## **Forest Medical Group**







	Item	Issue	Action
	Attendance and Apologies	In attendance: Hasmita Lad, (Chair) Paul Linnett, (Vice Chair) Tony Norris, Ken Cowen, Mike Greenwood & Linda Greenwood, Janet Cave, Shilla Naik & Hiten Lehru  Apologies: Ros Gould, Denise Hawkins, Simon Martin & Wendy Brooks	Request for all who are part of other PPG to attend or send apologies. The full list of members has recently been sent out and ratified.
1.	Introduction for all	Round the room/MS teams introductions as some new members have joined + plus long time since we have all seen each other.	
2.	Proposed relocation from Forest House Medical Centre to New Lubbesthorpe Health Centre update	<ul> <li>High level feedback was given regarding some of the key trends that have come through on the survey. JL stated that as the official report has not been produced as yet, full details could not be provided.</li> <li>Key Themes from 'would you support the Practice relocating' question</li> <li>A large portion of respondents would support the move from FH to NLHC with 16% unsure</li> <li>Distance from FHMC to NLHC was a standout theme. Included in this was the bus routes and concerns from the elderly regarding travel.</li> <li>Developers envisage this will improve as the development improves. Responsibility of Leicestershire county council.</li> <li>Comments around the new location being a positive &amp; also around the benefits of a brand new practice.</li> <li>Respondents highlighted the condition of Forest House.</li> </ul>	

## Key Themes from 'Any concerns you may have' question

- Distance theme again came up in the replies with a large portion of responses.
- 23% had no concerns
- Issues regarding parking at NLHC
- Increase in patients due to NLHC being built

## Key Themes from 'if relocation went ahead what facilities would you like' question

- Respondents highlighted additional clinics.
- 23% did not respond to this question.
- highlighted improvements to the current appointment system.

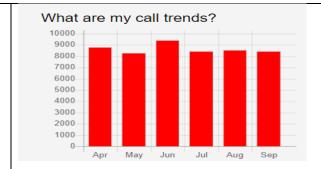
Additional Questions asked by the PPG group included:

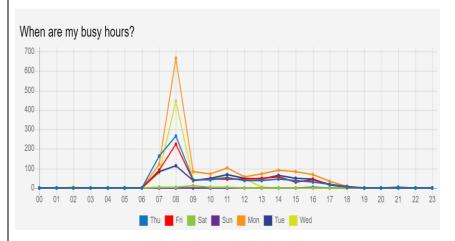
- Was there any reason that the consultation could not be extended over a longer period of time to gain more feedback.
- When will the report be available for the public to view?

JL to provide an update on the release of the report once the CCG board meeting has taken place.

JL to provide an update on why the consultation period was restricted to 30 days







JL discussed the current call trends and the level of calls that are coming into the Practice

- Key challenges surrounded the patients calling in at 8am in morning to gain an appointment and the number of calls at the that time
- Appointments The telephone notifications you hear when you call into the practice will been altered and updated to help signpost you to the best most efficient pathway, these include:
- The option to quickly cancel an appointment using the telephone buttons on your keypad. This will reduce the time in the queue and also allow more appointments to be available through a quick and easy cancellation process.
- To reduce the amount of patients calling at peak time we are now advising patients who are calling for non-urgent matters to call after 11am. This will not only reduce the time in the queue for patients with urgent matters but calls after 11am will be answered in a timely manner.

			<ul> <li>Sometimes it is quicker and easier to use your local pharmacy to address patient issue, the telephone notifications have been updated to remind all patients calling in of this service and a summary of the type of conditions that can be addressed by this service.</li> <li>We also have an on line service called Engage Consult. This is available 24/7 and works intuitively to signpost you to the best possible pathway. However, the option to contact the practice is also available.</li> <li>We will be making more &amp; more forms available on line so you can gain quick and easy access to the resources that you need. These include travel forms, change of address forms and much more.</li> <li>A number of online appointments will also be made available again as we emerge from the pandemic, making it even easier to make an appointment at a time that is convenient for patients.</li> </ul>
4.	Social Media Update	<ul> <li>Facebook now has 810 people following</li> <li>Twitter 90</li> <li>Instagram 110</li> <li>Posts can reach circa 500 to 2,000 people each time</li> <li>HL PPG promotional video was seen by 500 people</li> </ul>	Paul Linett raised the point that we should be looking at local publication such as 'Your local' to inform local residents and patients of the PPG group and activities within the practice.

		<ul> <li>Share great news stories. Food bank, Pt living with diabetes for the last 50 years and of course COVID</li> <li>Website has 14k views last month</li> </ul>	JL to review costings and report back to the PPG group.
5.	COVID Booster Update	<ul> <li>Immunosuppressed are the 1<sup>st</sup> Cohort to receive the vaccine.</li> <li>As you may be aware the booster jabs are starting to become available. Primary and secondary care are prioritising immunosuppressed cohorts first and then working through the cohorts in the same way as we did initially. There also needs to be a gap of 183 days from your 2<sup>nd</sup> dose. Full details are on this link. I have put information on the website, but please familiarise yourself as patients are already asking</li> <li>Booster vaccine doses will be available on the NHS for people most at risk from COVID-19 who have had a 2nd dose of a vaccine at least 6 months ago.</li> <li>people aged 50 and over</li> <li>people who live and work in care homes</li> <li>frontline health and social care workers</li> <li>people aged 16 and over with a health condition that puts them at high risk of getting seriously ill from COVID-19</li> <li>carers aged 16 and over</li> <li>people aged 16 and over who live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)</li> <li>People who are pregnant and in 1 of the eligible groups can also get a booster dose.</li> </ul>	Ensure that JL publicises the updates on the website and on social media accounts.
6.	AOB	Areas raised from delegates at the meeting  - Request for a Doctor to be present at the next PPG meeting  - All agreed to have bi monthly meetings moving forward. The approach of some delegates on MS teams and some in person worked very well.	<ul> <li>JL to ensure Doctor is present if possible</li> <li>AGM meeting to be confirmed with PL and HL</li> </ul>

<ul> <li>Paul Linnett and Hasmita Lad raised the point that the next meeting would need to be an AGM, no formal decision was made.</li> <li>Request for relevant subject talks to take place, examples included diabetes seminar that have been delivered in the past.</li> <li>Future meeting dates to be distributed in line with the bi monthly approach</li> </ul>	<ul> <li>JL to look at relevant clinical talks to take place</li> <li>Future meeting dates to be distributed by JL</li> </ul>	
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