**MINUTES OF PPG MEETING 26-11-24 VENUE: Number 65.**

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| **PPG Members Present** | | | | |
| Initials | Last Name | First Name | Organization Name |  |
| CB |  |  | Brockway |  |
| MC |  |  | Long Ashton |  |
| DF |  |  | Backwell |  |
| BH secretary |  |  | Backwell |  |
| MK |  |  | Long Ashton |  |
| TM vice chair2 |  |  | Brockway | Apologies |
| VM |  |  | Tower House | NP |
| PN |  |  | Tower House |  |
| HO |  |  |  | Apologies |
| SP |  |  | Long Ashton | Apologies |
| PP |  |  |  | Apologies |
| RR a Treasurer |  |  | Brockway |  |
| BR |  |  | Tower House | Apologies |
| RR o Chair |  |  | Brockway |  |
| JR |  |  | Tower House |  |
| DT Vice chair |  |  | Tower House |  |
| HW |  |  | Tower House |  |
| PR |  |  | TMG |  |
| GP |  |  | TMG Brockway |  |

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| 1 | **Membership and Attendance**  Apologies and those not present: See list above. **BH to contact VM**  We received resignations from Alison Witchell, Mark Wilkins and Judith Wright. The group offered thanks to all and to Judith in particular, for her excellent service as secretary for so long.  We welcomed Drummond Forbes, a new PPG member from Backwell.  We welcomed Dr Namalee Wimalasundera, Partner, Brockway Medical Centre. |
| 2 | **Minutes from previous meeting**  Taken as read.  Matters Outstanding:   * Schools liaison (PR) ongoing * Screen in Backwell surgery around the BP machine. PR reported that they need to do a risk assessment to maintain full accessibility. **PR.**  NB, the BP machine that was in Brockway is broken and will not be replaced as there is a machine in Tower House medical centre. * Ref needs to recruit a wider age group, the recruitment poster was not found in BH’s documents, previous committee members have no copies electronically or on paper. **MK to check her documents. Committee to take forward direct contact with both Nailsea and Backwell schools.** |
| 3 | **Treasurers Report.**  Account Balance: £1366.65  Designated funds: £1172.51  Non designated funds: £194.14.  No change from last month.  RRa raised issue of bank charges being introduced: £50 PA plus some transaction charges if not electronic. **PR to take issue back to TMG to approval payment from undesignated funds.** |
| 4 | **TMG Input**  Dr Wimalasundera talked about the **Strategic Away Day** that the partners had had at the weekend.  The purpose was a **demand and capacity audit** from a business perspective, looking at ways in which TMG could continue to meet the needs of patients in the most efficient, effective and economical way. The away day is an annual occurrence, some of the issues this year included:   * the impact of the new National Insurance rules, * the increase in patient numbers because of house building in the area * use of technology * best way of managing space across the 4 sites * most effective admin support (secretarial staff are now ‘hubbed’ at Long Ashton where there was space, which relieves space for GPs doing paperwork rather than clinical work)   DF asked about whether Patient Input had been sought. DR NW said that TMG was always patient driven, but this was a business exercise and patient feedback would be considered thereafter. There are no longer ‘senior’ and ‘junior’ partners; all are equal.    JR initiated a discussion around the different agencies and community-based organisations not being ‘joined up’. Dr NW responded that TMG cannot have input directly to other agencies such as Sirona, but that there was a lot more in place now to prevent admissions to hospital and to support discharge than there used to be. EG:   * the GP service in the hospital; GPs can refer directly and quickly to get appropriate tests. * Heart Failure service * Urgent Care response * NHS at home service which includes technology and nurses rather than using the district nursing service. * District nursing team   **Other TMG News and Questions**  # F&F Feedback. November results not yet received.  # Online triage for routine only appointments is available through our website and is now open from 8am  # RR and BH have met with the Research lead at TMG ref improving patient participation in research. We requested that the PPG have a dedicated meeting to this issue and asked when Dr Man cold next come to a PPG meeting when this could take place. **PR to progress.** Dr NW sad that take up on trials was becoming more popular, some studies use contact via GP and some via the research team. They use AccurX extensively to contact suitable patients.  # Friends and Family: there was discussion around the proportion of patients who are contactable by e-mail and text. Dr NW said that all GPs actively collect digital contact details with patients. In addition, they have a policy to replace parent contact details on young people’s (16+) details to make avoid confidentiality breaches.  (supplementary question: what proportion of patients have the NHS app?)  # In response to a question from RRa, Dr NW said that there was no thought of closing Brockway and expanding int the old Weston College; the plan had never included ‘cottage hospital’ type accommodation. |
| 5 | **Events and Activities Progress / Health Issues**  **Children’s Mental Health**:  HO still progressing with Nailsea School. BH and RRo met with Off the Record, a children’s mental health charity with a service contract with Avon and Wiltshire Mental Health Partnership. They agreed to put us in contact with AWP to progress the issue with a view to informing HO’s work and to make sure that the work can be replicated in both Nailsea and Backwell schools. Awaiting contact from AWP **RRo and BH to progress.**  **Diabetes Club:** Ongoing. Nailsea Physio attended. She herself has T1 diabetes and talked about the mechanics of why exercise helps to control blood glucose levels. Posters are with the printers.  **Stoma meeting:** Will meet every 2nd Thursday at No 65. Whilst clinical support is good, people need more emotional support from peers and PN expects the group to do help meet the local need; the Bristol group BOSS is still available. TMG will make sure they advise stoma patients that the group is there. PN also talked about the need for stoma friendly toilet facilities; there is a national campaign and Mary Blatchford will take the issue to Nailsea Town Council.  DF said that he is involved in a support group for people with cleft palates and emphasised the importance of support groups.  **Cardiovascular Disease:** Dr NW said that the NHS Health Check programme had been in place for 10 years and people are invited to attend for a wellness check at age 40. |
| 6 | **Communications**  Summaries from October have been posted**.** The problem of the QR linkwas resolved. |
| 8 | **AOB:**  # MC raised issue of tablets being issued by pharmacy 8 months after GP had stopped the prescription. These were returned to pharmacy and had to be destroyed. Dr NW said that GP should have changed the repeat prescription data on the system. The pharmacist should have fed back to GP.  # HW outlined a catalogue of stupid errors by the hospital with reference to appointments and waiting lists. This seems to be due to computer issues at the hospital.  # HW complimented TMG on the extension of the triage hours.  # MK said there were no card and no pencils in the Suggestion Box in LA and the receptionist had disclaimed any responsibility for replacing. MW from LA had had responsibility for this but was obviously under some pressure. **Agreed that RRa would supply cards and pencils to LA. BH to request that MW leave his key there too.** |
| 9 | **NEXT MEETING**: Tuesday 28th January.  **AT**: 7pm  **MEETING LOCATION**: No 65 High Street  Please note that the AGM will be at the February Meeting. |