

PPG Minutes – 12th October 2017

Charnwood Community Medical Group – Dr Hanlon and Partners Patient Participation Group (PPG)

1) **Chairman's welcome**

Roger was in the chair in John's and Mick's absence, best wishes for a speedy and full recovery John. As Paul Hanlon was required to staff reception, Dr Geoff Hanlon attended the meeting in his place. Thank you Geoff.

2) **Those present.**

Roger Harris, Carole Jefferson (secretary), Anne Lockley, David Meredith, Elizabeth Sharpe, Hilda Puttick, Ian Farnfield, Jay Webb, Karen Moore, Margaret Hopkins, Peter Lewis, Shirley Siriwardena, Ursula Mullin, Geoff Hanlon (deputizing for Paul, Charnwood Community Medical Group Business Manager).

3) **Apologise received**

John Todd (Chairman), Mick Gregory (Vice Chairman), Alison Atkins, Helen Davison. Apologies from Carole to some members, as she failed to send out the paperwork. Note to self, don't trust technology, check....

4) **Approval of the minutes of the last meeting** September 14th 2017 and matters arising.

The minutes were agreed. No matters arose that were not already on the agenda.

5) **Discussion and initial feedback on the Patient Survey**

Roger reported on behalf of the project group

- a. Almost 500 returns! And there may be some more to come in on line.
- b. All the returns have been entered onto Survey Monkey software for analysis. Thank you to a member of staff who entered 200, Roger did the rest. Thank you both, a BIG job.
- c. There was a note on the website to direct patients to the online form.
- d. The Management Team will meeting in the next week or so and will decide whether or not to send out a prompt. Other patients may complete the survey on line.
- e. Comments from group members who staffed the waiting rooms during survey week.
 - i. Peter
 1. Only one person refused.
 2. Some patients didn't realize that there were questions on the back. Next time, consider putting 'PTO'
 3. It was encouraging to see people writing free text in the text box.
 4. Consider running the survey on a 'flu clinic day
 5. Patients were very cheerful and receptive.

- ii. Anne Lockley
 - 1. Reception staff were really helpful; could the Practice please thank them for us?
- iii. Ian
 - 1. It was an eye opener to see how suddenly a queue could build up seemingly out of nowhere. Then back office staff would come out to support. Amazing to see how staff responded to rapidly changing demand.
- iv. Roger
 - 1. Having read all the responses, a significant number said that they had difficulty getting through on the phone. We can discuss this later after proper analysis
- v. Elizabeth
 - 1. A lady who was a Gujarati speaker had to wait for a friend to come to translate.
- vi. Ian
 - 1. A patient offered to come along to help with translation if needed.
- vii. Margaret,
 - 1. One person refused initially and was very rude but then completed the survey after his appointment.
- viii. A common observation – the tabards were difficult to wear, perhaps we could think of something else next time.
- ix. Carole thanked Roger for his excellent organization.
- x. Roger thanked everyone who came to help, for their time.
- xi. Geoff offered thanks from the Practice, as patient experience surveys are very helpful to them.
- xii. It is hoped to be able to give more detailed feedback at the November meeting.
- xiii. The survey outcomes will be a joy to the partners, a lot of very nice comments. E.g., Question 5 about Receptionists, there is phenomenal support for them.

6) Reports from other Project Groups

- a. Caring for the Carer – Margaret, Elizabeth, Jay, Ursula
- b. Met with Paul to discuss the brief, which will be to persuade more Carers to put their names on the Practice Carers list.
- c. If Carers can be identified, the practice can, with their permission, refer them to various support services.
- d. So far the group has
 - i. Contacted Kerry Turnbull who will try to attend the next meeting.
 - ii. Contacted the Pharmacy at Rosebery. The manager, Diva, is very keen to help, possibly by putting fliers into packs of medication. Carers often pick up large order of meds for patients. He has suggested that 3rd year

Pharmacy students might be able to help. Pharmacy students need to do certain things under the umbrella of Health in the Community and this project could help them to tick a few boxes.

