

HOWDEN MEDICAL CENTRE

PATIENT PARTICIPATION GROUP

WEDNESDAY 25TH JANUARY 2023

MINUTES

In Attendance:

Dr D Rose – GP Partner
Joanne Jennison – Practice Manager
Christine Shearer
Anne Bell
Valerie Ellerington
Robert Pickersgill
Terence Harford
Susan Glass

Apologies:

David Bugg – Finance Manager
Dr R Harrison – GP Partner
Julia Dyson
Wilfred Bahadur

1. APOLOGIES

Apologies were received as above.

2. WELCOME BACK

Joanne welcomed everyone back to the first meeting for quite a while and a fresh start for the PPG.

3. PRACTICE UPDATE

3.1 Practice Staffing

After a long recruitment drive the practice will be fully staffed with GPs from the beginning of March. Two new GPs have already started – Dr Pons and Dr Ojoawo, Dr May is due to start from the beginning of March and although we have just lost Dr Ayub who worked one day a week, we are hoping to retain one of our current registrars Dr Rehman for a day or a day and a half each week.

We have some good new staff in reception who have come from medical backgrounds and have slotted straight into the team, and a couple of our reception staff have moved across into Admin roles.

3.2 PCN (Primary Care Network)

The PCN is going well. The Care Home team which comprises of Paramedics, Pharmacy Technicians, Pharmacists and Care Coordinators are looking after care home patients across the five practices, liaising with our GPs as required.

We have a clinical Pharmacist through the PCN who works for us 4 days a week doing medication reviews, structured medication reviews, dealing with patient medication queries and medication changes identified in clinical letters from other healthcare providers.

We also have the following staff working a few days a week in the practice:

- Pharmacy Technician
- Social Prescribers
- Paramedic
- MSK First Contact Practitioner

3.3 COVID & FLU VACCINES

The practice has finished the Autumn Booster COVID Vaccinations although they are still available currently at other venues through the national booking system.

Flu vaccinations will be available at the practice until the end of March. Uptake to date has been lower than previous years, this is common across local practices. Feedback from patients suggests they either don't want any more vaccinations at the moment or are choosing between having a COVID or Flu Vaccination.

Confirmation has been received that there will be a Spring COVID Booster rollout for older people and immunosuppressed and then a Booster in Autumn/Winter. No confirmation yet received re who will be eligible or roll out date.

3.4 NEW PROJECTS

3.4.1 Safeguarding & Vulnerable Patients

Dr Rose has been leading on improving the care of patients identified and recorded as having safeguarding or vulnerable concerns. After seeking involvement from the local safeguarding lead the practice has expanded the coding of vulnerable patients in line with their recommendations. A meeting is now held monthly reviewing these patients, with specific attention to new patients onto the list, those who have not attended appointments and those who have had hospital attendances.

3.4.2 Social Prescriber – Out of Hospital Contacts

Dr Rose reported that all patients over 65 who have been admitted to hospital and those under 65 who have been discharged after a number of weeks stay are now being referred to the Social Prescribers. They will be contacted by Social Prescribers to check if they are coping, need any extra support and try to help access other services where required.

3.5 SYSTEM CHANGES

3.5.1 Pathology System

Two systems will be near future. The Pathology system we use to order and report on pathology is being changed and the rollout across practices is in progress. Training is planned early in February but no date for changeover to the new system has yet been set.

3.5.2 Text Messaging System

The system we use for many of our text correspondence including appointments reminders, friends and family text and texts we send to groups of patients asking for responses to for example smoking status or for people to tell us if they do not want a flu vaccine which is then automatically coded back into the clinical system is changing from the beginning of February. This is due to central commissioning of these services and system of choice. We hope this changeover goes smoothly but if there are any problems this service may not be available for a short period while it is set up.

3.6 **SHORTAGES**

Joanne reported issues with national shortages with Drugs/Medicines currently. This is wide ranging across different drugs and medicines and availability can change daily with some being out of stock for a longer period and some for shorter periods. Practices only hear nationally of medium to longer term out of stock issues, we do not know of stock problems at individual pharmacies with other medicines. It is frustrating for patients but also for the practice as we are doing the same prescriptions twice and have to rely on pharmacies advising what they do have in stock at that time.

There are also currently issues with shortages of clinical waste bags and sharps bins.

4. **RECRUITING NEW GROUP MEMBERS**

It Was agreed that Joanne will organise for an advert to go out on facebook. The advert will be emailed to group members for comment before it goes out. Details of anyone interested will be passed to Christine and Susan to contact.

Prior to the next meeting depending on uptake a decision will be made whether to invite these people to the next meeting, or if there is a lot of interest, bring their details to discuss at the next meeting

5. **SECONDARY CARE UPDATE**

Robert tabled information giving an update on the Integrated Care Systems (ICS), Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and their respective aims and responsibilities.

Although based across large population areas, there will be work focusing in on Neighbourhoods (the PCN populations). Places (250,000 to 500,000 populations) and Systems (covering populations of around 500,000 to 3 million).

Robert tabled a paper detailing the umber and North Yorkshire Humber Care Partnership operating model, mission, vision and aims along with the structures currently being put in place.

Robert stressed the importance of patient groups being involved in discussions with these bodies to give the patient view in the way they develop and change health and social care services going forwards.

Robert also tabled information on the North Lincolnshire and Goole Hospital (NLAG) trust ratings from 2019 and 2022 showing a great improvement taking them out of CQC measures. Details on Ambulance handovers and Urgent and Emergency Care activity where also tabled and discussed.

6. **ANY OTHER BUSINESS**

No further business.

7. **NEXT MEETING**

The next meeting will be in approximately 2 months time. Joanne will send out the date.