

Minutes for Withnell Health Centre Patient Participation Group on Wednesday 12th July 2023.

Attendees from Withnell Health Centre:

Dr Ann Robinson

Nicola Phillipson

Kirsty Craney

Dr Anna Ressel

Patient Participants:

Margaret France

Wendy Duggleby

Linda Taylor

Gillian Tasker

Janice Scanlon

Tracie O’Gara

Barbara Robb

Gabrielle Lambert

Hazel Hebson

David Whyte

Janet Horton

Lynne Lynch

1. Introductions

We have a significant number of new group members and therefore attendees individually introduced themselves. Volunteers for a Chair, Deputy Chair and Secretary for the PPG group meetings going forward were requested and appointed.

Lynne Lynch - Chair

David Whyte - Deputy Chair

Wendy Duggleby – Secretary

The purpose of the PPG was discussed, and it was agreed that a draft agenda for future meetings would be emailed out to all members approximately 2-3 weeks beforehand. There will also be an option for all members to add suggestions for agenda items.

We also discussed ways in which we can recruit new PPG members, especially members with a wider age range to gain better feedback. Word of mouth by PPG members is a great way to recruit new members and Withnell will continuously add posts to our Facebook page to attract younger members.

2. Terms of Reference

All group members were handed out the Terms of Reference which explains a bit more about what a PPG is and what is discussed / actioned following these meetings. Please see the attachment.

3. Surgery News

New phone lines –

The practice has a new “cloud based” phone system. The new features to this system include call queuing which tells callers which number in the queue they are and gives the option to receive a call back. The system will save your place in the queue and then call you back when you are next in line. The feature seems to be working well so far but there have been a few teething problems, and we have urged patients to bear with us during this time.

The new answer phone message was also discussed, and it was agreed that the option of having the voicemail telling patients that “there are no appointments left for today” when appointments were full, was not going to be used as this gave the wrong message to patients. Personalisation of the answer phone message was also discussed, and this is something that we can arrange in the upcoming weeks.

Patient Access –

It was brought to our attention that online appointments are not always visible. Some members reported being able to book appointments on the Patient Access app but not on the MYGP app, is this an app specific problem? – this is something we have reported and are looking into.

New Staff Members –

Dr Ressel has been with us since September 2022 and works full days on Mondays, Tuesdays and Fridays and half day on Wednesday. She has a mix of both telephone and face to face appointments.

Elizabeth, our Practice Nurse has been with us since June 2022 and is available 3 full days per week for appointments including chronic disease annual reviews, cervical screening, injections, infant immunisations and travel vaccinations.

Megan is our Health Care Assistant and has been with us since January 2023. Megan is available Monday – Friday 8am – 4pm for blood tests (AM appts), blood pressure monitoring, NHS Health Checks and will be competent in B12 injections and ear syringing in the coming weeks.

Green Space –

We discussed the upcoming plans to create a new garden “green space” around the side and the back of our Heath Centre for patients and staff to enjoy, we will be asking for volunteers to carry out gardening work and plant shrubs/plants all year round and maintain the garden space. This will provide an additional space for staff to enjoy during break times and we can plan to hold groups and meeting in our garden space going forward.

4. Feedback

We discussed the importance of gaining feedback and suggestions from group members on our current services.

We discussed the Practice Newsletter which is distributed quarterly and features up to date surgery news. It is available to view on our website and paper copies are available to pickup in our reception waiting area. We also discussed the website and requested feedback on anything they would like the website to include. www.withnellhc.co.uk

It was suggested that a list of current services would be an advantage so that patients can see what services we actually offer and therefore could comment on possible improvements – there is lots of information on our website which includes staff members and the services we provide.

5. Primary Care Network

Primary Care Network (PCN)

Since the NHS was created in 1948, the population has grown, and people are living longer. Many people are living with long term conditions such as diabetes and heart disease or suffer with mental health issues and may need to access their local health services more often.

To meet these needs, groups of practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks.

Primary care networks (PCNs) build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve. Where emerging PCNs are in place in parts of the country, there are clear benefits for patients and clinicians.

Primary care networks are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. They should be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

PCNs form a key building block of the NHS long-term plan. Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. In addition, PCN funding provides the opportunity to recruit a more diverse skill mix into general practice, through recruitment of roles such as first contact physiotherapists, social prescribers and physician assistants.

What benefits do Primary Care Networks have for patients?

- They offer a larger range of care services that will be close to patient's homes, as well as improved access
- PCNs merge with a wider range of health and community services
- Patients will be able to receive support for a more complicated conditions, and will have access to the health and care services that can support them
- Patients will be able to have more of a role in making decisions around their own health and the care they receive.

What can you expect from your PCN?

Additional healthcare professionals have been recruited to work on behalf of our Primary Care Network. Roles include Clinical Pharmacists, Mental Health professionals and Social Prescribing Link Workers. By introducing a greater skill mix, local people will get more access to the support they need to keep people healthy and independent.

The ultimate aim is to deliver better health outcomes for the local population, as well as a reduction in health inequalities.

We also have doctors, nurses and healthcare professionals working collectively to try to anticipate a patient's needs, to avoid getting unwell in the first place. This will be part of a wider campaign to make people aware of the importance of taking better care of themselves to avoid future health issues.

6. Any other Business

Extended access - We are open for appointments with both GPs and Practice Nurses once a month on a Saturday. We also have extended access appointment with a GP and Practice Nurses on Wednesday evenings from 6.30pm - 8pm. Blood tests can not be done at the weekend due to no lab collection.

Blood clinics – We have blood clinics every Tuesday and Thursday mornings which is provided by community phlebotomy. These are only morning appointments due to the limited service we get from the lab. We get two collections per day, the first being at 10.30am and the last collection being just before 12 o'clock. We understand this gives very limited opportunity for blood tests, especially in working patients and we have requested additional pick ups later in the day. Chorley Hospital have also changed their blood clinic availability by completely stopping routine blood tests. They do accept walk ins for urgent bloods only and an urgent blood form has to be presented.

This information and a current blood clinic timetable has been added to our website and is available on our Facebook page. A paper copy is also available at reception.

The possibility of a volunteer to transport blood to the hospital to allow later appointment times was discussed and this is something we need to look into but feel this may conflict with confidentiality and possibly insurance?

We discussed ideas for surveys that can be given to gain a better overall idea of patient satisfaction in specific areas and gain suggestions for services that patients would like to see us offer. Group members were happy to help distribute paper copies in the community to those without phones/email.

We discussed times/days for future PPG meetings and late/weekend meetings was discussed. We are happy to receive more feedback on suggestions for days and times.