ADELAIDE PATIENT PARTICIPATION GROUP (PPG)

Notes of face to face meeting Wed 8 May 2024

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

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| **Item** | **Outcome** | **Action** |
| **1.** | **Attendance –** see above |  |
| **2** | **Meet and greet** and introductions as our first face to face meeting since the start of the pandemic |  |
| **3.** | **Practice update/developments in the pipeline.**   * **Staff update**   The whole staff team is settling well with the creation of “sub teams” .  A new clinical coder completes the team of 2 full time coders and 2 part time which take much pressure off GPs.  The new experienced receptionist has started.  A new salaried registrar, familiar with the practice, has been appointed for 6 sessions .  1 partner and two salaried GPs remain on maternity leave  In total there are 3 partners + 6 salaried GPs    A new f/t nurse has been appointed to provide monitoring home visits regularly to support some patients. Adelaide is leading on this initiative. Again, this role takes pressure off GPs. It was suggested there might be useful liaison with the RFH support hub.    The 3 PAs (Physician Associates) are working out really well with clear strong processes in place, so patients know who they are consulting. The PAs have their own photo and info board.  Notice board at the bottom of the ramp only gives the three partners names which is misleading for patients is was suggested this as an historical carry over from former days when all GPs were partners . The photo board in the reception area gives fuller clearer information about GPs names. The PPG suggested that subject to the agreement of the three partners the board be removed.     * **PCN (Primary Care Network) collaboration**   More and more targets are set at the PCN level.  This is working very well, particularly with Adelaide, Park End, Hampstead Group Practice and Keats. [ Brookfield, further away, is more on the fringe with more patients from the Whittington].  Detailed discussions are still under way about the best use of the Roy Shaw Centre near the RFH, and more thought is possibly being given to bringing neighbourhood services (health and social care) together.  James WIGG is doing this at their at Kentish Town premises.   * **Service monitoring**:   QOF (Quality and Outcomes Framework) for Practices  IIF (Investment and Impact Fund) for PCNs  It may be possible at the end of the year to share some of the dashboard data so that the PPG can see how Adelaide fares against other Practices/PCNs   * Potential impact of **Morrison site development** (750 dwellings with no plans for GP services)   This could mean an additional 500-1000 patients for the Adelaide Practice. No physical move is planned for the Practice, and no extra consulting rooms will be provided. So some creative thought has to be given to how to use space to best effect, e.g. GPs carrying out telephone consultations from home and the creation of several new soundproofed work hubs - e.g. telephone consultations – off the admin offices. Belgin is seeking advice from an architect on/how to create cubicles from existing pods, which will serve the growing admin team and offer clinicians space to carry out their telephone consultations. | **Belgin**  **Cathy / Belgin**  **Belgin** |

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| **4** | Footfall: why and how  We are mandated by NHS England by October 2024 , to record data about ALL patient requests so that NHS England knows more about the nature of these requests. These must be captured on-line, usually by the patients themselves completing the on-line algorithm, or more rarely with the assistance of the reception staff team for those unable to do so digitally for themselves.  Adelaide’s chosen platform “Footfall” (one of four piloted by the practice with the help of some PPG members ) Footfall this is already up and running on the website. Both the website and the telephone answering system route patients to Footfall  The Practice has a strategy in place to train staff and gradually formally inform patients in blocks of 2000 at a time .  PPG members presented a wide range of views from: enthusiastic current users of Footfall who find it easy to navigate; to those more IT challenged who are understandably resistant to a move away from what they are used to.  Vanda offered to help anyone who needs it to find their way around the new system  A video guide on a tv monitor in the waiting room is planned and supported  A PPG “seminar “ was mooted when video and monitor are in place , maybe at the July PPG meeting. | **Vanda**  **Belgin** |
| **5** | **Social prescribing update**  Cathy described in some detail the range of work of our Social Prescriber, Heather Allen, who is in the Practice two days a week, Monday and Thursday. She has extensive knowledge of help and support of all kinds for those in need of help outside he scope of GPs |  |
| **6.** | **AOB**  Once again, we were faced the unsolvable problem of easier access to the surgery for those with limited mobility. Patient were advised to contact the reception staff ahead of their visit to alert them to the need to put the ramp in place and provide help with the door .  The practice has a system in place to alert themselves of those who are wheelchair. Belgin will bring it again in next practice meeting.  Belgin Cathy and Hilary to meet quarterly to strengthen the role of the PPG | **Belgin, Hilary, Cathy** |

Next meeting: Wed 10 July 2024 12.15 -1.15 **face to face**.

Note slightly revised time to fit in with clinics. hl/May24