- iii. Contacted Elizabeth's daughter who is in marketing, with a view to planning and strategy.
 - iv. Thought of having a month of 'pushing' the ideas, culminating in a 'Carers' week – or day or days, possibly in January. Paul is quite keen on this).
 - v. National Carers week is June 2018, 11th – 17th.
 - vi. Contacted someone who is writing books about Employment Law and Carers. She will include information about the Carers register.
 - vii. Contacted Sian Evans (Bridge Street PPG) who has been full time Carer for her mother and now her brother and is heavily involved in groups that help Carers. She is willing to meet to talk to the group.
 - viii. Considered having huge unmissable posters during the Carer days, 'staffed' by anyone on the group who is prepared to help, to encourage Carers to sign up on to the list. Help to complete forms if necessary.
 1. Next meeting, 18th October 2017 when it is hoped to plan a strategy and timescale to achieve the brief.
 2. The group agreed that this is an impressive start.
 3. Peter suggested posting photos of staff in order to put a human face on the practice.
 4. Geoff said that the surgery needs the names of Carers, so that they can support.
 5. Roger thanked the group for their work.
- e. I'm not Well, What should I do? (Active Signposting? or whatever name comes out in the wash).
- i. David reported.
 - ii. The group has the bones of a document to put together next week.
 - iii. A draft document will come to the November meeting.
 - iv. The document will probably be
 1. a pamphlet
 2. Eye catching so that patients will look at it.
 3. Intended to direct patients to the most appropriate place first time (Pharmacy, 111, NOT 999). Helping patients to make the right choice first time.
 4. The group found a helpful booklet which had been produced by another author, which will be useful.
 5. One big concern will be how to get the pamphlet to patients.
 - v. Many thanks to the group, a lot of progress has been made in a short time. We look forward to seeing your first draft!

7) Practice News

- a. Dr Geoff Hanlon reported in Pauls absence.
- b. Dr Bowyer has left the Practice as she is re-locating to Wales. Dr Powell has also decided that the time has come to stop work in General Practice. The Practice is currently recruiting to both positions.
- c. The first annual flu clinic is scheduled for Saturday and we are seeing good uptake number which is excellent.
- d. The Practice held an in-house PLT this afternoon looking at ways that the Practice can run more efficiently alongside some team building.
- e. HealthPod - Thank you to all of those that helped with the testing. We have made a number of alterations and will be doing some more testing soon.

- f. We have just recruited a new member of staff to help cover some staff sickness and maternity leave. Anastysia started last week.
- g. The Practice is currently in the process of looking at a staff redundancy to help militate against the additional financial pressures this year.
- h. We continue to look at the appointments system changes that we discussed at the last meeting and this work has been shared with the PPG project group.
- i. We have started work on another of the high impact changes from the GP Five Year Forward View. This looks at how incoming letters can be more efficiently managed in surgeries.
- j. As Dr Hanlon is the *Clinical Lead for the CCG on 7 day GP access* and part of the *Integrated Locality Team*, he offered to answer questions on those two areas.
 - i. Q – What are integrated Locality Teams?
 - ii. A - Integrated Locality Teams are teams of Health care professionals, collaborating to support patients
 1. They are, for example, GPs, Social Services, District Nurses.
 2. The aim is for named professionals to be involved with individual patients.
 3. In the past, this wasn't possible because of the constraints of Data Protection legislation.
 4. The work that is being done is to look at ways of allowing access.
 5. There is also work going on about allowing data sharing at a National Level.
 - iii. Q – Should this mean that there is more continuity of care for example, with fostering, adoption, as changes in personnel make it difficult.
 - iv. A - Yes, a named District Nurse, GP, Social worker.
 - v. Q - What are the implications of Sharing Patients' Records (or not).
 - vi. A – Currently, there are two software systems, EMIS and SystmOne
 1. They have limits in how well they 'talk' to one another.
 2. If every practice were on the SystmOne (as CCMG is) then all ambulances, District Nurses, UHL, UCC and Mental health Services would be able to communicate easily, to the benefit of patients.
 3. Patients can give permission for record sharing; permission for an enhanced record sharing would help.
 4. No one can force a practice to adopt either EMIS or SystmOne it's up to them, but the Federation will support any practice in the locality who wishes to switch.
 - vii. Q – In the recent Patient Survey (results as yet unpublished) patients are saying that they would like follow up appointments with the same GP if possible, especially with a complex situation.
 - viii. A – Doctors would also prefer this, the questions is how the Practice can deliver. The recently adopted chitty system helps a particular doctor to provide follow up appointment.
 - ix. Many thanks to Geoff for his extensive Practice News and giving his time for further discussion, very much appreciated.
 - x. On behalf of the Practice Geoff thanked the PPG for support, particularly recently when talking to and encouraging medical students.

