



Patient Participation Group

Minutes of meeting held on Monday 14th November 2022

Present: Fiona Scofield (FS), Kay Newton (KN), Joseph Fitzgerald (JF), Denise Kennard (DK),
Dr Jagjit Takhar (JT)

Apologies: Sue Howe

Agenda number	Items Discussed	Action Notes
1	Apologies for absence	Noted above.
2	Minutes of the last meeting – March 2022 Agreed & approved as a correct record by JF who was present at the last meeting in March 2022.	
3	Premises co-location update Phase one of the build is complete and the clinical rooms and reception area were safely moved into parts of the new build on Thursday 3 rd November. We are currently utilising some of our own new rooms as well as some rooms which will belong to South Street Surgery when the build is complete. The set up for our nursing team is good but the patient waiting area is not ideal as they are currently using what will be our secretarial/admin room long term. We are operating with 6/7 clinical rooms and have a large snagging list to take back to the contractor. When all is complete next year, South Street will have 9 clinical rooms and Parsonage will have 8. Concerns were raised about the potential for parking problems at HEH after South Street Surgery open a hub here and there could be multiple busy clinics occurring at the same time. Dr Jag Takhar has completed his Masters in Genetics and is looking to integrate his work into General Practice. To that end, the surgery will be renamed and from January 2023 will be known as 'Helix Medical Centre'. Further information will be shared with patients by end of December. JF feels that the name change will not be an issue and will be a fresh start, breaking the link with the old site on Parsonage Lane. Positive feedback received from attendees re embracing the change.	

4	<p>Enhanced Commissioning Framework (ECF)</p> <p>The Enhanced Commissioning Framework (ECF) has been developed by Hertfordshire and West Essex Integrated Care System (HWE ICS) as part of its strategy to improve the quality and outcomes of care delivered by GP practices (GP) in primary care for their registered patients.</p> <p>Please find attached guidance re: requirements for Enhanced Commissioning Framework (ECF) in relation to PPG.</p> <p>We would strive to meet the gold standards. The documentation can be worked on with the PPG & the relevant evidence required produced.</p> <p>As per item 5 JF happy to support, along with other PPG members.</p>	See Appendix 1
5	<p>Where next for Parsonage PPG? The view from Surgery & view from Patient Participants</p> <p>Please see enclosed appendix, provided by JF, which was discussed at the meeting.</p> <p>Further information to be provided by FS to establish our starting point for reaching the gold standard ECF requirements – How many patients are receiving our emailed PPG communications? Are all reception staff aware of the PPG?</p> <p>Three key areas:</p> <ol style="list-style-type: none"> 1. Recruiting a wider membership to the PPG Look into establishing links with community outreach staff in local schools & Sixth Form pupil forums. Involve complainants and those who send in a compliment to the surgery. 2. Relationship between practice & PPG 3. Poor understanding of the role of a PPG 	See Appendix 2
6	<p>ICB – Any tangible benefits to everyday operations at the surgery? Can patients see any local improvements yet?</p> <p>JF reported to the group that our Integrated Care Board (ICB) has 1,731 admin staff and is the largest admin team amongst local ICBs. He has concerns about this largely being a job creation scheme and that there is likely a lot of duplication of work amongst the group.</p> <p>From an operational perspective in the surgery there have been few noticeable changes; only email addresses and letterheads/referral forms being changed but processes themselves largely remaining the same.</p>	
7	<p>Shared Care Record went live on 1st Nov 2022</p> <p>There were some last-minute concerns around GDPR regulations, and the surgery had to undertake a piece of work to ensure our vulnerable patients are protected. Interested to see in the coming months whether the introduction of the Shared Care Record will reduce duplication and paperwork for the surgery team.</p>	

	<p>There was a previous incident where 88 trusts had not implemented a recommended Microsoft security patch and the resulting data breach cost them £92 million.</p>	
8	<p>DNA Figures</p> <p>DNA figures still rising – 1 hour of time lost for a GP Registrar on the day of the PPG Meeting. Figures do get slightly skewed in September/October as there are many flu appointments offered which are only 2 minutes long. DNA's for these increase the DNA figures but don't impact the time lost as much.</p> <p>April 2022 – 107 May 2022 – 102 June 2022 – 90 July 2022 – 110 August 2022 – 83 September 2022 – 107 October 2022 – 152</p>	
9	<p>PPG Newsletter</p> <p>JF is happy to collate another newsletter and has some information already on a “virtual hospital”. He will include information about the ICB/ICS, about the recruitment of new members to the PPG, about our upcoming change in name and when we have our patient information screen back up and running in the reception area, he would like for there to be more slides on that about the PPG.</p> <p>Could the surgery provide staff background profiles for the next newsletter? Done previously for some of our old nursing team.</p>	FS to provide
10	<p>Parsonage Staffing update</p> <p>JT updated the group that there have still been no applicants for the Salaried GP role. A high proportion of our GP Trainees come to us from North London and therefore aren't interested in continuing to commute out here once they are qualified. JF asked if there is any chance of us looking to recruit from the Addenbrooke's Medical Student base?</p> <p>JF feels there is a chance that doctors with an interest in genetics may be attracted to the surgery following our rebranding.</p> <p>Locum work is becoming more popular among qualified GPs and there are multiple nursing posts empty in East Herts.</p> <p>We still have both reception and secretarial roles advertised externally and we have had some staff retention issues in the non-clinical team which seems to be an issue across all</p>	Now recruited to Sec &

	<p>practices in the PCN.</p> <p>Liaison with local schools was suggested by KN to make students aware of employment opportunities in General Practice and work experience was suggested by DK but FS explained how limited we are on what we can offer to anyone on work experience due to the confidential nature of our work and data protection regulations.</p> <p>JF identified the fact that we are competing with hybrid roles has a disadvantage for us as the admin team and particularly the reception team need to be on site.</p> <p>JF suggested that we could host a kind of employment 'Open Day' once we are in our new premises to try and attract new candidates.</p>	<p>Admin roles with start dates early Jan 23</p>
13	<p>AOB</p> <p>JF is concerned about how many services require you to access them online and how this is a barrier for those in their late eighties or nineties. How can we provide alternatives to make services accessible for all?</p> <p>FS to speak with the local Social Prescribing team to find out if they have any useful resources in this area.</p> <p>Next meeting: TBC</p>	<p>FS</p>