



Crossley Street Surgery
Patient Participation Group
Minutes of Meeting held at the Surgery
on 17 October 2024

Present: LB, MT, AH, JD, FS, PG, AD, S-J Martin (Practice Manager)

Apologies: TG, ST, KS

1. Welcome and Apologies	LB welcomed members to the meeting and gave Apologies on behalf of those not attending.
2. Approval of Minutes	The Group's September Minutes were approved.
3. Matters Arising	<p>Infection Control: AH had met with the Nurse dealing with this for the Practice. An inspection by the Care Quality Commission (CQC) when/if carried out would - amongst other things - require that a patient representative needed to be involved. Together they had looked at a list of what an inspection by CQC would check on and had found that the rooms in the surgery met the requirements. The group felt this was an excellent result and thanked AH for being the PPG representative.</p> <p>Patient comment on DNAs: AH had sent the relevant information to the patient and had heard nothing further.</p> <p>LB felt that the group should recognise Debbie Kaye's twenty-year service to the Practice and it was agreed that a card and a book 'Elizabeth is Missing' would be gifted to Debbie from the PPG and sent on to her by S-J.</p> <p>Noticeboard: LB let the Group know that she was considering a Board display on skin cancer for the start of the new year. JD and AD agreed to put together a 'Keep Well for Winter' display in November using posters from the Practice website.</p> <p>AccuRx online event: Although planned for October, it had been decided not to hold it during the current Flu/COVID vaccination period.</p> <p>Home BP readings: Subsequent to the Group's September meeting the Practice have decided that two forms will be used by patients to record their home BP readings. If a patient borrows a BP machine from the Practice, they do so on a Monday and return it on a Friday. These patients will be asked to complete a four-day form. If a patient uses their own BP machine they will be asked to complete a seven-day form. NICE Guidance advises that home BP monitoring should be a minimum of four days, but ideally seven days.</p>

	<p>Changing the issuing of patients' medication from one month to two: Patients who have a straightforward regimen of medication (as opposed to patients whose medications are more complex) are able to get a two-month prescription. It is felt by the Practice that this system works well. A patient who has their medication prescribed monthly with no changes being made and who uses the electronic system can contact the surgery via an Admin AccuRx form asking to be changed to a two-month prescription.</p> <p>S-J suggested that from time to time patients could be made aware of this via: a 'pop up' on AccuRx; a note on the Practice website; an item in the PPG Newsletter; or a post on social media but that the timing of any notification needed to be determined by the Practice.</p>
<p>4. Surgery Update</p>	<p>Reception Team training for staff who have recently started is on-going and S-J has been working in Reception two days a week. This has been useful as it has allowed insight into what queries/issues occur day by day. This is having a positive impact with staff feeling valued and supported. The Group thanked the Reception Team for their professionalism and patience and asked S-J to convey this to them.</p> <p>Calls into the surgery are relentless but are being answered quickly and the call-back system is working well.</p> <p>Debbie Kaye's replacement is due to start in November. Sarah Hayes is now Lead Nurse and Sharon Lax has reduced her hours. Dr Lowrie Mawer who is experienced in women's health has now started and will be running a regular monthly women's health clinic.</p> <p>One member of the Admin staff will retire at the end of November. Interviews have been taking place for this position.</p> <p>Appointments in September: A total of 6,027 GP and Nurse appointments were made. 2,330 of these were Nurse/HCA appointments, 1,936 were face-to-face appointments, 476 were telephone appointments, 1,107 were triage appointments and 178 were home visits. The number of appointments where a patient did not attend was 80. Of these, 49 were with a GP, 18 with a Nurse and 13 with an HCA and represent a total of 18 hours.</p> <p>The process for DNAs (Did Not Attend) is working robustly with the hope that the number of wasted appointments will become fewer as a result.</p>
<p>5. Vaccination Clinics</p>	<p>JD who had organised the rota of volunteers for the clinics (two had already taken place with a further one taking place on 19 October) thanked both the Practice for undertaking these clinics for patients and also members of the Group for volunteering their time. While the situation concerning parking could be made clearer it was felt that the clinics were running smoothly with patients commenting when they came out on how well run they were and thanking staff and volunteers for enabling them to get their vaccinations. JD asked that some issues could be raised ahead of next year's clinics - parking/patients' lack of mobility/use of a surgery wheelchair/patients who could not easily get out of a car - so that volunteers were better equipped to deal with situations when they arose.</p> <p>S-J thanked the Group for their continued help with these clinics and passed on the appreciation of partners and staff.</p>

6. Fundraising	Ahead of the meeting, S-J had provided members with a list of items that the clinical teams felt would be of benefit to the Practice. Following a discussion, the Group chose to fundraise for a Dermatoscope. The method for collecting donations was discussed. It was agreed that S-J would source a collection bucket/box and a progress 'thermometer' as well as putting together a notice telling patients about the item and the methods that could be used to make a donation (including the use of a card reader held at Reception). These will be all sited beside the screen that patients use when checking in for their appointments. The bucket/box will be emptied each day and the monies stored by the Practice. It was suggested that the Practice website, the PPG Newsletter and – possibly at a later date – a link to a GoFundMe/JustGiving site be used to inform patients of the fundraising taking place and progress being made. It was suggested that a member of the Group liaise with the Surgery in order to represent the Group in the on-going collection of monies.
7. PPGs in Support of Primary Care Services	<p>This is an ICB initiative with Adam Stewart having re-scheduled a meeting for 9 November. LB suggested sending some information/comments from the Group as members felt they would have difficulty attending. Different comments to allow LB to draft an email to Adam Stewart were discussed. LB and S-J to liaise on this.</p> <p>AH had signed up for a two-week FutureLearn course that is free of charge to PPG Members and will cover PPG involvement in Primary Care.</p>
8. AOB	The Autumn Newsletter is now available in all three waiting rooms.
9. Date of Next Meeting	4 p.m. Thursday 21 November.