ADELAIDE PATIENT PARTICIPATION GROUP (PPG)

Notes of zoom meeting Wed 7 Feb 2024

|  |  |
| --- | --- |
| **Present:**  Belgin Bozsahin (Practice Mgr)  Bee Thompson  Carlie Newman  Graham Williams  Hilary Lance (Chair)  Juan Schehtman  Jamila Heinecke (part)  Mark Agathangelou  Michael Fletcher  Natasha Leith-Smith  Sara Katchi | **Not in attendance:**  Cathy Katz GP  Pat Callaghan  Sheila Rossan  Vanda Renton |

|  |  |  |
| --- | --- | --- |
| **Item** | **Outcome** | **Action** |
| **1.** | **Attendance –** see above |  |
| 2. | **Practice update:**   * **Staff update.**   New salaried GP , David Brill, 5 sessions a week  New full-time receptionist, Kolima Begum  No. of PAs (Physician Associates) - 3  3 GPs on maternity leave but leave well covered   * New procedure for **clinical coding :** nowundertaken by admin teamunder the supervision of a clinician, Mayu Mathuralingam, 1yr appointment * **Pilot diabetic clinic** – Roy Shaw Centre for the PCN (Primary Care Network). This is in line with the LTC (Long Term Conditions) new service spec starting 1.4. 24.Trial runs by Hampsted Group Practice and Adelaide. These clinics provide baseline checks in a hub with all that is needed clinically in one place. * The aim is to complete 50% of PCN LTC patient's checks in the first six months of the year. * **Internal maintenance/procedures** of AMC. Footfall is being promoted from the website. Belgin regularly compares with others in PCN the demand and use of telephone consultations. Adelaide is doing better with waiting time for calls down from 6 minutes to 3.2 minutes and less. Good progress * Issue raised about problems that can be caused by the routine blocking of a patient’s text reply to a **text message** from a doctor. This procedure is standard across many practices. The reason is to reduce channels that need staff to manage demand. * [The example given involved a very unwell patient in an emergency with inaccurate information in the text from a doctor who was not the patient’s named GP]. Other routes were suggested e.g via the website but it was pointed out that seriously unwell patient might find this hard to achieve and in fact appeared not to have worked well for this patient. Suggestions for consideration:  1. Make it clearer in the format for a text message from a doctor that a direct reply was not possible 2. Suggest if a reply is essential do it via the practice website 3. Possibly have a direct link to the practice website to facilitate this   **Note**. Implemented since the PPG meeting. SMS message to pts now has a link to contact page on the website if they need to contact the practice | **Belgin** |
| 3. | **Start Well:** Proposed changes to maternity, neonatal, and children’s surgical services aimed at safer and more equitable availability of specialist services  Note the point of this item on this agenda was to draw attention to the consultation process (see link below) and there was no detailed information about the issues or proposals available.  Some points made:   * One strong view (by one member) was that the Maternity Services at RF should take priority over the Whittington. Transport from much of the borough to the Whittington was difficult and it was important that these services were locally available. Lack of space at RFH was pointed out as an issue. The PPG felt unable to support any option without more detailed information. * It was felt that widened patient-friendly consultation was essential.. Mark and Hilary to take back to CPPEG chair.   **Consultation document:-**  https://nclhealthandcare.org.uk/wp-content/uploads/2023/12/Start-Well\_Consultation-Document\_web-version.pdf | Mark  Hilary |
| 4. | **New Community Pharmacy Services -** Now largely in place  Outline of a new national **Pharmacy First Scheme**\* Condition for which trained pharmacists can prescribe:-  \*sinusitis, sore throat, earache, infected insect bites, impetigo, shingles and uncomplicated urinary tract infections in women  Expansion of the NHS Pharmacy **Contraception Service** and **Blood Pressure Checks Service**  The question was asked if Community based Pharmacists now have access to medical records. They do not. |  |
| 5. | **Carers Action Plan**: Support for unpaid Carers in Camden. A strategy is being developed by Camden Carers. In addition, Belgin is working with the GPs to identify those patients being supported / cared for by informal carers. She is also working closely with Camden Carers Hub to ensure they are informed about the support available to them via the Carers Hub .  The practice has texted their carers with the link to the Camden Carers Hub and asked them to contact to find what supports available to them. The practice has 194 identified carers.  This could be a topic for a future open meeting when such meetings are reinstated. | **Belgin**  **Hilary** |
| 6 | Question from patient (from last agenda) about **social prescribing**:-   * **How is it working and who is doing it?**   Our social prescriber is Heather Allen assisted by Denise Kidd is working alongside Heather.  Clients are referred by the GP, (ASC )Autism, Asperger's Syndrome Services or self-refer . Most referrals come from the GP **Care Navigators** work with patients for 6 weeks / 6 session and work with more complex cases e.g. with multiple long term heath conditions or mental health issues - help navigate the health & social care sector by referring & signposting.  **Social prescribers** work with clients up to six months – occasionally longer for more complex cases – work with mental and physical health, social isolation  etc  Heather generally says when introducing herself as a social prescriber:-  *“As a social prescriber I can help with things such as exploring activities and interests relevant to you.   I offer support by sign posting or referring to services & support such as group support/ social activities & events/counselling/ befriending/ training & courses/carer support/ volunteering &  employment/ financial support. The Social prescribing service works in a holistic way and therefore is person centred.  “*   * **No. of patients using the service?** Heather says “for social prescriber This varies. At present I have about 65 patients I think across HGP, Adelaide & Keats a month  – A manageable caseload is 55 a month – but this has gone up to 75 clients in the past & more – I see people pending on need which could be monthly, fortnightly  or every three weeks – I spend an hour with clients either face to face at the surgery, home visit or on the phone   **Care Navigators** are similar , but work more short-term   * **Is it helping GPs and if so, how?**   Yes – it reduces the amount patients see and book with GPs . Massively says Belgin/ |  |
| 7 | **AOB**  In response to questions:   * Screened **blood pressure** machine and separate **breast-feeding** cubicle now in place in the waiting room * **Staff photo board** is up to much acclaim – clean, simple, informative, and fresh. * **PA (Physician Associates ) photo and information board** is also up and contains information about who they are and what they do. * **The yellow PPG information folder** is also available in the waiting room. * HS2 work has had very little impact on the work of the of he Practice and the HS2 staff have a good communication process with the practice |  |

Proposed future meetings:

Wed 20 Mar 2024, 12 -1.00 pm on zoom

Wed 8 May 2024 12.15 -1.15 **face to face**.

Note: Revised date (from 1st May) and slightly revised time to fit in with clinics.