

TADLEY MEDICAL PARTNERSHIP PATIENT PARTICIPATION GROUP
Minutes of a meeting held on Wednesday 22nd November 2023 in the Conference Room of TMP

Present: Claire Chambers (Chair) Mary Cawley, Alan Chambers, Keith Chapman, Sheila Gunnell, Lynda Mead, Gill Tomlins, Val Turnbull, Kate Wright, Graham Wright, Dr A Hogan (TMP)(part), Heidi Williams (TMP), Karen Simmons (TMP) Dr R Chander (TMP)(part)

Apologies: Gillian Herbert, Priyanka Patel

Item	Description	Action
Minutes	The minutes of meeting for 6 th September 2023 were agreed to be a true and accurate record.	
Matters arising	HW reported on the issue of sending text messages to dispensary patients when their medication is ready to collect. This would take 1.5 to hours per day as it needs to be done manually and cannot be automated. Patients phoning in is not recommended, again due to the time taken to handle the query. The dispensary is usually very reliable at having medication ready 2 days after script approval.	
Committee composition & recruitment, ToR	<ul style="list-style-type: none"> • Upgrades to the ToR are still proceeding with a number of documents assisting in the review having been received. 	GW
Practice Matters	<ul style="list-style-type: none"> • The data protection issue which was publicised on social media was not as serious as implied. Issue related to NHS initiative to allow patients full access to their medical records, one issue occurred during implementation which provoked an over-reaction and unnecessary concern. • Practice receives about 1,500 letters per week from hospitals regarding patients which have to be linked to their records, some IT help with this but still some manual work. • Have received about 8,000 contacts to website from August to current date. • Modern Practice – new system is coming to get better triage and have appointments available for up to 6 weeks in advance. GP will assess incoming requests and determine urgency of case, then make appointment time as appropriate to needs. May eventually be able to make the appointments doctor specific. System is still new and bedding in. • NHS have new template launched for primary and secondary care triage. Hospitals now also triage referrals from primary care. • Cancer referrals on separate pathway to get to 28 days appointment target. Will phone to confirm appointment, appointment may be face to face or phone. • Some cancer screening can be done in practice and sent directly for diagnosis, pathways are changing. • Total triage is being adopted by NHS. Some pilots done and more development being done. Total triage appears to be best for patient, cultural change to accept this is needed. One practice evaluated using AI with the system but it was not successful. • On line request forms go to inbox, reviewed by lead triager to determine urgency. Message then sent to patient mobile 	

	<p>phone with next step. If no mobile phone, practice will call patient landline.</p> <ul style="list-style-type: none"> • Costs to the practice are continually increasing with no additional funding provided from NHS. Potentially may result in fewer staff being able to be employed. • Doctors are all seeing more patients than BMA guidelines suggest. • Typically on line booking system closes about 11am each day when full. Patients with urgent requests can phone the practice after the on line system has closed. About 200 appointments allowed for Monday, number then reduces through the week as the practice capacity is filled. Non urgent appointment numbers are capped, urgent appointments are not. • There is currently no response from the IT system when a request is submitted by a patient, so not clear if the request is accepted or not. Practice to check if this can be upgraded to include an auto response on receipt of a request. 	HW/RC
ICB matters	<ul style="list-style-type: none"> • Strikes in primary care appear unlikely to happen. Staff recruitment and retention continue to be a key issue. • More GP's left the UK than qualified last year, 30% of NHS staff from offshore currently, expect to be the same for the next 5 years. • Currently 10,000 vacancies in the NHS. • Mental health/suicide support websites being prepared by ICB as this is an increasing issue. • Health hubs such as in Thatcham are determined by region, Berkshire have chosen to support this, Hampshire have not. • The public consultation document for the proposed new hospital for North Hampshire is about to be released. There are 3 proposed options: <ul style="list-style-type: none"> ○ Build new hospital near M3 J7, retain Winchester hospital with some service changes and downscale Basingstoke hospital substantially. ○ Rebuild Basingstoke hospital on current site whilst still operating at full capacity. ○ Build a new hospital near M3 J7 but retain outpatients, diagnostics and therapy at current Basingstoke hospital. <p>Further information when the consultation is complete.</p>	
Communications & Patient Information	<ul style="list-style-type: none"> • Patient Information Leaflet is under review again as appointment system has changed, will be updated when the system stabilises. • AC able to assist with updates where necessary. • Some funding for Pharmacy First scheme done to try to relieve pressure on GP practices. 	AC
Contact with other groups	<ul style="list-style-type: none"> • Hurst College <ul style="list-style-type: none"> ○ Good feedback from the Hurst college regarding the initiative taken. Next meeting planned for 7th December. 	

	<ul style="list-style-type: none"> ○ YouTube video on GP care for young people will be put on practice website. ○ KS spoke with the YPI person at the Hurst and they have a room available for doctor consultations if necessary. ○ Note of caution that not all Hurst pupils are TMP patients. ● Compassionate Tadley <ul style="list-style-type: none"> ○ Trying to direct people to have more awareness of self care to try to reduce pressure on primary care. ○ Social prescribers also attending, can help people who may need guidance in self care. ○ Getting volunteer drivers to take patients to hospital is an issue. Need to get message out to potential volunteers, respond to crosslinktadley@cml.com ● Other <ul style="list-style-type: none"> ○ Volunteers day at Ambrose Allen did not go very well. HW to put article in next newsletter about volunteering. Let HW know of any organisations which may help. ○ AWE have volunteer days available. SG can help with contacts ○ CAB lunch – disappointing that no PPG representation there. Lot of people did not show up to it. 	SG
WASP	Program now complete, not clear what benefits have arisen from running it or how widely it has been adopted.	
Patient issues	<ul style="list-style-type: none"> ● List of questions from PPG email discussed. ● Question of how easy it is to find the PPG email address on the website, it could be made a bit easier. RC to check 	RC
Covid, flu and shingles vaccinations	<ul style="list-style-type: none"> ● Covid and flu vaccination program slowing down, mostly completed. ● Shingles vaccination can be considered when the Covid/flu program is complete. 	
Next meeting	The next meeting is in the conference room at TMP at 6.30pm on 7 th February 2024. Subsequent meeting proposed for 27 March 2024.	

CCG – Clinical Commissioning Group (now known as ICB)

HHC – Holmwood Health Centre

ICB – Integrated Care Board (ours is NHS Hampshire and Isle of Wight)

ICS – Integrated Care System

<https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/>

PIG – Patient Information Group

PPG – Patient Participation Group

TMP – Tadley Medical Partnership

ToR – Terms of Reference