**The Croft Surgery, Kirkbride. Patient Participation Group April 19th 2023**

**Welcome and introductions**

The group has doubled in numbers! All members had the chance to introduce themselves with a bit of background. Linda Bradley, Anne Ellis, George Hill, Sue Gallagher, Janice Hedworth, Kath Johnson, Naomi Kay, Ann Kirk, James Knox, Jane Matthews, Rod Mostyn, Liz Sarginson, Sharon Seth, Oonagh Taylor, Grace Weller, Sam Willis,

Apologies received from Wendy Betts, Sam Willis, Gwen Lattimer

**Staffing update**

Registrars – Dr Rebecca Oliver returns, new Dr Bosah Egbe. Dr James Cam leaving to work at Carlisle Healthcare - new nurse practitioner appointed. Nurse Molly Harrison leaving to go travelling - new practice nurse appointed. Receptionist Liz Beck leaving to take up new post as administrator for Podiatry - new receptionist appointed

**Patient experience**

Recent positive feedback via iPlato for February and March shared. Our results are very positive and the free text comments were very appreciative and confirmed many of the views expressed during the meeting.

**Appointments**

We are very busy. Reduced appointment availability with staffing pressures and multiple bank holidays – book in advance and use wisely, finite number of appointments for urgent matters. An Increasing number of “urgent “ appointments are not urgent and may be appropriate for self-care, and the surgery team want ideas how to promote this**?** Kath commented that Carlisle Healthcare have such advice on line.  **ACTION All. How can we promote this? Email the surgery if you have ideas.**

Multiple issues may need multiple appointments.

James also observed that some work which would have gone to the hospital is now landing at the GPs’ door.

Telephone and face to face provision balance. Sharon expressed her preference for a F2F/a human being. Oonagh commented that the ethos which we all appreciate does not change – whether telephone or F2F.There is no list of pre-recorded messages/prompts now, and this was welcomed. (this is not the case for all practices). James observed that callers are more used to the prompts anyway. He also reported that Dr Hewson had experienced the “list” too, and understood the situation!

The 2 week wait for an appointment: where this occurs, this is also impacted by the number of bank holidays

Appointments with Nursing team. There are few appointments at present so we need to book in advance if possible

Linda has moved over from the North East and commented on the different levels of service capacity (particularly in orthopaedics) between the North East and Cumbria (Cumberland). James observed that there are more NHS Trusts in that part of the region, more specialisms, medical school and new trauma centre. We are getting a Medical School in partnership with Imperial College London.<https://news.cumbria.ac.uk/news/university-of-cumbria-and-imperial-college-london-announce-plans-for-new-medical-school-in-carlisle>

**Digital champion**

With greater use of technology, we know that there are people in the community without the know-how, or the confidence, or the digital connections and who may want to know more/use digital services. Carrie is our practice ‘digital champion’ but we need patients to help too. Volunteers? Relatives who might be able to help? Naomi also offered information about her own digital diabetes management, and offered to be a buddy to someone We are now receiving more text messages on phones, including prompts to respond to bowel screening.

**ACTION Sharon, Sue and Naomi have volunteered to learn more and offer help to others. Practice team to contact and organise.**

Increasing use of SMS. Please ensure surgery has mobile numbers.

There is Online/app facility for booking appointments, repeat medications, requesting clinical advice. Sue commented that she had accessed her detailed blood results. It was agreed that there could be issues with clinical terminology used.

**Medication shortages**

James updated on the on-going situation: variable stocks affecting multiple medications including omeprazole, antibiotics, steroid creams, HRT. There are systems in place for essential meds. Members reported varied experiences of trying to get medications elsewhere in supermarkets and independent pharmacies.. Difficult if you don’t have transport and are always reliant on others. The advice is to phone a pharmacy first to check they have what you need. We agreed that we are fortunate to have a surgery with a pharmacy.

**COVID/flu clinics**

The next round of boosters. Over 75s only. Other patients will have to travel and book via 111. Limited staffing capacity to put on multiple additional clinics. Surgery has taken the decision that over 75s are least mobile patient group hence vaccinating them locally/visiting housebound. Sanofi only licensed in older age group hence why offer isn’t being extended to younger age group immunocompromised/vulnerable patients. Since Covid, there is better information on patients who have a carer, or who are carers. When there is a surgery-based booster event, the team would welcome volunteers to help manage the queue.

**Building**

Waiting room repainted, and hoping to get clinical rooms repainted this year. Surgery team want to trial a BP and weight station in waiting room. PPG thought that could be funded from Patient fund. Proposed Extension - issues with land registry and mortgage have held up further developments but this is still in progress. At this point there were questions about the catchment area for the surgery. James advised that boundaries overlap, hence people from further away from the surgery may still be patients. Also increased numbers of housebuilding projects in our area, could lead to more demand.

**County reorganisation**

With the new authority Cumberland in place, would there be any impact on services? Major difference for our patients would be funding of social care services they might be using.

**Equipment fund**

George and Ann(K) manage this and fund stands at £1256.84. The fund no longer pays for oxygen replacements as this is too expensive. Both commented that we used to get very generous donations either from bequests or collections at funerals, but clearly people have more choices, and may donate to an end of life service instead. Eg Hospice. Perhaps we could publicise this more? Eg: notice in waiting room stating what the fund has bought (also on website?) **ACTION Surgery team.**

**Any other business**

1 Reinstate PPG noticeboard in waiting room, with names of contacts. Can we check on consent form individuals for their names to be used?

**ACTION Surgery team.**

**2** The Outsourced Pharmacy service which caused much grief to both Patients and the PCN (Primary Care Network of which we are a part) (raised at the last meeting) has been terminated.

3 Linda raised the matter of all prescriptions requested not being delivered together. James will take this up.

4 Naomi asked about the Health Day which we had back in April **2019!** Could we do another one. Great for education, information and networking. Some informal discussion followed. The last one had been organised by surgery team and it was felt that perhaps our group could take this on. For information, the minute writer (Sue) has all the notes about what we did.

**ACTION Sue will send out info to all group, to see what level of interest there is for a repeat event.**

5 Voluntary car scheme. Liz is a driver for this service. The service is seeking a new co-ordinator, and volunteer drivers. Petrol paid at 45p per mile, insurance when on duty is covered by the scheme. Jane expressed an interest. Website and Contact Liz https://www.cumbria.gov.uk/elibrary/content/internet/544/6320/6324/4063994218.pdf

**Next meeting**

**Weds 13th September 7.30 Port Carlisle Bowling Club.**