**FMP - Patient Participation Group Meeting**

**Wednesday 21st September 2022 12.00**

**Held at the Guildhall**

Attended by :- Dr Baker Dr Sawitzky Kerin Austin Sarah Dyer Graham Elvy (Chair) Julie Taylor Carol Upton Peter Bullard Thelma Barrier Maudie Vanden Berge David Tilley Margaret Tilley

1. Welcome and apologies from Jacquie Dabnor and Ian Macdougald
2. Minutes of previous meeting reviewed and agreed.
3. Matters arising that are not on the agenda. – No other matters
4. Update from Practice
	1. The Practice has been preparing for the Covid Autumn Booster programme as well as the usual level of Flu clinics.    Our Flu vaccines arrive the end of September so we are planning to start joint clinics from the 1st week of October.   Patients can make an appointment to have their Covid vaccine here and while in the room with the nurse, they will also be offered the flu vaccine.    We are also running separate flu clinics for any patients who do not wish to have their Covid booster this time.  Patients at nursing and care homes are being vaccinated jointly with Newton Place and these are being started next week.  Patients can make an appointment via the National Booking system or directly with the surgery.   We are currently focusing on patients over 65 for the Covid booster.  The Practice has asked if any members of the PPG would like to help on the days of the clinics as stewards to help with sign posting. Anyone happy to help should email Sarah Dyer to arrange dates, sarahdyer@nhs.net
	2. We now have a new full time Reception Manager in place, her name is Lynsey Stokes.
	3. Covid restrictions have been relaxed recently and patients are no longer required to wear face masks in the practice. Clinicians are still wearing masks and PPE while seeing patients face to face.

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1. PCN Update. We are no longer just part of the Faversham PCN, but are part of the larger Mid Kent PCN, which includes GP Practices in Faversham and Ashford. Regular meetings are held monthly and these are attended by one GP, usually Dr Moore and 1 other person. The PCN are hoping to obtain and allocate funding for the following areas
	1. Monitoring of PSA levels in male patients who have a history of prostate cancer.
	2. Tele dermatology Service, which looks at skin lesions more closely than the naked eye, and this will assist the referral process.
	3. Pilgrims Hospices are looking at taking on a wellbeing co-ordinator
	4. Diabetic prevention service is preparing to promote a new scheme called the Low Calorie Diet
	5. ARRS roles. This is a pot of money available to PCN’s to recruit roles that are of use to the PCN, for example clinical pharmacists.
	6. Our extended access hours remain the same, Newton Place are open extended hours 6.30pm to 8pm and FMP are open on Saturday mornings. In addition to this, at FMP, there will be a GP on call 9am -5pm on a Saturday who will be available to assist and advise any clinical staff working.
	7. The group asked if the PCN has any type of information leaflet or publication, which can be circulated to the group to give a better understanding and how the PCN works.

**Action Point -** Kerin will raise this with the PCN at the next meeting.

1. Phone system. The Practice are going through the process of have a new telephone system installed. This is a much better telephone system than the one we currently have, with a lot of improved features. We do not currently have a full list of the new features or the date this new system will be live, but it could be two to three months. The group requested that the length of the telephone message be reduced, as much as possible, and if one of the new features could be telling the patient where they are in the telephone queue.

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1. a. Telephone message - already discussed

b. Reception Desk Queues – The group has noticed an increase in the length of the queue for Reception, and the amount of times this is happening. The Practice has noticed this and are looking into getting the Touch Screen Check in service re-installed. This requires a replacement Check in Screen and we are currently looking into this.

c. GP appointment availability. There was concern regarding the length of time for the next available appointment with a GP being three to four weeks. The practice explained this is in line with the national average for routine appointments. Patient numbers are increasing both at FMP and NP, due to other surgeries closing and the amount of houses being built in the Faversham area. It was pointed out that if a patient contacts us with an urgent matter that needs to be seen the same day, then the patient is given an “on the day” appointment with a GP, if needed.

d. eConsults. There was some concern that it is not clear what is the best use for the eConsult system. There have been occasions where a patient will complete the eConsult, and will then receive a message a couple of days later, asking them to make an appointment at the practice. It was explained that eConsults are an electronic way of contacting surgery and were not designed as a way of getting treatment or a result more quickly than contacting the practice over the telephone. There are some circumstances where eConsults work well, and other circumstances where they do not.

1. Ultrasound access. NP have ultrasound equipment, which was provided by the Faversham Friends. However, due to room constraints this machine is not used every day, and is mainly used by NP patients. It is understood Eastuary View allocate these appointments to patients who are not very mobile and therefore unable to travel to other sites. FMP have South East Ultrasound who do an ultrasound clinic at the surgery, every other Saturday.
2. Long waiting lists. The group expressed concern regarding some of the very long waiting lists for Hospital appointments, and wanted to know if there was support for patients who were having to wait a long time. The practice assured the group that they regularly speak to patients who are

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1. on long waiting lists to offer support and any assistance needed, this also increases the pressure on waiting times for routine GP appointments as well.
2. Premises. The process of having building work is still continuing at the Practice. The next room to have work will be our Minor Ops room, which is being upgraded to a higher specification theatre room for eye services and other surgical procedures. This has been delayed due to a problem with the air handling unit, and once this has been resolved work will commence. Following completion of this, other areas of work to commence are current the admin office will be made into more clinical space and our meeting room will then become admin / office space. We have now taken over the use of four rooms upstairs in the Health Centre, and these are already being used on a regular basis.
3. PPG TOR. There is still some issue with the item regarding the monitoring of complaints, and the term “felt relevant by the Practice”. Following discussion, Graham agreed to look at the wording of this section again.
4. PPG Chair and Vice Chair. Although Ian was not able to attend this meeting, it was agreed that Ian would take over the role as Chair and Graham would support as Vice Chair.
5. Action Plan for next year – not discussed
6. AOB
	1. Peter Weldon has resigned from the PPG due to ill health.
7. Date of next meeting - diaries to be looked and date to be agreed.