**Stokenchurch Patient Participation Group**

**Committee Meeting**

**Tuesday 15th January 2025 at 17.30**

**Stokenchurch Medical Centre**

**Present**: Richard Rivett (Acting Chair), Linda Lewins, Tricia Newbury, Fiona Macgregor, Richard Summers, Claire Byrne (Practice Manager), Teresa Paschaly (Social Prescriber)

**1. Welcome.** Richard welcomed the committee and Teresa Paschaly the new Social Prescriber

**2. Apologies**: Roger Hagon, Heather Harbord, Valerie Jenkinson, Camilla Baker (had emailed her apologies)

**3. Minutes of the meeting held on 19th November 2024**

 The minutes of the meeting held on 19th November were approved by those present.

**4.** There were no matters arising.

**5. Chatty Cafe**

Teresa Paschaly the new social prescriber joined the meeting to introduce herself and share what she does within the practice.

It was decided that whilst the PPG had done a brilliant job at trying to get the Chatty Cafe running and effective, it may not be the right time for the PPG to continue with this. TP will use a similar format, to offer sessions to those identified to her but will vary meeting points to allow access across a variety of places. Suggested venues included but not limited to:

* Coffee on the Green
* Studley Green Garden Centre
* Strawberry Grove, Lane End
* Studley Green Community Centre - you would need to contact them to see if they would be willing to allow the venue to be used FOC

Discussion about having a space on the SMC website that was for TP, social prescriber explaining her role and remit. Maybe a Help Me button that takes people to a form that would be assessed by social prescriber. If the person needed support with form an option available for support to be given.

Clear information stating that support from SP would be for any aspects of health and wellbeing only - not be for any clinical or medical help the person required. SP role is non emergency, and has up to 14 day response time (dependent on number of patients, but response is usually within days.) Claire agreed to investigate this.

**6. Feedback from other surgery booking systems**

Richard confirmed that of the surgeries he looked at most used E-Consult. There then followed a lengthy discussion about E Consult and the system.

Claire explained that all surgeries had to use an electronic system, and SMC had chosen E-Consult and that all systems have their positives and negatives

At SMC - admin staff add the forms to the triage list but unlike many other surgeries a Duty Doctor triages the list at SMC

The guidance from NHS is that GP's can have up to 2 weeks to see patients following triaging the forms, in practice, SMC aim to see/ contact/ respond to forms within 48 hours. The patients at SMC are getting a very good service.

Drop-in sessions were suggested but it was explained that this would be a backwards step from where we currently are with the number of patients who are seen on a daily basis

Richard said that on one site a very helpful video was available to show patients how to use E-Consult. Claire said she would see if it could be incorporated on the SMC website.

**7. Practice Managers Report**

Claire confirmed that Dr Karanvir Singh commenced working as a GP at SMC on the 6th January with the intention of becoming a Partner. He is doing the training to allow SMC to take on student registrars. Work is beginning on a room upstairs to convert it to a new consultation room. In time, works will start on the poly clinic room too, enabling more consultation rooms to be utilised.

Linda asked for an updated staff list for the surgery - Claire agreed to send one to all the committee.

A concern was raised about mental health issues and the system in place for supporting those who has seen Ellen the MH worker. CB will look into the procedure to book an appointment for a patient to see a doctor, once she has triaged them, rather than them having to call or fill in an e-consult.

Claire confirmed that the Pharmacy had now closed due to it not being financially viable, all staff jobs were safe, and no redundancies had to be made. Patients are now directed to Rowlands. The old Pharmacy is now being use for storage of files etc.

Discussion about website and limitations. Claire was asked to look into the PPG tab/ area to see if more can be done.

Query was raised about how to feedback to the surgery anonymously. Fiona suggested a locked comments box that would allow more people to feedback, Louise suggested signposting to the Family & Friends Test and the Patient Feedback forms on the website.  The comments book for PPG in library and reception area of surgery not used.

**8. NAPP (Nation Association of Patient Participation)**

Richard shared an update on NAPP and once he is registered he will share details for other members to join. Richard felt this was a great resource for the PPG.

**9. Healthwatch**

Richard circulated the latest Healthwatch agenda at which Fiona agreed to attend on the 5th February at the Aylesbury Community Hub. Richard will check if Heather is also able to attend.

**10. Newsletter**

Louise agreed to produce a newsletter and will send a copy to Claire and Richard prior to publication

**11. AOB**

A discussion took place about the Blood Runs and whether this fell under the remit of the PPG or whether it was outside of our remit and was a separate thing that people could volunteer to do.  The PPG's role within SMC was to help and support the surgery.

Tricia explained that Wycombe Path Lab did not now allow walk-ins for blood tests and that appointments had to be made.

Tricia asked what can the PPG do to support the surgery

Dr Thompson joined the meeting at this point. She said she would have a chat with the other SMC staff and think about things the PPG may be able to help / support with.

PSA testing was important to lots of the PPG members. DR Thompson said that she would discuss this with the other clinicians and would come back to us in the future.

Other suggestions such as

* Well person health checks
* SEND Parents Group

Were suggested by committee members.

Dr Thompson asked about possible support re home visits transporting those without transport (who were only receiving home visits due to lack of transport/ mobility issues) to the surgery to reduce the pressure on the surgery. Concerns were raised over insurance and liability.

Fiona suggested that the Community bus could possibly help , if appointments were made for these patients during a pre organised time. In return, could SMC help with the medicals for the over 70yr old drivers?

PPG were looking to recruit more members from a variety of age groups and backgrounds

**12. Future Meetings**

18th March, 17th June, 16th Sept, 11th November and AGM 25th November

With meetings commencing at 19.00