**Patient Participation Group Meeting - Minutes**

**Staff Attendees:** Shahanaz (Practice Manager), Haidar (Administrator)

**Patient Attendees:** SB, LM

**Minutes by:** Shahanaz

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| **Agenda Item:** | **Notes:** | **Feedback:** |
| 1. **Introductions** | Shahanaz introduced herself as the new Practice Manager, as of May 2021.  Haidar - Practice Administrator  Patients who joined the meeting: SB and LM |  |
| 1. **Updates since the last meeting** | Lateral flow tests  Practice staffs are doing lateral flow tests every day prior to their shift, before coming in to the Practice.  Face to face clinics  Face to face clinics will be continuing as normal, 2 clinics once a week as well as patients that need to be seen on the same day being brought in after a telephone consultation.  Waiting room screens  In the last meeting, we said we were working on getting the waiting room screens up and running again as footfall in the Practice. These are now up with new, informative slides on display.  Sharps bins  A few patients have tried to drop off their sharps bins to the Practice. We do not dispose of these. However, Apex Pharmacy near us have confirmed that they will accept sharps bins from patients.  CCTV and security alarm system  CCTV will be installed in the Practice tomorrow and the contractors will also look at the possibility of putting in a new security alarm system.  GP-Community Pharmacy Consultation Service  GP referral to the NHS Community Pharmacist Consultation Service (CPCS) is a new pathway that practices can use to refer patients with minor illness, for a same day / next day consultation with a community pharmacist.  Due to current COVID-19 restrictions, the pharmacist will either contact the patient by phone to carry out the consultation, arrange for them to attend the pharmacy if appropriate, or offer a video consultation. Where symptoms suggest something more serious, the pharmacist will help the patient to arrange an urgent GP appointment or escalate to an urgent care setting such as the Emergency Department if needed. The pharmacist will make a record of the outcome and send it to the patient’s GP by secure digital message.  The Reception team can also refer the patient by using a suitability table for guidance. | SB said that she has had a few experiences where she did not receive the screening text message until she had already entered the building.   * Shahanaz said she will continue to re-iterate to staff that screening prior to entry is absolutely mandatory.   MB highlighted that telephone consultations are not always useful and not all problems can be addressed this way. What a clinician can see from someone in person, they may not be able to identify over the phone.   * We completely agree with this point that Marcus made, and for this reason, where a patient would really prefer to be seen in person, or where it is deemed necessary by the clinician, the patient will be asked to come in to the Practice. |
| 1. **Secondary care links with Mitchison Road Surgery** | Travelling to Whittington Hospital  A patient had feedback to the Practice that it is too difficult to get to Whittington Hospital with the current transport links and his preferred hospital is UCLH.  This is a problem as the CCG has linked the Practice with Whittington Hospital so all of our lab results that come directly to the Practice are from Whittington. Our clinical systems are linked and for this reason, we send patients to Whittington Hospital for procedures such as blood tests or colposcopy.  Shahanaz asked the PPG members if they also find UCLH easier to access with public transport and would prefer for the Practice to be linked with UCLH.  Both PPG members present agreed. | Shahanaz asked the PPG members if they also find UCLH easier to access with public transport and would prefer for the Practice to be linked with UCLH.  Both PPG members present agreed.  Shahanaz will contact the CCG to find out if any changes can be made and will update everyone in the next meeting. |
| 1. **Competencies of each clinical staff member** | The Practice website will be updated with the roles of each clinical staff member. The organisation Communications team has confirmed that this will be happening at the start of 2022.  We currently have posters up in both waiting room detailing clinician competencies. |  |
| 1. **Feedback and questions from participants** | Shahanaz has reassured SB that she will be dealing with this problem of staff not wearing their masks at the front desk and apologised for this.  SB also asked if anything has changed at the Practice since we have merged with Operose Health.  Shahanaz and Haidar agreed that they have not experienced any major changes in day-to-day operations. Shahanaz has advised that all patients should e-mail their questions about the merger to [patientdata.mitchisonrd@nhs.net](mailto:patientdata.mitchisonrd@nhs.net) and we will pass them on to our Governance team.  LM asked about the frequency of these meetings as she has never attended once before.  Shahanaz said these meetings are held every 3 months. | SB thanked the team again for our hard work, however she has had numerous encounters with Reception staff not wearing face masks.  SB and LM both said that it would be more convenient for them if the meetings can be held after 4pm so it can fit around their schedules. |