

**Castle Place Practice Patient Participation Group
Minutes of Meeting Held on Monday 11 September 2023**

Attendees PPG	Dan Leggett (Chair), Pam Spencer, Rosa Tuffney, Fran Knight, Margaret Maltby (Guest)
Attendees Practice Staff	Dr Megan Parkin (CPP GP and Clinical Lead), Annette Cook (Care Co-ordinator)

Agenda item		Action
1 Apologies	Dave Hutchinson, Linda Chalmers	
2 Group Update	There had been two responses from the information provided in the reception area on PPG. We need to expand the PPG membership, especially to recruit younger people. It would be helpful if GPs could make patients aware of the group.	
3 Meeting with Amicus PPG Chair	An informal meeting had taken place with the Chair of Amicus PPG, arranged by Pam. The Amicus PPG comprised six members plus additional members from the Bampton practice. The practice was independently run and had around 17800 patients. The interaction between the PPG Chair and GPs seemed much greater than CPP. Amicus PPG members had been involved with the Covid and Flu vaccination clinics and were much more visible to patients.	
4 Practice Update	<p>Dr Megan Parkin provided a practice update.</p> <p>From last month she had been appointed the designated clinical lead for the practice, reporting to Dr Lindsey Webb, the newly appointed Clinical Director for Community Services.</p> <p>A new Practice Manager had been appointed and would start work in November, to work closely with Rachael Hallam (CPP Operations Manager). The Practice would have more allocated time from Ned Brown, Divisional Business Manager, as he now worked across two practices rather than seven.</p> <p>CPP was now almost fully staffed, though two staff members would be leaving soon and job adverts were being prepared.</p> <p>There had been a big change since June in the way that patients accessed services at CPP. The Government had required GPs to provide 'signposting' at the first patient contact by the end of June. Though this had later been rescinded, CPP had already introduced a new triage system, scrutinised by a member of staff to provide responses (appointments/telephone calls/messages as appropriate) either the same day, within 5 days or within two weeks. Reception staff then booked the appointments or phone calls. Patients were encouraged to use the on-line system as this freed up the telephone lines for patients without access to the internet. Dr Parkin thought most patients were happy with the new</p>	

	<p>system (complaints were reduced) and the practice staff believed it was working well.</p> <p>In response to questions posed by PPG prior to the meeting, Dr Parkin responded as follows:</p> <p>Q1 CPP had assigned patients to a named GP (and GP team) though most had not been informed by letter/email/text as this was a big undertaking. The CPP IT lead had started work and would be looking into this. PPG thought this would be a PR coup for the Practice and should be actioned asap. Dr Parkin acknowledged that that GP continuity had deteriorated since Covid.</p> <p>The last national GP survey had reported that 11% of CPP patents usually get to see or speak to their preferred GP when they would like to. Dr Parkin hoped that this would improve for the next survey now that staffing levels had stabilised.</p> <p>Q2 On the role of PPG going forward, Dr Parkin believed the group should be the voice of the Practice in the community, be involved in health promotion, providing feedback and in holding GPs to account. In the past PPG had proposed speaking to students at PETROC about the practice. Dr Lonsdale-Eccles held regular meetings with staff there, and Dr Parkin would enquire if the leavers assembly might be a suitable opportunity to do this. Dr Parkin would also look at sources of funding for the activities of PPG. Any PPG photocopying requirements should be passed on to Annette.</p> <p>Q3 and Q4 - the benefits from the relationship with RDUH Trust - Dr Parkin thought the practice had benefited from being held to account on national targets and quality assurance, and that patients would benefit from this. In future, it was possible that around 20% of Devon practices could become part of private organisations. The relationship with RDUH was preferable, though it might be a number of years before the benefits were truly realised. From a patient perspective the last five years had been difficult but lots of issues were now being resolved.</p> <p>Q4 The possibility of expansion of GP premises was complicated by the various 'pots' of money that were available. For Development monies (section 106), applications are made via the ICS and Dr Squires had met with a local housing developer to discuss this. The ICS then takes this forward with the developer and the council decides who is successful. Whilst there is no room on the CPP site for expansion it might be possible to develop a satellite site.</p> <p>Q5 In respect of the number of patients seen each day – under the new system - CPP GPs typically saw 20 patients, made 9 phone calls and undertook 11 tasks (that may or may not result in a phone call) each day. There was an allocation of 15 mins per patient visit, 10 mins per phone call and 5 minutes for each task. In the past, the Practice had lost a number GPs from unsustainable workloads.</p>	<p>MP</p> <p>All</p>
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	<p>Q6 related to the interaction with pharmacies. The Practice had a prescription lead and members of reception team are trained to provide cover for handling most prescriptions (i.e repeats). GPs had overall responsibility for prescribing. There was a nominated pharmacy for each prescription and any errors were sent back to the person who wrote the prescription (as only prescribers can change a prescription). Around 350 prescriptions were dealt with by the Practice each day and there was a prescription lead on duty. The Pharmacy team would attend the November meeting to discuss these issues.</p> <p>Q7 highlighted issues with pharmacy stock. Dr Parkin was a member of a 'Whats App' group with local pharmacies. The stock optimisation information provided was often out of date. The pharmacy team spent around 25% of their time on stock issues and hundreds of medications were currently out of stock. There were various ways for patients to obtain repeat prescriptions, though they may not always be aware of this.</p> <p>Dr Parkin was thanked for her comprehensive and informative presentation. She would attend the November meeting to introduce the Practice Manager and provide a further update.</p>	<p>MP</p> <p>MP</p>
5 Patient Survey	Carried forward to the next meeting	
6 AOB	<p>The information stall in the Pannier Market was being taken forward by Dave.</p> <p>A patient newsletter was being prepared. Dave had made a start</p>	<p>DH</p> <p>All</p>
7 Date of next meeting	Monday 27 th November at 1pm	