**MINUTES OF PPG MEETING 25-06-24 VENUE: Long Ashton Club Room, Community Centre.**

**PPG Members Present**

|  |  |
| --- | --- |
| RR (Chair) | TM (vice-chair 2) |
| DT (Vice Chair) **Apologies** | BH (secretary) |
| RER (Treasurer) | SP **Apologies** |
| JW **Apologies** | HW |
| CBJ | JR **Apologies** |
| PR (TMG) | BR **Apologies** |
| MK | MC |
| AW | Dr LP (Partner TMG) |
| MW **Apologies** | HC **Not Present** |
| PP | PN |
| HO (Wellbeing Officer, Nailsea Town Council) **Apologies** |  |

|  |  |
| --- | --- |
| 1 | **Membership and Attendance**  Apologies and those Not Present: see list above.  We welcomed Dr L Patterson, partner at Tower House. See text under TMG section. |
| 2 | **Minutes from previous meeting**  **Minutes from April 2024: Issues Arising**   * **Redacted minutes:** accepted as OK by PR, now on website * **NDAs,** received from HO;still outstanding for HC, JW, PP, SP. **BH to chase.** * **On-line triage system**. Telephone message fixed |
| 3 | **Treasurers report:**  Account balance: £1717.99  Non-designated: £229.48  Designated: £1488.51  Funds received from Nailsea Town Council: £1300  2023 accounts accepted. |
| 4 | **TMG Input**  **Dr LP:** Has been with TMG for >23 years. Started as a locum with TH and became a partner. She works for 2.5 days per week and is part of the Tyntesfield Executive Team. Her medical interests are around gynaecology and contraception.  **Screens in all surgeries:** Progressing, sorting out the IT issues  *PR reported that TMG is as busy as usual although no new projects are underway. The triage system is seen as a success and is now being rolled out to all 4 practices. The latest covid immunisation cycle is finished, building up to the flu cycle which starts in September.*  ***PP asked for clarification around the Triage system****. The Triage system is the online form for requesting an appointment. It is not for urgent care that day, for which patients should use the telephone system, but for non-urgent care, it enables the care navigator and GPs to make a better assessment before seeing a patient and to schedule an appointment whilst arranging possible tests to be done beforehand. It is viewed as a success and is now in use in all 4 practices.*  ***Saturday opening hours****: PP related a poor experience of calling 111 on a Saturday, that a patient had confided to her and asked TMG about Saturday opening.*  *One practice is open every Saturday, but this is for* ***prebooked*** *appointments and is part of the flexibility package they offer to patients who work and cannot attend at other times. The TMG contract does permit Primary Care on a Saturday and therefore TMG have no staff for general opening. TMG must follow the mandatory out of hours procedures advising patients to call 111, 999 or attend A&E (although A&E is discouraged*).  **Newly Trained GPs:** MK reported that there was a shortage of places in GP surgeries for newly qualified GPs and asked if this was in part because of the rise of Physician Associates and cited current concerns. (I have added links to articles below to elaborate on the general situation  <https://www.bmj.com/content/383/bmj.p2449>  <https://www.bbc.co.uk/news/health-68194718>  <https://www.bma.org.uk/bma-media-centre/bma-launches-legal-action-against-gmc-over-dangerous-blurring-of-lines-between-doctors-and-physician-associates> )  TMG response was that there is currently one PA but they think that the PA will shortly be leaving. TMG focus on training GPs and providing excellent mentoring and support; they do not have a problem attracting GPs to work at TMG. RR pointed out the excellent ratio of GP Full Time Equivalents to patients that exists at TMG, far better than the national average. They also adopt practices such as First Contact Physio and in house dietician to improve patient access and GP efficiency.  **LP elaborated on the original impetus to combine the 4 practices into one medical group**. With approx. 34k patients, TMG is felt to be an optimal size and enables the group to adopt such practices outlined above. It also enables flexibility to offer appointments in other surgeries if they are available more quickly than at a patient’s home surgery. BH pointed out that public transport around the area is not good so some people may not be able to take advantage of this. However, transport with the ‘**Availables’** can be requested, and appointments will always be available in the home surgery but with possible delays. |
