**Patient Participation Group Meeting – Wednesday 5th June 2019**

**Attendees:**

PR RW

PF AA-J

CG Dr Richard Boyce – GP Partner

SI Hugh Weller-Lewis – Practice Manager

DG Kathryn Merrifield-Anderson – Deputy Practice Manager

**Apologies:**

RD

KD

BW

**Welcome & Introductions:**

RB opened the meeting and welcomed everyone. The purpose of the group and the meeting was briefly outlined.

**Primary Care Networks (PCN):**

RB introduced the concept of Primary Care Networks and stated that Gold Street Surgery is going to work together with Crocus, Newport and Thaxted surgeries. RB is to be the Clinical Director of our PCN and will provide leadership to the group.

All four practices are very keen to maintain the individual practices as they are operating currently but by forming a PCN it enables us to share expertise and administrative tasks, as well as employing other healthcare professionals to expand the skill mix in each surgery such as:

* Clinical pharmacists to carry out medication reviews
* Social prescribers to advise on activities such as support groups, assisting patients with things other than medicine
* Physiotherapists for musculoskeletal problems (Gold Street has a physio in surgery once a week already)

It is hoped that this will allow GPs to focus on seeing the patients they are best able to help.

There will be funding for the PCN as a whole with some initiatives being fully funded and some part funded. The four surgeries are currently discussing what the needs of the local population are.

A discussion ensued about the need to work together with effective communication whilst liaising with other bodies.

**Care Navigation:**

KMA informed the meeting that care navigation had been launched at the surgery. The idea is that the reception team are able to find the best service for patient’s needs so they can receive the right care more quickly. This ranges from getting patients booked in with the right clinician at the surgery first time, through to suggesting an outside resource that may be of help.

The receptionists have all been trained in care navigation and will ask patients for a brief outline of how they can help, to enable them to signpost patients appropriately. All staff at the surgery are bound by the same confidentiality agreement.

The welcoming telephone message has changed and a text has been sent out to advertise this new initiative.

There were questions regarding confidentiality when patients request appointments at the desk - there will always be somewhere where a patient can speak to a receptionist if a greater degree of privacy is required. There was also a suggestion of a form being handed to patients who are queueing, so they can write down their issue.

There was reassurance that care navigation is not clinical triage and is not a way to stop patients seeing a GP, it is about helping to utilise the types of appointments we have available.

**NHS App:**

The new NHS app is officially being launched in the autumn but is available now to trial. HWL stated that it allows patients to access appointments, order medication and see their core summary medical record, similar to Patient Access does now, but it brings more information together, such as a symptom checker.

The surgery will have to offer 25% of their appointments to book online, which raised concerns about people who do not have access to the internet including vulnerable patients. Although Gold Street Surgery recognises this, the hope is that if more patients book online appointments, it will make telephone access easier for those who cannot use the app or other online sources.

**Any Other Business/Way Forward:**

Patient feedback was discussed, including NHS Choices and Friends & Family Test.

There was general agreement that we would like to have more regular meetings going forward and that it would be good to have a more representative group of people from the community.

It was agreed that the PPG email account would be used for communication.

**Next Meeting:**

Date TBC – early autumn.