**Little London Surgery Patient Participation Group Meeting – Friday 11th April 2025**

**Attendees**: **Mr A Brown (AB) CHAIR**

**MR M Newport (MN) VICE CHAIR**

Jodie Howells Little London Reception Supervisor (JH), Dr M Chander Little London GP Partner (MC),

Sue Millward (SM) (secretary, minutes)

**Guest Speaker:**

**Apologies:**

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| Topic | Discussion | Action |
| Recruitment of a salaried GP | * MC one salaried GP was appointed and has now left. We are actively looking for a new salaried GP. * MC Yvonne (ANP) on long-term planned sick leave. We have a locum GP, Dr M Khan who is covering. We also have clinical pharmacist. We are currently in a recruitment phase for more staff, which will mean more appointments. * Additionally, the surgery is currently down one trainee doctor, one GP, our ANP and one of our nurses who is also on long term sick leave. We have also had one of our secretaries on sick leave and we are training some of our other admin staff to share skills and enable them to help with some of the referrals. * In the next few months we should return to full surgeries for everyone. |  |
| Accurex triage | * MC Accurex rolled out nationally, slowly as part of a new contract last year. For non-urgent patient request, highlighting issues. These are appropriately triaged and forwarded appropriately within the surgery. It is not intended for urgent issues when the patient would be required to contact 999 or attend urgent care centre. * Patients who can’t wait – children and babies who we would try to offer on the day appointments to allay parents worry. Most patients are seen with one week. * 60-100 accurex requests received daily, so quite a lot. * However due to accurex triage we have lost 150 face-to-face appointments per week which equates to approximately 600 every 4 weeks. |  |
| Phone system | * MC The ICB and NHS England – all GP practice phone systems must be updated to one of 2 systems. We have chosen X-ON which is used by many GP practices already. The system will be installed during the daytime, to each individual phone extension and there will be a one week change-over period, towards the end of May so there may be some disruption as the lines are set up, with 2 systems running. Should be a much better system. * This new system should mean: * Better recording of information for reception staff * The system links with our EMIS computer system * An improved queuing system. Fixed queue of 10 and allowing callers the option to leave a message for a call back when their number in the queue is reached * Links with staff working from home can be called |  |
| AOB | * AB – has a supporting role within the MS society and they are taking quite difficult calls from suffers concerned regarding ESA, UC and PIP due to the benefit changes and the difficulties they are facing now. * AB stated anyone can become disabled at any time and be in need of benefits and that PIP fraud accounts for 0.01%. * MC stated the sick notes can only be due on the day they are due to the restrictions of the computer system. * MC also many doctors now leaving the county, getting burned out, due to the pressure on GPs now. * AB also enquired as to whether we had any Physician Associated at the surgery. MC – we did have one but found this put a lot of pressure on GPs due to the restriction on what they could do and many GP practices not hiring them. We have chosen to take on ANPs. * AB asked if the surgery received extra funding due to the deprived area. MC stated that no, this had not been accepted following a national audit, very few areas in the county qualified for this. We went back to the ICB but they offered no further help. It is difficult to recruit within a demanding and deprived area. * MC some surgeries have taken industrial action due to non-payment for some services and overall workload issues, however we have not opted for this. * Recruitment of new PPG members. It was agreed this is important and action should be taken to encourage more patients to join. JH suggested maybe current members could spend an hour or two at the surgery, at an appropriate time, talking to patients about the PPG and trying to recruit. |  |
| Date of next meeting | TBC. |  |