Group**

**Minutes of meeting 9th April 2024**

**Present:** David Bell (Chair/DB), Carolyn Clark, Jacqueline Pountney, Sandra Saunders, Caroline Griffiths, Henry Bowrey, Jayne Truran, Debbie Crossley (Practice Manager/PM)

**Apologies**: Shaun Nikiel, Jenny Harding, Yvonne Bartlett, Ann Land

The minutes of the last meeting were agreed to be correct.

Due to time restraints an agenda was not published before the meeting. **DB** outlined the agenda for the meeting.

The group wished the following Drs a long and happy retirement and thanked them for their service to the practice.

Dr Pathmanathan

Dr Aggarwal

Recruitment is now underway to fill these two vacancies. This does mean however that for the time being the practice is operating with 7 Partners and 1 Salaried GP.

**E Consult**

There are still lots of concerns around this. DC reiterated that this was not a diagnosis tool, more a complex information gathering tool. Alerts will always be highlighted to the surgery.

Data is not held by e consult, it comes direct to the surgery. It was recognised that the mention of any AI connection was somewhat daunting to most patients.

The loss of two GPs has meant that a full start-up of e consult has been temporarily delayed.

**Hospital phlebotomy appointment booking**

The Surgery now has its own login with the ability to book blood test appointments at the local hospitals on behalf of patients unable to book these themselves.

**Pharmacy First**

All local pharmacies are providing the Pharmacy First service. Patients can approach the pharmacy direct for certain issues and the pharmacy can prescribe medication. There is a message informing patients on the phone system and also on the surgery website

**Minor Illness Hub**

The surgery are completing eLites for patients with chest infections and UTIs between 8am and 9am which are then dealt with by the PCN Minor Illness hub based in Hertford.

**Appointments**

Concerns were raised about continuity of care. On some occasions with patients who have long-term complex needs it is easier if the same Dr can be seen. Whilst it is accepted this isn’t always possible, it is recognised that it is helpful to the patient and carers. PM said this was always considered but due to Drs availability not always possible.

A discussion took place around the ***‘emergency’*** appointment. **PM** made it quite clear that if the patient needs to be seen that day, they will endeavor to try to make this happen. It was felt by the group that the word ***‘emergency’*** could possibly be replaced by another term, maybe; ‘Do you feel you need to see a Dr today?’ which patients could relate to better. It is up to patients to be clear about the urgency of their condition.

There was varied feedback from the group regarding appointment availability

**Newsletter**

It was suggested at the AGM that the PPG could contribute/edit the community magazine page. Several members of the group agreed they could supply small articles. A suggested list was made, and **PM** said she would check previous pages to see which subject matters had not been covered recently. Suggested subjects: Pharmacy First, Audiology, Aneurism, Screening, Male/female issues, Awareness days.

**Blood tests**

The availability of annual blood tests etc. was discussed. Whilst the practice does not alert patients to this they will facilitate if asked. The group felt all should take responsibility for their health and if they felt they needed checks they should ask at the surgery for these to be arranged.

**Accessibility**

After a small discussion it was felt that whilst this should remain on the agenda in future there are no further developments at present.

**CG** suggested some ideas for the practice to consider some fairly basic training in specific accessibility needs. For example, wearing ear defenders to experience hearing difficulties etc. Adopting a *‘walk in other folk’s shoes’ aspect*.’ This could add to the empathy and understanding towards patients with these disabilities.

**PM** reported that lots of work is going on behind the scenes regarding the CQC with the installation of new software financed by the PCN group ensuring policies are relevant and regularly audited.

**Website**

**DB** said that the minutes from the last few meetings needed to be added to the web page. **PM** will add.

It was discussed that it may be useful to have pictures and a brief qualification biography on the website for practice staff. Pictures of Clinical and management staff are on the surgery website detailing some specialism but **PM** said that not all GPs have a specialist area. Dr Rai is cardiology and Dr Chandarana, Dr Rai, Dr Gresly do some joint injections and Dr Mistry is diabetes lead.

**SS** asked about possible risks to elderly patients if they are in contact with Scarlet Fever. **PM** said she did not know the answer to this.

**SS** mentioned a dementia conference that is taking place in Welwyn Garden City

**PM** showed the group a new leaflet ‘Dementia Guidance’ that is available at the surgery. She also mentioned that patients can request a test that can indicate possible dementia.

There was a brief discussion about trying to attract young patients to the group. We all recognized that this is difficult within all volunteer groups but would endeavor to encourage younger folk in the practice to get involved.

**PM** is chasing the last forms to be returned by new PPG members. Once they have been returned members will be able to email each other.

Next meeting to be arranged in 6 weeks’ time. **PM** to ask Yvonne if she is happy to Chair the next meeting.