King's Medical Practice

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PPG Meeting

27 February 2024 at **11:30**

Attendance

Pippa Longdon (Admin Team Leader), Michael Land (Operations Manager), Nicola Synnott (administration assistant), MF, JM, PD, JH, RH, BJ, JS, BW, JW

Apologies:

CO'S, BO'S, CA, MF

This meeting was arranged to demonstrate our new triage model to the group, therefore, no agenda was set.

Minutes

BJ questioned why the building is not being used for minor surgeries and other services as she feels the building is not being used to its initial potential. Michael explained the contracts for minor surgery were taken from us and given to the hospital. The only service the hospital has agreed to run from this building is an ultrasound clinic four times per week. Michael also explained that we are full to capacity with our clinical rooms. BJ advised that when this building was built, the previous Partner(s) promised a sensory garden and additional services, which haven't happened. Michael explained that the Partners could only borrow a certain amount and unfortunately, the additional funding needed to extend, build a sensory garden etc was not available due to the financial crash in 2009.

BJ asked how the Practice is funded. As we are a large Practice she feels we shouldn't be that "hard up". Michael offered to put a summary together showing how GP surgeries are funded. He also explained that a large number of patients are coming to the GP surgery due to lack of social support, if they were able to access the correct services within the community, they wouldn't feel the need for a GP appointment. In the last three years we have seen a threefold increase in the use of our services. Michael also added that numerous GP surgeries are closing each year due to financial issues. Please see the next page for actual figures:

Year	Number of surgeries closed
2013	11
2014	42
2015	69
2016	88
2017	77
2018	163
2019	92
2020	82
2021	55
2022	57

MF asked what is happening with the medical review patients should be having on/around their birthday. Michael explained this is still in progress and a meeting has been arranged with the review team manager to discuss the process going forwards as it is not serving us or our patients.

JH feels the NHS have little regard for the older generations who are not very technically minded. He also mentioned issues with prescriptions. Patients are stuck in the middle between King's and the chemist, each blaming the other. Michael advised we are aware of the issues and are working hard to resolve them.

PD mentioned that the option for results has been removed from the telephone system. Michael advised the telephone system is being replaced (see minutes from previous meeting), however, he will add the results option back onto the current phone lines, if able to do so.

JH suggested we could produce a booklet, explaining what the NHS want to propose and also include the seven issues that pharmacists can now deal with, to better sell the new system we are introducing.

MF and BJ asked for the head of NHS England to be invited to meet with the PPGs from across the five towns to discuss the Modern General Practice Access being pushed onto patients. Michael believes its highly unlikely they would attend, however, if the PPG want to invite them, they can contact them via email or telephone. The Practice can provide the contact details if needed.

Michael gave a demonstration of the triage model which has been created by Dr Walsh (senior partner) and Michael.

The group had reservations regarding patients giving personal medical information to a non-clinician, however, Michael offered reassurance that all staff members,

regardless of their role are duty bound to strict confidentiality policies within the practice. He also added that the receptionist/call handler will not be making any clinical decisions. JH also suggested offering the option to speak to a male or female call handler/receptionist, where possible.

The group agreed this is the best of the three options (1. Do nothing and lose funding. 2. Use the triage model set out by NHS England. 3. Create our own triage model). They also acknowledged the hard work and effort from both Dr Walsh and Michael.