

# PPG Minutes – hybrid meeting

7<sup>th</sup> September 2023

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

- 1) **Chairman's welcome** – Mick welcomed us to the meeting, after the summer break. He passed on Dorothy's thanks for the flowers that we sent her, they lasted well. Dorothy is making steady progress and is gaining strength daily. He has been in touch with John Todd, former Chairman, who has now moved into his new apartment. He and Jane are now settled. Once a member of the PPG, you can't escape, even by moving to another country it seems!!

- 2) **Those present** – Mick Gregory (Chair) Helen Davison (Vice Chair), Carole Jefferson (Secretary) Anne Lockley, David Meredith, Emilene Zitkus, Peter Lewis, Sandra Mould, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice)

### Apologies received

Audrey Philbrook, John Skelton, Shirley Siriwardena,

- 3) **Approval of minutes of July 13th and matters arising**

- a) The minutes were approved.

- 4) Matters arising

- a) Mick has a couple of action points around the survey (Nic) and a guest speaker (Ian). Mick will address these before the next meeting

- 5) **Practice News** –

- a) Appointments procedure is now 5 ½ weeks old. The system didn't fall over, which is good. Went smoothly in terms of implementation. Patient feedback has been positive. The 'temperate' seems to have come down
- b) Last full week (29<sup>th</sup> August) average daily online enquiries 90 ish medical and 30 ish admin enquiries. On call is also happening. Provision has been managed within the GP time allocated.
- c) Plotting the next few weeks we operate a waiting list as hospitals do. A decision is made on day to day appointments? Who with? What for? Timescale? We have been able to service what's been coming through comfortably. We'll always do things as soon as we can. We are currently carrying 177 routine appointments in a week, which is more than achievable

- d) Miracles seem to be happening at the moment. We don't think they will continue as we expect to see the caseload rise. Seems to work well for patients and is manageable.
- e) More acute work is coming in.
- f) Tweaking will need to be done – to keep some level of 'in the week' appointments.
- g) Difficult to work out why it seems to be working so well?
  - i) Were we inefficient by booking appointments that didn't need to be appointments?
  - ii) May not have been as much unmet need among patients
  - iii) There was no other option for patients seeking advice
  - iv) Today about 50 med probs, of which about 16 resulted in advice back or a request back to the patients for further advice. Therefore about 30% of all enquiries today didn't need an appointment
  - v) Q – of these, how many needed an appointment today?  
A – we have had capacity for an on the day appointment all day, unheard of. More people are using the online system even for acute things. On call requests are in addition to these requests. All requests are diverted to a GP for a decision regarding an appointment or other response. Alongside the On-Call doctor. all other GPs will have run a normal surgery
  - vi) Q – are on call doctors still working ridiculous hours  
A – we found that given an option, patients are not all requesting an on the day response
  - vii) Q – are more people being reasonable? Have there been any examples of the patients getting it wrong and really need to be seen that day?  
A -we see them in the 'on-call' Some people say they have an emergency and they haven't. Things balance out.
  - viii) Q – old system, if you have five doctors and the Doctors ring back, will deal with the list between them. If fewer patients need on the day, what will those doctors be doing? Will they be dealing with patients who came in previously?  
A – yes
  - ix) Q – how does it compare with Pre CoVid-online booking?  
A – probably can't compare. Some people will have needed advice, demand is quite similar. The triage step means we can open up more appointments.
  - x) Q – how is the patients services team finding the system in general?  
A – happier, they have an option to offer to parents, the work pattern has changed. No 8.00 rush, all the team is now deployed to start their jobs at 08.00

instead of staffing the phones. It is now busier during the day. In the past, no one bothered to phone late morning because all the appointments had gone

xi) Q – the online form -can it suggest a good time to phone?

- Paul will check

xii) Q – does ‘*appointment*’ mean *face to face* or phone as well?

A – both. The GP will have advised whether the patients need to come in

xiii) From an appointment point of view it sounds encouraging. Getting rid of the 08.00 rush is a massive win

A – its far to early to make too many judgements. I don't know why its working but it seems to be

xiv) Comment – I used it this week, so easy, no stress. Thank you

#### Update on Flu vaccines

(1) Arrived a lot earlier than was expected

(2) Several clinics have been pulled forward

(3) Saturday 23<sup>rd</sup> will be a morning only clinic, for 18 – 64 cohort. *Volunteers are very welcome, 08.00 to 12.30, please message Paul.* PPG leaflets will be available

(4) Enough appointments on the system to offer to everyone

(5) More clinics will be arranged, if you didn't get in on this round of appointments, an invitation will come.