| 5 | **Peter Nixon: Colostomy UK presentation.**  PN is active with Colostomy UK,( <https://www.colostomyuk.org/> ) and also a local Bristol base group called BOSS. He described many of the issues that colostomy patients face. A colostomy can result from numerous diseases or trauma and affects 1/335 people of any age. Ongoing issues include hernias, blockages, skin problems, leakage and constipation, all of which can cause problems at work, travelling, social life, emotional and mental health. He gave us a Colostomy UK leaflet and The Ostomist Agenda, attached, put together by East Kent Stoma Group.  PN is keen to promote awareness of the condition as well as promoting training for people dealing with patients with stomas during employment; he would like to look at developing a local group to provide support and asked whether this was an issue that the PPG could get involved in.  DR LP felt that the patients she sees appear to be well supported clinically by the Stoma nurses at the BRI as she is not seeing the sort of problems that she used to see. PN said that the Stoma nursing team is very effective, and the nurses do attend the 1/4ly BOSS meetings.  There was a sense that the PPG could explore the idea of developing a support group in the area but that the first stage would be for PN initially to discuss this with the Stoma nursing team to assess needs and possible gaps and to progress the idea with RR and HO; the project would sit within the remit of the Wellbeing Officer and the funds provided to PPG by Nailsea Town Council. **PN to progress** |
| 6 | **Events and Activities Progress.**  The **wellbeing events** envisaged are roll outs of the courses provided in Portishead; another series is being planned by Woodspring. Local iterations of the programme can use the materials but need to find their own speakers and any funding. As HO was unable to attend, the discussion could not progress. We could not progress the Sepsis Awareness project for the same reason. **To be carried forward.** |
| 7 | **Diabetes Support Group Progress**  The room at no 65 is booked, and invites sent to all people who had expressed an interest. There are 8 confirmed attendees so far **BH to send reminders.** Dr LP said that JS (dietician) had supporting such groups within his role description, so his attendance at some of these sessions could be enabled. |
| 8 | **Friends and Family Results: 2024 to date**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  | **Green** | **Amber** | **Red** |  | **Green:** | Very good and good | |  |  | | January | 97.68% | 1.34% | 0.99% |  | **Amber:** | Neither good nor poor and Don't know | | | | | February | 96.78% | 2.19% | 1.02% |  | **Red:** | Poor and V poor | |  |  | | March | 96.65% | 2.04% | 1.31% |  |  |  |  |  |  | | April | 97.11% | 2.11% | 0.78% |  |  |  |  |  |  | | May | 97.17% | 1.31% | 1.52% | | June | 98.13% | 0.97% | 0.90% | |
| 9 | **PPG needs within the TMG website**.  PR said that H had completed this work now; BH complimented PR and H on the work that had gone into the improvements on the website and how hard H had worked on meeting our needs within the technical constraints of the TMG site. Members of PPG were generally happy with the changes made.  Now that this is in place the PPG will be able to pursue the project of raising the PPG profile and improving awareness of the group. **Committee to progress.**  The sign-up form on the website does not ask for the Surgery Name**. PR to amend** |
| 10 | **AOB**   1. The PPG has been invited to speak about the group at a Backwell WI meeting. **Committee to discuss.** 2. MK asked whether there were plans to revisit the School Liaison initiative as this was helpful to the group but also to students contemplating medical degrees or work in the health or social care sectors. **PR to contact the person who runs the VI form and the Health and Social Care BTEC in Nailsea School and to get the similar contact for Backwell School.** 3. The Long Ashton Together communication was suggested as a useful place to advertise. **BH to investigate** 4. St Andrews in Backwell has offered the use of Church House for meetings in Backwell. It has a projector and screen and Wi-Fi. Room hire is £12 per hour. Agreed to stay with the Bowls Club for the September meeting and consider St Andrews for 2025. 5. A Marshall Arts class was in the adjoining room during the meeting, making it too noisy. RER investigated alternatives both of which involved changes to either date, time or alternative LA venue. RR suggested that we keep the date and time and revert to No 65 for the next meeting scheduled for LA, booking the Bowls Club in LA for subsequent meetings. |
| 9 | Next Meeting  **Tuesday July 23rd, 7.00, Nailsea No 65 High Street**  Attachments: minutes, The Ostomist Agenda. |