

Minutes of Patient Participation Group Meeting Thursday 24th April 2025

Present: HC, 3 PPG members in attendance, P4 virtual feedback

Introduction

HC welcomed PPG members, thanked P1 and P2 for their continued engagement and welcomed our newest member P3.

1. NHS App

HC advised the PPG that we are trying to encourage all patients to download the NHS App and enable notifications. If patients already use the NHS App, we are asking them to ensure notifications are enabled. P3 queried if the NHS App has the same information on it as the SystmOne Online account, HC advised that yes, the NHS App allows you to order medication, view GP health record and any tests results. P1 queried if you can switch between accounts on the NHS App for different patients, HC confirmed you can.

If notifications are enabled on the app this means when we send a text message from within a patient record, it goes through as a message to the NHS App rather than as an SMS. There are a couple of reasons why we would like this enabled, firstly sending communications to the app is free, if we send via text the NHS incurs a charge, we send a lot of text messages, so this is a considerable cost to the NHS nationally. As discussed with P4 virtually, as patients must sign up to the app using ID and have a username and password, there is potentially better security of the messages being sent. HC assured the PPG if a patient receives a message via the app, but the message is not read within 24 hours, the message reverts back to a text and the patient receives as a SMS. PPG felt this was a good failsafe. HC also assured PPG members that if we needed to contact a patient urgently, we would contact the patient via telephone.

HC advised that over the next year, the NHS App is integrating secondary care appointments/communications so patients can re-arrange hospital appointments, see any planned follow up appointments etc without the need to telephone the hospital. HC also advised that appointment reminders are sent via the NHS App. P3 wondered if these appointments could be saved directly into your phone calendar as this is a tool she finds useful. HC confirmed this can be done.

P2 had some concerns around when he attends hospital, not everything is electronic so how can this be integrated with NHS App. HC advised that all referrals sent to secondary care and clinic letters received are electronic along with the appointment booking system, so even if a department still use paper methods during clinics, in the background the electronic side of the work will be undertaken.

P3 raised concerns that some patients may not feel comfortable in using an app or may need support. P4 also expressed the same concerns virtually. HC advised P1, P2 and P3 that on the back of a meeting with the ICB we are working with Citizens Advice to come into surgery and offer support to patients who would like more information on

how to download the app/use. PPG members thought this was a brilliant idea. HC advised we are hoping to arrange for Citizens Advice to come in during a Covid vaccine. P1 queried if we would reach the correct demographic depending on the eligibility criteria of the vaccine. HC advised that we felt it would be worth targeting this cohort of patients followed by further cohorts.

HC advised P4 virtually that patients that don't use the app or are unable to, we will continue to offer patients other communication tools which we already have available such as telephone calls, walk-in, letters. The NHS App is just another tool we would like patients to utilise if they feel able to or want to, but other contact methods will remain available, it just gives patients another choice.

P3 thought it would be a good idea for this to be advertised in schools so the younger generation can encourage parents/ carers to download. P3 also suggested the library or somewhere in Crystal Peaks Shopping Centre as a central point for patients to visit to get help in setting up the app. HC advised that the ICB are working with different suppliers to encourage engagement.

P3 suggested nurses having a poster on their desks advertising the NHS App that patients can read whilst having bloods etc. HC agreed this is a good idea however time constraints would make it difficult. We can definitely provide posters for the rooms and if a patient wants to enquire, they can ask the reception team. P3 suggested advertising the NHS App on the Jayex board in the waiting area.

P1/P3 queried whether children could have access to their own GP health record/ NHS App log in, HC advised that all parents/ carers of children up to the age of 11 can request and be granted medical record access however when a child's 11th birthday is reached this access is automatically removed. If the parent/ carer would like to regain access, the child is invited to attend surgery for a competency assessment. If the child is deemed not competent, the parent/ carer will be given access for another year and access will be reviewed annually. If the child is deemed competent, the patient can decide if they would like access or whether to allow parent/ carer to have access, again this is reviewed annually.

2. New members of staff

HC advised our newest members of the team are Dr Fernandes and Amanda and Sophie who have joined our reception team. We are currently in the process of trying to recruit either a Practice Nurse or Health Care Assistant. HC advised that Practice Nurse Helen is training to be an Advanced Care Practitioner, this means she can offer on the day acute appointments and able to prescribe. We also supported Laura, our HCA, to become a Nurse Associate. Laura is now qualified and offering long term condition management for our patients.

P2 asked who the Partners are; HC advised Dr Davison, Dr Radford and Dr Corroon.

All PPG members praised the team. P3 advised she recently wrote to the CQC expressing her satisfaction with the surgery. HC thanked PPG members and advised we have a good team which is hopefully reflected in the care patients receive.

3. Pharmacy First Scheme

HC discussed with PPG members the Pharmacy First Scheme, HC discussed the minor ailments and 7 common conditions that a pharmacist can treat without the need of seeing a GP (see attached leaflet). PPG members agreed they would be happy to attend a pharmacy for any minor ailments and are always happy to inform the reception team of the problem they are having so they can point them in the right direction. HC advised of the process whereby reception can care navigate to a pharmacy who can deal with such ailments, at which point the reception team will refer electronically to their nominated pharmacy. The pharmacy will then contact the patient direct for a telephone consultation or to offer a F2F appointment. HC advised that following a recent meeting with a pharmacist working for the ICB who is working on encouraging this scheme, pharmacist will let GP surgeries know the outcome. which is saved to the patient record.

P2 asked if all pharmacies were taking part, HC confirmed that the pharmacist who attended the meeting as above confirmed all pharmacies are participating and HC advised she had asked for assurances at that time that if we to refer a patient they will be dealt with. HC was assured the patient would be seen.

PPG members suggested having a message on the telephone advising patients they can go to the local pharmacy for minor ailments which in turn may free up the telephone lines. HC advised this is a good idea but our telephone message is already quite long but we can consider.

HC advised this is the first time we have discussed the Pharmacy First Scheme as we have only recently been made aware of the referral process. HC advised the pharmacist from the ICB is planning to attend an upcoming clinical meeting to discuss the scheme and if the clinical team are happy with it, we will let our reception team know how to refer and start advertising.

Next meeting: TBC