

PPG Meeting – 17/01/24

In attendance:

- Graham Joynes (PPG Chair)
- Dawn Joynes
- Christina Buckley
- Paddy Buckley
- Karen Warr
- Steven Nall
- Wilfred Marbrow
- Stephanie Marbrow
- Michelle Hurley – Practice Manager.
- Georgie Ankcorn – Management Admin Assistant.

Introductions and updates from the Practice:

Interviews underway to replace two practice nurses who are leaving to pursue a career in another area of nursing. Louise G leaving to work in health visiting field, and Karen to work in wound care. Both will be sorely missed from the team, but we are pleased to confirm that Clare and Corinne will be starting with us in the Spring.

The PCN (Primary Care Network) encompassing the local five surgeries, has now moved to Ragsdale, previously the old Woodville Surgery. They facilitate centralised initiatives and provide additional resources to all 5 of the local surgeries. Heartwood patients benefit from the following specialist roles and have done so for just over a year now. They include –

- Mental Health Team
- Social prescribers
- Paramedic – Emily has been helping Heartwood with urgent appointments every Friday. She is doing this whilst completing her university masters.
- Physio

In addition, we have roles in-house that are funded through the PCN.

The PCN is designed to support between 60,000-70,000 patients, currently the population is at 59,000.

Heartwood services almost 11,000 patients. We continue to grow our workforce and facilities to meet demand. Upon a question raised, it was clarified that we don't intend to close our books, as we have capacity to continue growing with building adaptations and also the hiring of new resource.

Heartwood has a strong ANP team who provide urgent appointments on the day and support the Duty GP in their role. They will see patients with acute minor illnesses, such as chest infection, tonsillitis etc. The practice employs 3 ANP's that lead the duty emergency appointments which has helped support the demand for more urgent appointments on the day.

We have successfully secured Section 106 funding via the council from money generated by the local housing developments. This will fund building works and as part of this we are currently undertaking research into moving the paper notes off site to help create space in the building. We plan to use this space as a triage room for clinicians to use.

The practice has grown rapidly, and we have taken over 2 of the rooms from the dental section and have scope to utilise all 4 clinical rooms on the 1st floor. We operate a fine line between growth of patient list and recruitment, whilst balancing the funding that we have.

Funding channels are changing, and a new GP contract will follow in next year. Central funding into the PCN is used to support us with resources such as the mental health appointment and the social prescribers.

There are still discussions regarding the PCN wide PPG, it is thought that this will help improve efficiency and impact, and it would be beneficial to have someone representing Heartwood.

PPG Chair attends many different groups and gathers information to feed-back. One important update is the news of a new Crisis Support Drop-in centre in West Street, Swadlincote, which offers mental health support to the community. They offer a safe space where the community can go for advice and help, and signpost people to other support services if needed. They are open Friday & Saturday evenings, and Sunday afternoons.

<https://www.derbyshiremind.org.uk/services/crisis-support-drop-in-services/swadlincotecrisis/>

The group discussed the sensitive topic of local mental health and the struggle faced by men to reach out. A rise in male suicides locally has been noted, and a team of staff across all 5 practices are starting to review what options are available to provide additional support, such as ideas of "men's sheds" type groups, which could support.

Our Health and Well Being Coach, Helen, continues to run the menopause clinics. They are open to all patients, and staff, within the PCN.

We have had some great feedback from patients and are still looking at organising evening appointments if there is enough demand. Those who expressed an interest were encouraged to email in to express an interest in evening sessions. It was noted that most employers are supportive of staff going through the menopause and could potentially support flexibility to attend during the daytime.

Queries raised at the meeting to follow up on:

Is it possible to add PSA blood tests to health checks for all men over a certain age. This will be discussed with the practice partners to see if this is something the practice can organise. Since added the NHS guidance whilst looking into our practice policy. [Prostate cancer - PSA testing - NHS \(www.nhs.uk\)](http://www.nhs.uk)

PPG keen to increase appointments available to be booked online. Will report back at next meeting on plans. Cautious to release too many (other than targeted invites for online appts) as the practice has seen a lot of the appointments and patients time is being wasted, due to inappropriate appointment bookings with clinicians, when patient would have been better suited to see a different clinician.

Thank you to the PPG group for support and commitment.

PSA update added on 31.1.24

Following a query raised at PPG meeting, we consulted with a GP Partner for advice.

- It is not recommended per NICE guidelines to do PSA randomised tests, below the age of 50. And above the age of 50, only after discussion with GP.
- The test isn't always useful. If results are raised, it could be a sign of something, or not. If low, probably isn't a concern, but can't be relied upon. Difficult to interpret any clear course of action.
- The result has age related ranges, and it is a little raised, can repeat the test, but would only refer if persistently raised.
- If referred to urology, they then need to determine if there is a risk, and if so, is it slow or fast growing. It is a very grey area.
- GPs only routinely check PSA if requested to by the hospital. Then that would be set as a reminder for someone to specifically add to a blood test, or if patient still under the clinic that requested it, they would do a form, for the results to be for their review.