Minutes of Knowsley Central & Southern

PCN PPG

8th December 2023

New Hutte Community centre

**Attendees**:

* PCN support manager. Nicola Raby
* Prescot M.C PM Carol Maddox
* Prescot M.C HCA Joanne Ince
* Patient Experience CC James Allen
* Dinas Lane M.C Chairperson
* The Hollies M.C. PCN Chairperson
* Prescot M.C. Chairperson
* Parkhouse M.C Chairperson
* **Apologies**

Longview M.C.

Stockbridge H.C.

Cedar Cross M.C

Nutgrove Villa M.C

* **Minutes from the last meeting**

Agreed

* **Election of chairperson and committee**

One form was submitted for nomination by the Hollies M.C Chairperson, it was distributed to all present with supporting information and it was agreed they would be the PCN chairperson.

* **Draft terms of reference and code of conduct**

No comments were made

**What’s happening across the PCN**

Nicola, Carol, and James highlighted the Capacity and Access Improvement Plan. This is a set of KPI’s created off the back of a document set out by the NHS to improve Patient Access:

Goals set for end of March 2024:

* All phone systems are being updated and will include a call back service which holds patients places in the queue, once they are at the front, they will receive a phone call instead of waiting on the phone.
* A digital transformation lead has been hired to help manage websites and social media for the PCN giving more access to patients
* Care navigation training for staff across the PCN to point patients in the right direction for the correct care
* Deliver community engagement events to communicate different appointment types
* Deliver HUB Clinics
* Gather a baseline of patient experience of making an appointment
* Have 4 PCN PPG meetings by March 2024
* An average response rate of 1% of the PCN population for FFT
* Increase average positive response rate from 91% to 95%
* Online consultation facility
* Monitor recording of appointments

**Putting theory into practice**

Patchs:

This is the online consultation facility and although it is used in the access plan, it does not count towards statistics for practices and is seen as an addition on top of the existing workload of medical staff

Care navigation training:

Lots of current staff are already trained in this aspect, most staff are part time and getting all clerical staff together at once would cripple the practices’ ability to function – discussions happened around staff having a more scripted approach to achieve the same service for all practices – It will be looked into further.

Pharmacy First:

Pharmacists can deal with patients who have UTI’s, insect bites ETC. It is early on and still has its teething issues with staff job descriptions and exactly what can be dealt with by a pharmacist – but it has freed up appointments and helped people gain access to surgeries.

The PCN:

It is great to communicate with other practices and further benefit society, but each practice operates differently because of a variety of different factors, they are businesses and GP safety should be paramount when optimising workloads

Digital transformation:

Targets have been set to increase access to surgeries with new ways of getting appointments and being dealt with by the correct member of medical staff, but it is important older generations do not get left behind in this new digital update.

Communication:

Some patients feel they now get a “text overload” and practices are treading a fine line between what patients believe is relevant or not. Getting information across to patients is key and a newsletter was mentioned which is already a work in progress across the PCN

Working together:

Working with different organisations, charities and the wider community will help us to become more cohesive and give the best possible services between us all by exposing our roles and how we can help each other.

Community engagement:

Community programmes for overweight children has been run before now, new machines have been introduced which helps to engage with patients and increase curiosity, most recently being the fibro scanner.

Family and Friends test:

A simple test to see if patients are happy with the service, some expressed concern about its questions and wanted them to be more concise. Others highlighted patients time and busy lifestyles to fill these in. iPads at the front of surgeries were mentioned as an additional way to collect them.

Physical Capacity:

Some buildings are shared with others so having space to put staff and treat patients can be a future challenge, P M.C and PH M.C share the same building with blood testing also. Bloods still operating under long slots from covid, nothing to do with PCN

Care coordinators:

There to help practices with additional workloads, becoming more fluid and flexible with what they can do as the role evolves

Mental Health:

Currently 2 MHN in place but one on long term sick and no funding for anymore, Nurses do not want to work for Mersey Care who the PCN gets its MHN from

Attracting Staff:

Nurses working on agencies and GP’s doing Locum work get paid a considerable amount more than salaried staff, that coupled with the flexibility to work as little or as much as they want poses further issues. Nurses from different backgrounds have different training and may not suit a surgery setting.