

“Together with the Practice, striving for excellence”



Patient Participation Group

Wednesday 11th September 2024

18:30 – 20:00

Greensand Surgery Waiting Room

Minutes

- Present:** Ted, Joan, Brian, Gavin, Paul, Celia, Maria, Angela, Anita, Nicky, Elizabeth, Alan, Christine.
Surgery: Dawn
Apologies: Caroline, Harry, Ann, Jeremy, Angela.
- Minutes of Last Meeting 24th April 2024 (Actions).**
 - **Action** Invite Gill Hiscox to a future meeting to give overview of Healthwatch.
Action Share link of new website. **Ted.**
 - **Action** Ted to Contact members re manning the Flu Clinic provisional date Saturday 5th October. **Dawn** thanked the members for their invaluable help. **Action Ted. Completed**
 - **Action** Future meeting date preferences. A discussion took place at the meeting and the majority felt that a Tuesday was more appropriate and the time kept to 18:30 – 20:00 Ted. **Completed**
- PPG Bank Account. Ted No Transactions. Current Balance (£574.68).**
- Houghton Close Re development Dawn/Ted.**

No further official information available, it is widely rumoured that the estate will be put up for sale by CBC. ICB/Estates are monitoring the situation. The members were given an overview of the historic situation on the site. The practices & the Ambulance station could envisage big problems if a development took place, namely noise, traffic, reduced parking to name but a few.
- Surgery Update. Dawn**
 - **Staff update.** Arti is leaving after many years at the practice, she will be sorely missed. She will not be replaced. The PCN has grown we will now have 3 x Pharmacy Technicians. We will be hiring a Long-Term Condition Nurse. The PCN also now have a Digital Transformation Lead who will be over seeing the change to digital working were appropriate.
 - **Patient suggestion box.** A patient had a comment in respect of the Blood test appointment system and getting the form to book. Ted explained the various ways you can make an appointment @ GHH. Normally you can get an appointment in 10 working days using the Sangix Booking System. The surgery does not send the form in the post anymore due to high postage costs.
 - **DNA.** DNA up to Aug Shared with group on email.

- **Sample Bottles.** The surgery has a small allowance of 50 bottles for samples. Unfortunately, this does not cover the demand. Patients are being asked to pay £1/bottle. This has led to friction between the staff and patients. Patients can purchase these from their local pharmacy.

6. GP Survey.

The results were all positive and very encouraging. The only one down was “Seeing my preferred Doctor” this is understandable as it is with certain Doctors who are in high demand. However, patients are offered an alternative where appropriate.

7. PCN GPIIP.

NHS (E) has asked all practices to implement a General Practice Improvement Process (GPIIP). Our PCN is leading this process.

The aim is all working towards the Modern General Practice by using tools like Website design, EDATT, and the NHS App, to make the practices more efficient in the way they work so we can provide a better service to our patients though the system in quicker way and to see the right professional first time. This includes the patient being sign posted to other outside services like your local pharmacy or wellbeing service.

This process will need to include the staffs Wellbeing/Support/Training and education as well as being able to signpost patients as appropriate.

We will be moving away from our current website provider. We send a few demo sites for you to review and feed back on. We will be looking at a website that Flitwick has, which is based on keeping things simple to use. A patient survey will also be sent out to gather what services the patients are aware of what services are available.

A lengthy discussion took place. A few suggestions to be considered like setting up a workshop for patients on How to Download the NHS App, how to use the NHS App.

Consider getting some students from Redbourn school who part of there learning portfolio is engaging with the community.

Arrange a future meeting for Digital lead to present to the group.

8. **Flu Clinics** **Dawn.** We will have 4 clinicians on duty, plus we will have extra sessions in the coming weeks (to Be Confirmed). Ted will provide a schedule of PPG Members who can assist. We will also need someone to Collect the sandwiches and bring them to the surgery. Houghton Close will also be running their Flu clinic so there maybe car parking issues and Patients turning up from the wrong practice.

9. **Primary Care Network (PCN).** **Ted/Dawn/Ann.** The last meeting was cancelled due to key members not being available.

10. **New Members.** **Ted.** I am delighted to see that we have 8 New members to participate on the PPG group, this is a very healthy number and I look forward to a contribution of ideas and feedback from you all.

11. A.O.B. **Healthcare Reform Feedback** **Jeremy.**

- **Jeremy** gave a snapshot of his participation in a debate on Swiss TV about the Referendum (9 June 2024) in Switzerland on Healthcare Reform. He was asked to give a view from a UK perspective, someone else gave a view from a French perspective, and the others were politicians from the 3 main parties, two of which have put forward proposals:

- (1) limit premiums to 10% of income with a subsidy from Government; and
- (2) limit the increase in costs – but no detail on how this would be achieved. The problem is global – most Healthcare systems are in crisis because of ballooning costs. Before the 1994 Health Insurance act Switzerland had voluntary private medical insurance, with basic care provided at cost by the teaching hospitals. Accidents were (and are still) covered by a separate scheme called SUVA. Premiums are modest (and most employees have them paid on their behalf by employers). This separation of accident and non-accident coverage would be worth considering for the UK. The 1994 Health Insurance act made medical insurance compulsory for all residents. The result has been costs continuously increasing to the present point of unaffordability – hence the Referendum – because the insurance companies are highly profitable and have a captive market. Furthermore, doctors complain that the insurance companies often disallow medically appropriate treatment because they deem it too expensive. A good feature of the Swiss system is that hospitals typically run at about 80% of capacity, which provides a useful margin in case of unforeseen events.
- Regarding limiting healthcare costs, (1) new technologies have the potential to decrease costs. Jeremy participated in a 2017 Conference in London "Smart sensor systems for self-care" on that very topic. Such technologies are advancing all the time and they can strongly reduce costs by (a) enabling early diagnosis of illness and (b) minimizing or preventing hospital stays. (2) "Quality of life" can be quantified as life expectancy multiplied by annual income. A health service costs money, hence decreases income, but prolongs life. These should be in balance. A careful calculation (by Philip Thomas) for the UK shows that more could be spent on the NHS without decreasing Quality of life. (3) Jevons paradox/moral hazard: the better or cheaper a good or service, the more the use made of it. This is a fundamental problem with any healthcare system, public or private.
- A brief discussion took place.
- Should there be more questions about these topics, I'll be happy to answer them. My especial expertise is technologies for early diagnosis and I'd be happy to give a brief presentation on this topic at a future meeting, if there is interest in it.
- A brief discussion took place.

12. Actions from meeting.

- **Action** Invite Gill Hiscox to a future meeting to give overview of Healthwatch.
- **Action** Share link of new website **Ted.**
- **Action** Ted to Contact members re manning the Flu Clinic provisional date Saturday 5th October. **Action Ted.**
- **Action** DNA Year to Date to Members. **Ted.**
- **Action** Future meeting date preferences. **Ted.**
- **Action** Send PCN Chair Review to Members. **Ted.**

13. Next Meeting Date.

Tuesday 12th November 2024 15:30 – 17:00 (Zoom)

Future Meeting Dates.

Tuesday 18th February 2025 15:30 – 17:00 (Zoom)