(6) Should the text message say that if you can't get, don't worry

xv) CoVid vaccinations

(1) 5<sup>th</sup> wave of the programme

(2) Dates were brought forward

(3) All PCNs *had* opted out because of impossible requirements on Practices

(4) NHS keen for us to co-administer but it doesn't work. A flu jab can be given in two minutes. A CoVid jab needs to be drawn up, requires much more in depth questioning and it slows down the flu protection. As a practice we are going to do our flu jabs. CoVid vaccinations need to be given to Housebound patients and care homes before offering to the general public. But 119 and national centres will be open earlier. We advise that when you get an invitation, you book with them. We will still offer vaccinations if needed. As a practice we will do all our winter flu and then the CoVid

(5) We don't know what centres there will be in the town. We are not able to administer centrally for all 21 practices

- xvi) Starting work on our annual review and recall system, from April. No idea yet what will be in the new GP contract or what we will be required to do. No big changes from the patient side. All GPs will be carrying out reviews (also nurses).
- xvii) Recordings for the phone system. We are allowing the system to bed in before changing the messages, so that patients aren't confused.
- xviii) It's so calm and right around here, there seems to be chaos in other places. It is calm here

## 6) Visiting Speakers

- a) Suggestions – previous experts, Natalie Glass, Optician, John Smail, dentist, Dr Paul Goffin – anaesthetics. Might be nice to invite some back
- b) Paul will ask around to see if there are doctors within the Practice with particular expertise who might be willing to talk to us.
- c) Charnwood Forum has a Doctor who is specialist in Cancer, we don't have a cancer specialist in CCMG
- d) County is doing a huge amount of work on Dementia (Geoff?). Peter will make enquiries
- e) U3a had a speaker who talked about singing, dementia choir. Helen will look for details.
- f) Emilene will be organizing a conference and will check to see if there is anything that might interest us.
- g) Mick offered to run an emergency awareness session. Offered previously, very interesting. Couldn't possibly be a hybrid meeting. Yes please!

## 7) Project updates

- a) Some projects are still available on the website. Some need updating. Currently not live and usable
- b) Survey. In the flu clinic could we ask a few questions while chatting to patients. An opportunity to get up to date thoughts. Mick will produce some questions. Members very interested to be involved.

## 8) PPG toolkit

- a) Designed by the Integrated Care Board Comms team to help struggling or non-existent PPGs to get going
- b) The management group went through it to see what we could learn from it
- c) We have been doing a lot of what is suggested and we don't want to change too much
- d) Mick produced an Action plan to work on during our upcoming meetings (attached)
  - i) A review of documentation and the website for readability and clarity. Paul will facilitate.

- ii) You said – we did. How to feedback to patients
- iii) Communication – promoting the group. How ae we planning to do it? Website? Some other way? The screens, an information board?
- iv) Diverse community – need to know what that diversity is. Also contact Equality Action
- v) Working with the GP Network – we have a PPG, the Charnwood Forum. A joint project or event might be possible
- vi) Feeding back to the Practice. Paul is developing a system
- vii) From 32 Pages to 6 action points! Good job!

**9) Meeting attended?**

- a) none

10) **Date of next meeting** – October 12th 2023, at Rosebery in the meeting room and on line. (Mick apologies)

**Please email agenda items to Mick nearer the time**

11) **AOB** –

- a) Feedback between Practice and hospital, between hospitals, between departments in hospitals is a concern?
  - i) Good idea for patients to bring in their hospital letters to show the GP
  - ii) Quality of information coming to the practice from hospitals is poor, especially about discharge and medication. It's an NHS England problem
  - iii) The group exchanged experiences of poor communication and discharge procedures. They talk better now than they used to. The system at CCMG communicates with a number of agencies and patient records are up dated in real time
  - iv) Who is Andy Williams' successor, we might be able to get him or her to a Forum.

12) The meeting finished at 18. 15. Many thanks to everyone for attending

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

Encs: Toolkit Action Plan