**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 7th February 2022**

**18.30hrs via ZOOM**

**[REDACTED]**

Attendees:

[NAME] – PPG Meadowside (Chairman and Secretary)

[NAME] - Medical Director, GPSH

[NAME] – PPG Yew Tree

[NAME] – PPG Yew Tree

[NAME] – PPG Park

[NAME] – PPG Park

[NAME] – PPG The Village Surgery

[NAME] – PPG Blythe/Knowle

[NAME] – PPG Blythe/Knowle

[NAME] - Site Manager/Interim Governance Officer GPSH

[NAME] – Social Prescriber, GPSH

Apologies: [NAME] - PCND Manager,GPSH

[NAME] – PPG The Village Surgery (Vice-Chairman)

[NAME] – PPG The Village Surgery

|  |  |  |
| --- | --- | --- |
|  |  | **For Action**  **by** |
| **Welcome** | These minutes are a record of the virtual meeting which took place on Monday 7th February 2022 at 18:30 hrs.  [NAME] opened the meeting and welcomed those attending. He welcomed [NAME], Social Prescriber GPSH to the meeting.  [NAME] reported that apologies had been received from [NAME], [NAME] and [NAME]. |  |
| **Previous Minutes** | The minutes were approved, being proposed by [NAME] and seconded by [NAME], as a true record of the previous meeting.  **Actions Arising:**   * The action regarding having the ability to view/cancel appointments on line was still ongoing. [NAME] stated that the idea was sound but the technical difficulties would take a little longer to overcome. * The action regarding [NAME] emailing the list of opportunities for PPG members to support projects was still outstanding and carried forward. The discussion with [NAME] regarding social prescribing may replace this requirement. |  |
| **GPSH Summary Update**  **Feedback and Concerns from local PPG meetings** | [NAME] handed over to Matt to provide a GPS Healthcare update.  [NAME] confirmed that the level of infection with the covid strain Omicron was much higher than before but this level of infection was not translating into deaths and hospital intake. The current thinking is that the current restrictions would be lifted by the end of March 2022 but this could of course be amended by government. It has to be accepted that the possibility of further reinfection will not disappear but Covid and its variations will need to be treated as common infections in the future by the population. [NAME] stated that it is is imperative that medical staff operate safely when seeing patients.  The conception that GP’s are not seeing patients face to face is incorrect. GPSH GP’s are having face to face appointments where necessary but also use the telephone and video appointments where appropriate.  As with the whole of primary care within the NHS we need to assess what is possible whilst keeping everyone safe. We can learn from the last two years to move forward to ensure that GPS Healthcare is providing efficient care. [NAME] reminded the meeting that there still is the need to telephone the practice first and then advice will be given whether to visit the local pharmacy, wait for a telephone consultation with a doctor or nurse or have a face to face appointment at the surgery. This is the new normal for GPS Healthcare going forward taking pressure from staff shortages, illness and ensuring that patients receive the appropriate care. The interface for the surgeries is with the reception teams, who will ask for a brief description of the issue you need to be seen for. Reception staff are not able to book face to face appointments at this time.  The use of video links is still available if the doctor or nurse considers it to be of benefit to the consultation.  **Changes in Staff:**  Currently, job advertisements have been issued regarding the position of Chief Operations Officer (COO) for which there has been seven applicants of which two still need to be interviewed. Another Partner will be starting April 2022, GPS Healthcare will continue to recruit as staff leave through retirement or moving to other employment. [NAME] stressed that it is important to recruit GP’s but this is a national problem as newly qualified GP’s prefer being employed as a locum to a practice rather than employment at a particular site.  Under the Additional Roles Reimbursement Scheme (ARRS) networks are able to recruit new roles to expand their care team. The aim of the scheme is to build and utilise the additional roles to solve the workforce shortage in general practice. This covers the employment of Clinical Pharmacists, Social Prescribing Link Workers for example. The role of Clinical Pharmacists is to offer patients advice on how to manage their medicines. Also, they carry out the annual patient medical reviews to advise and query the medication allocated to a Patient to ensure that the medical requirement needs to be reviewed.  Regarding the role of Social Prescriber, [NAME] introduced herself and proceeded to explain the role and how it hoped will be developed with support from PPG members. There are currently Health and Wellbeing meetings being held and a large number of projects being developed which it was hoped that the PPG members would be able to support.  The principle of social prescribing is for link workers to be the core contact person to connect people with local community activities and services that can help their health and wellbeing.  It was agreed that [NAME] would circulate the email address to the members for them to contact Georgie directly to find out details of the projects and where they may possibly support.  [NAME] added that support would be welcomed by SoliHealth, SHP as well as GPS Healthcare. The Hub currently is at Monkspath where GPS Healthcare and Solihull Health Partnership have been providing Covid vaccinations, which is now becoming less busy, but has now seen 2500 appointments in the last 2 months.  [NAME] suggested that each PPG member could contact [NAME] and sign up to give support to a project by the next meeting. This would strengthen a partnership between Practices and PPG members, which has been lacking over the last months. This was agreed by the PPG members.  Staff Photographs in Waiting Rooms:  [NAME] reported that there seemed to be a lack of photographs of staff being displayed in the waiting rooms. [NAME] replied that it was the policy for staff photographs to be displayed and would members report back to him is this is not the case. Obviously, there may be one or two missing where staff have left and new staff employed.  Regarding the GPSH Re-organisation:  [NAME] raised the point that where the policy is now to have a Practice Manager covering two sites what the effect on PPG’s at both sites where the Practice Manager would normally attend is likely to be. Is the intention to reduce the number of local PPG’s to three?  [NAME] replied that there was no intention to reduce the number of PPG’s and that there should be one for every practice supporting the GPSH PPG | GC  ALL  ALL |
| **Any Other Business** | Waiting Room Seating accommodation:  [NAME] raised the issue of appropriate seating accommodation in waiting rooms for patients with mobility difficulties. The type of chair should be such that there was support for the patient and also positioned such that there was the minimal distance to walk to the doctor or nurse.  [NAME] agreed that he would take the suggestion on board and see how this can be accommodated.  Communication:  [NAME] stated that there had been no change to date regarding outward communication of information to patients. He also added that the telephone service was such that patients had to wait up to an hour to have their call answered.  [NAME] stated that there was a call back system in place which cuts in depending on a time period to allow the practice to call back and prevent the patient hanging on for too long. This led to a discussion regarding how many staff were allocated to answer the telephones and why there was such a period of waiting.  [NAME] stated that there was staff allocated to answer the telephones, in particular at 8am when there was an exceptional activity. On Monday mornings there were 10,000 calls to GPSH and the length of time waiting depended on how long each patient call takes, which can vary quite substantially.  [NAME] added that sometimes it was difficult for the receptionist to signpost the patient as they were reluctant to describe their problem to them. It was important for the Receptionist to obtain the minimal information from the patient to enable correct allocation.  [NAME] suggested that she would see if there was a possibility for PPG members observe during the answering period.  [NAME] asked whether the NHS is being taken over by the United States as privatisation by the back door. He had noted that there was a dispute in London regarding the possible takeover of one of the facilities.  [NAME] responded that there was no intention of selling of NHS services to the United States as much as the US would like to buy.  There was no other AOB raised. | ML  BD |
| **Next meeting** | Following discussion, it was agreed that the next meeting would be held on **Monday 11th April 2022 at 18:30 hours**. Whether a zoom or face to face meeting will be confirmed nearer to the date, but it was hoped that the meeting would be face to face at Tanworth Lane practice.    Everyone was thanked for attending and contributing to the discussions. The meeting closed at 19:55 hrs. |  |