

# PPG Minutes – Virtual meeting 2<sup>nd</sup> July 2020

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

### 1) **Chairman's welcome**

Mick welcomed us to the virtual meeting, our second. Some news – sadly, John and Jane Todd will be moving to Cardiff in about a month's time. We will miss him, his hard work and friendship, for which, many thanks. Sending you our love and best wishes.

A big welcome too, to our visiting speaker – Mark Gregory, Deputy Director of Strategy and Transformation, EMAS.

'Restoration, Recovery and Reset - The EMAS Covid Journey'

### 2) **Those present.**

Mick Gregory (Chairman), Roger Harris (Vice Chairman) Carole Jefferson (Secretary) Alison Atkins (Management Team) Bhasker Khatri, Chris Sutcliffe, David Meredith, Helen Davison, Ian Farnfield, John Kershaw, John Todd, Ursula Mullin, Paul Hanlon (Charnwood Community Medical Group Business Manager)

### 3) **Apologies received**

Peter Lewis, Anne Lockley

### 4) **Visiting Speaker**, Mark Gregory, Deputy Director of Strategy and Transformation, EMAS.

'Restoration, Recovery and Reset - The EMAS Covid Journey'

Mark gave us a fascinating presentation (attached) explaining his background as a fourth generation ambulance person, his grandfather, father (our Mick) and sister, all in the service. Mark is incredibly proud of the service and how it has delivered so far during this pandemic.

There has been a massive change across the NHS, which is a positive. Over the period, there has been an outpouring of support for the NHS, which has kept the crews going during a challenging time.

Marks data comes from West Leicestershire in June 2020

### 5) **Q&As**

- a) Q – From my personal experience time is wasted when being discharged from hospital. As patients can wait up to six hours to be discharged and collect medicines, during which time, they are occupying a bed which is needed by another patient. If the time wasn't wasted, ambulances would be able to avoid waiting in the car park unable to unload their patients. I have written to the CCG about this.
- b) A – *It's a complex situation. The hospitals are aware and are working on this problem. Thank you for pointing it out, we appreciate your support on this. Anything that helps us to turn our ambulances around quicker is good.*
- c) Q - Further comment – please pass on our thanks to your staff, they have been very good to us.

*A - Yes, we have the best ambulance staff in the country. I will pass on your appreciation*

- d) Q – What are the financial implications of these new ways of working? New staff such as Nurse Practitioners are being brought in, but with the video triage system for example, will there be a financial advantage in the longer term?

*A – Yes. We have to work within our budget, but it isn't always about boots on the ground, it's often about deploying the staff differently. Video triage is a good example of that, as there is less demand on the ambulances.*

Comment a neighbour of ours regularly has an ambulance out which can be there for two hours or more. Finding more efficient ways of working can ease the pressure on the service

- e) Q- Where I work we have been impacted by staff who have had to self-isolate or shielded. Have you been impacted from a staffing point of view?

*A – Yes, quite significantly. At its peak, 15 – 17% of staff were off due to shielding or positive Covid tests and Covid diagnosis. Ambulance staff are often married to ambulance staff, so family members isolating means further staff being stood down. We were severely impacted. Fortunately we have additional resource in place such as the fire service who can drive ambulances.*

- f) Q – Thanks you Mark for your excellent presentation and all the work that you do both in and out of work hours. What's in the blood that drives people to want to join the service? How do you encourage young people?

*Ask my dad, he followed his father into the service and so did my sister and I. I always wanted to join. I never looked back. The job is interesting, exciting, sad, emotional, we are helping the community and hopefully doing good. Some people see the career as a stepping stone but the passion to making a difference in someone's else's life drives us.*

Mick – it's a job I always wanted to do. The service has changed. Great to see family members following on.

- g) Q – What has changed with regards to Covid and resuscitation?

*A - it's changed massively. We no longer just dive straight in. We need to be sure that one person goes in with a face mask while a crew mate is putting on full respirator kit. Resuscitation is time sensitive. Resuscitation is hard work and you get exhausted. A hot sweaty job. Working in a full respirator kit and plastic suit is extremely demanding. Not sustainable long term, hoping for a vaccine.*

- h) Q – From our point of view doing first aid.

*A – Do chest compressions but don't go near the airway. There is enough compression on the chest to get air in*

Thankyou on behalf of the group, to you Mark, for coming tonight. Exciting new developments in dealing with Covid it's been an insight into the challenges you've had. Important for the health service and the benefit of the patients.

5) **Approval Of Minutes and matters arising**

- a. The minutes of February 13<sup>th</sup> were approved.
- b. No matters other than are on the agenda were raised.

