



## **Patient Participation Group Meeting**

**Tuesday 10<sup>th</sup> December 2019**

**Conference Room, Glossop**

**Present:** LA(Chair), VM, LF (Reception Supervisor), IE, JO, HBI, PP, GA, CE, Dr LD, SS

**Apologies:** JA, WA, Hba. LB, Dr ZH

**1.Minutes from 12.11.19 read.**

**2.Minutes proposed by IE and seconded by JO and GA.**

### **3.Matters Arising:**

i)Dr Jha delivered her talk which had been postponed from October. (See below)

ii)Telephone response: see below.

iii)Issue with provision of NHS dentists in Glossop: currently, the only one has a two year waiting list and is planning to move from the George Street clinic to Whitfield in April 2020.

JO has sent a paragraph on COPD to JA for inclusion in the next newsletter. LA suggested that a glossary of terms used in cardiac conditions might also be useful.

### **4.Dr Jha: New Role.**

Dr Jha spoke about the development of the Patient Care Network within Tameside and Glossop and her role as Clinical Director. The PCN comprises GP representatives from all surgeries in Glossopdale: its aim is to deliver directly a number of services currently organised via the CCG in order to improve the quality of delivery to the patient. The manner in which this will be undertaken will also free up valuable GP clinical time, thus ensuring that workloads remain manageable for GPs and focussed upon their specialist medical/clinical skills. Currently, the services which will be thus delivered are social prescribing and pharmacy; it is planned that physiotherapy will soon follow, with plans also to develop a Frailty Team for elderly and other frail patients, with particular reference to working closely with the various residential care homes within Glossopdale.

Currently, social prescribing and predominantly socially-based problems take considerable GP time especially with the limited resources available; the development of The Bureau and now the ability for it to undertake responsibility for its organization will give patients a more tailored service while ensuring that GP time is appropriately focussed. The physiotherapy service will be an acute one, distinct from that organised by the Integrated Care Foundation Trust (ICFT) which deals with rehabilitation; patients can be referred directly to a physio, following, for example, a suspected injury from a fall, for assessment and treatment without another referral on. Direct physio referral can be made at the point of reception triage, again offering a speedier and more targeted service.

Dr Jha also described some remaining issues in establishing the PCN: the Glossop PCN is the smallest within Tameside and Glossop and consequently, has a smaller share of the budget; there is a requirement that the practice provides 30% of funding and another request/expectation from the ICFT that it will also have 24% of this as they are subcontracting their staff to the new services. Additionally the actual mechanics of transferring funding from the CCG, who currently distribute it, is as yet not fully worked out.

Within Glossopdale, there is a shortage of clinical space for the new services; this is being addressed and Dr Jha has requested, more than once, a breakdown of the space available at George Street Clinic; while the longer term locations of the services are under discussion, the Simmondley GP practice has agreed the use of a room on its premises for the physio. Despite this, the Glossopdale PCN is ahead of the plans and is leading the others within the Tameside and Glossop footprint!

Dr Jha's commitment to the improvements that the PCN will bring for both patients and GPs was recognised and appreciated; she continues her GP post alongside her new role.

### **5. Patient Survey:**

VM has collated the responses, including the comments as a separate sheet as the survey format did not allow for these. **LD has scheduled the results for discussion at the next Partners' Meeting.**

### **6. IT Management: EMIS or NHS System.**

Discussion focussed upon the two different online systems that can be used by patients to access services. It was noted that, while there is little difference for patients in using either the NHS App or EMIS ( Evergreen, e-life) the former requires less involvement from the admin staff. LF also informed the meeting that the NHS App has a helpdesk, (staffed by human beings!) as against EMIS where help is less immediately accessible; it was noted too, that EMIS is a system which has to be purchased whereas the NHS App does not.

There was further discussion about holding another event around improving online patient access, including asking Tom from reception to help plan this as his input was very valuable at the last such event.

### **7. Reception Problems:**

LF had kindly agreed to attend to discuss these; she explained the somewhat unusual circumstances of staff shortages over the past year among a group that had, in general, a stable workforce who tended to remain in post for lengthy periods. The last year has seen

retirements, unplanned extended maternity leaves and unexpected sickness, resulting currently in 2 apprentice and one full-time post being unfilled. Two recently appointed staff had decided these were not the jobs for them and these vacancies are being re-advertised. The difficult nature of the work was noted and appreciated by the meeting; the reception staff have at times to deal with angry and upset patients, a factor often causing stress for them. LF said that all reception posts are now full time ones, as this has proved the best way to obtain a good service; she felt that her staff group were well-supported and trained by the GPs and the relatively recent move to reception staff triaging calls (asking patients about their reasons for appointments) has become better understood and accepted.

#### **8. Patient Neighbourhood Group:**

IE reported back on its most recent meeting:

- i) The planned lung function assessment has been delayed.
- ii) There has been a request from Karen James, Chief Executive of T & G Foundation Trust to raise £1m funding for a scanner; some discussion took place regarding the raising of funds in this manner, rather than from the CCG but there was agreement from LD and LF for a donation box to be placed at the reception desk.
- iii) The Bureau will shortly publish its strategy document for 2020; this will be in the free paper, the Glossop Chronicle.

#### **9. Any Other Business:**

- i) VM had noted errors on the list of future meeting dates; **she will amend and send out a new, definitive list.**
- ii) The external light at the front of the Glossop surgery is still not working and neither is that at the disabled entrance by the side car park. The risks posed by this were noted; LD and LF confirmed that the repairs were in process.

#### **Next Meetings:**

**Tuesday 14<sup>th</sup> January 2020, 1.00pm at Hadfield Surgery. (Formal)**

**Monday 27<sup>th</sup> January 2020, 2.30pm at Hadfield Surgery. (Informal)**