- 8) **PPG Member recruitment issues.**
- a. We have an effective, but quite relaxed method of recruiting new members, starting with patients showing interest, to a chat with the Chair along the lines of what we do, guest attendance at meetings, acceptance (or otherwise) by the group and our Welcome pack.
 - b. The management team discussed recently that we have no way of responding to a hypothetical situation whereby a member fails, for some reason, to work within our shared values (ground rules). Is there any mechanism for removing any member that doesn't comply?
 - c. It was agreed that the issue would be on the next agenda. In the meantime,
 - i. The following proposal was tabled.
 - ii. Carole will type our original ground rules into these minutes.
 - iii. A clause could be added to say that if anyone doesn't comply, then there will be a conversation between that member and two of the Management Team during which, it would be pointed out what actions had been judged to be inappropriate.
 - iv. The meeting agreed that we have expectations of how we work, these are our shared values and why we have run successfully for so long.
 - v. Our expectations are made clear to new comers.
- 9) **Meetings attended**
- a. WLCCG AGM – no one went (Paul and Mick did but they were not at the meeting).
 - b. New Patient Transport Service – no one attended the meeting.
 - c. There is a WLCCG PPG Network meeting on November 15th. It must be noted that many PPGs in WLCCG are quite envious of the close links that we have here in Loughborough.
- 10) **Agenda items for November**
- a. Ground Rules – see item 8 and existing rules as an appendix to this document
 - b. Project Group Updates
- 11) **AOB –**
- a. Ian was asked during the survey what happens if there is an electronic prescription and the pharmacist doesn't have the medication.
 - i. As your prescription is in cyber space, the patient cannot be issued with another electronic prescription.
 - ii. Geoff replied that this problem crops up every other week. Once a prescription has been issued, it can't be fetched back. If this happens, speak to the receptionist, who will ask the GP to issue a new paper prescription. Thanks Geoff.
 - b. There was no further AOB.
- 12) **Date of next meeting – November 9th**
- a. David asked us to note his apologies.
- 13) **The meeting closed at 18.10.** Thank you Roger for stepping up and chairing for us, thanks all for your attendance.
- 14) Geoff reiterated thanks for the Practice for our involvement, they appreciate what we do, enormously.

Minutes agreed and signed as correct..... (Chair) Date.....

Appendix

Charnwood Medical Group PPG

Ground Rules – accepted at the Introductory meeting on February 11th 2010

1. This meeting is not a forum for individual complaints and single issues.
2. We advocate open and honest communication and challenge between individuals.
3. We will be flexible, listen, ask for help and support each other.
4. We will demonstrate a commitment to delivering results, as a group.
5. Silence indicates agreement – speak up but always go through the Chair.
6. All views are valid and will be listened to.
7. No phones or other disruption.
8. We will start and finish on time and stick to the agenda.
9. (We will respect the confidentiality of the group and discussion – *there is a note to this effect in my notes, I am certain that we agreed but it wasn't written down- Carole*)

CHARNWOOD
COMMUNITY MEDICAL GROUP