6) **Practice news**

- a. Project Phoenix – we are glad we started this when we did. Normality seems to be returning sooner than we expected. We have planned about 40 different actions to work through. Target 3 months, 5 weeks to go. We are on track.
- b. Microsoft teams – now part of day to day working
- c. Our internet system called 'Clarity' which monitors all of our compliance has been switched on now.
- d. Total reconfiguration of GP rotas. Glued together in a weekend to go live on Monday. Set up for now, for another spike if necessary and for coming out.
- e. We are able to contact patients by phone.
- f. We are aware that we are driving everything through the phone system which means that there are waits. We are taking meds requests over the phone.
- g. Aiming to contact patients online to take pressure off the phones. We can come back by video, text message, phone call, also face to face consultations which have been going on all through Covid. This may be the way we work post Covid.
- h. The capacity of GPs in the system will make this work (or not)
- i. Dr Chauhan is leaving end of July, 2 new male, full time GPs starting when we can get them in from Sweden. Great news.
- j. Work to do on handling medication. People have liked phoning in for prescriptions but haven't liked the difficulty getting through.
- k. We can text message by secure link such as a Fit note now.
- l. Looking at sending results by text message.
- m. Starting planning for Flu jabs. We are still waiting for guidance on the eligibility. Might come down to 50+. Which could be a problem as vaccines were ordered last year. We don't know yet how people will respond to being offered one, some will want it, some more wary. Need to be able to do it safely. Distancing guidance not possible on a 2 minute visit. Might be possible to wait outside in the car. Drive through jabbing?
- n. Health and social care network link – new one! Using it tonight for this meeting. Much better.
- o. Outwoods – still set up to be a 'hot' clinic in case, if needed locally. We will be working out how to switch Outwoods on to be a GP surgery safely.
- p. Perspex screens in offices and on Reception. Whenever we move into communal spaces, we all wear masks. Patients will be asked to wear masks. We find that we lip read more than we thought – not possible with a mask.
- q. We know it's not a perfect system from a patient's point of view but we're trying to make it more user friendly/
- r. Q&A
- s. Q – Can we email in with queries?
- t. A - We've always been able to email in but not with medical problems. A bit of work is needed to make the system secure. Volunteers to trial it?
- u. Q – Is there any development about giving a time for a ring back rather than sitting by the phone all day?
- v. A – We'll get there. We are working on giving people a time
- w. Q – Reviews for people with long term conditions?
- x. A – We were asked to pause and we haven't been given the go ahead to recommence yet. We are planning to see diabetics first as they are more vulnerable. We are planning to go through the chronic disease recall system over the year. Planning to come back by letter or video.

y. Q – If people have accessed the surgery in the past few weeks, any comments?  
A – ‘Very slick’ ‘really impressed’ ‘amazing’.

z. Q – I missed a call back when I went to the loo  
A - *We will call back. There are more mental health issues at the present. One GP spent 2 hours on the phone. Just can't judge how much time GPs will need on a call at the moment.*

aa. Q I've been delighted by the way in which I have been received. I have been thrilled by the security when visiting Rosebery, thank you Paul for your part in that.  
A – *I do think we need to do something about the phones. What we've created is a huge increase in calls. That's why we need a different way for people to come in. It's OK for a bit but not good enough going forward.*

bb. Q – Is it possible to book an appointment on line?  
A - *No, we have been told we can't do that because it takes away any ability for triage. Easier with online messaging when we can do that securely. It's a big loss, no online booking, because that means that there are more calls coming through*

7) **Project Group Updates** – it's on the agenda so that people know where we are with them. Groups haven't been able to meet.

a. Bereavement Support Group

Hasn't met

b. Dementia Friendly Practice

Hasn't met

*NB - We may need to look at Teams meetings.*

Comment – Ian gave some of Alison's information to a friend, who then attended a meeting at Quorn PPG. It was very helpful to them, so we have done some good already.

c. Patient Survey 2020 – Roger

- i. We designed a forward looking survey, but we couldn't launch it and now it is out of date
- ii. The Practice needs to know how patients are responding to recent changes. The survey needs a fresh look
- iii. We have the remnants of a group who met over wine. Is Peter Lewis still available (Carole will check) Carole and John K are here this evening? If anyone else feels that they would like to be part of the group, please let Roger know. He might have to get two bottles next time.
- iv. There is a real need to include some different questions.
- v. The practice is making big system changes and we need to evaluate them. It would be really helpful to get feedback.
- vi. Thank you Roger for your very motivational speech.

- 8) **Agenda items for the next meeting** – 10<sup>th</sup> September 2020 at 5.00 pm.

*NB we don't meet in August, but if something needs to be brought to our attention re: Primary Care, we will aim to convene an extra meeting*

- 9) **AOB**

- a. We missed the AGM in March, where we appoint the Chair, Vice Chair and Secretary. I would like to propose that those people stay in Office until March 2021.
- b. Agreed unanimously
- c. Network meetings with the CCG are taking place on line. At one of those meetings, Paul and Mick gave a presentation about the use of technology both in the Practice and in Primary care. It was very well received

- 10) **Date of next meeting, 10<sup>th</sup> September 2020, 2<sup>nd</sup> April 2020**

All the very best from all of us to John and Jane in Cardiff.

**The meeting closed at 18.33**

Encs – Marks Power Point presentation

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

Encs: Pauls PowerPoint presentation