PPG Minutes, 8th February 2024

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

1) **Chairman's welcome –** Mick welcomed us to our first meeting of the year.

2) **Those present** – Mick Gregory (Chair), Helen Davison (Vice Chair), Carole Jefferson (Secretary), Bhasker Khatri, David Jefferson, Emilene Zitkus, Ian Farnfield, Melissa Hadfield, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice).

3) **Apologies received** Anne Lockley, David Meredith, Nic Cawry, Peter Lewis, Sandra Mould, Shirley Siriwardena.

4) Approval of minutes of November 16th 2023 and matters arising

The minutes of December 14th 2023 were approved.

Matters arising

Q - Did Paul manage to phone the Practice that Helen found by mistake, to listen to their phone messages?
A – not at this stage, apologies. Helen confessed that she hadn't given Paul the information.

Q – access to records?
A – the 5000 are still being worked on manually. Results are still available online.

5) 6) and 7) feedback from a network meeting will be addressed after Practice News

6)

7)

8) Practice and Federation news

The appointments system

a) Re - the wording around 'urgent or emergency'.
b) Paul brought a few examples of what people mention when they phone in between 08.00 and 09.00
c) NB – these are simple descriptions and there is a lot behind each case, these are neither right nor wrong, these are issues that came in
    i) Stomach issues, lower back pain, rash, headache, ear infection, impetigo, pain in groin, chest infection, constipation, loss of vision, stress, swollen ankles, vomiting, refusing to go to the pharmacy, UTI, pain in toe, ear infection,

constipation, high cholesterol, wheezing, dizziness, gout, pain in kidneys, measles, sore throat

d) a variety of concerns came in (urgent/emergency)
   i) suggest that we come back with the message wording alongside these concerns
   ii) Comment -depends on the severity

e) Q – what happens to them, how do you judge?
f) A – depends if there is enough information to evaluate the message. We are taking a judgement based on the information that we have. If it is judged not to require an 'on the day' appointment, it will free up an appointment for a person who genuinely does need one. We're trying to make it fair. A rash, for instance, could be incredibly serious.

g) Q - what are you getting in the 09.00 calls, do you get anything urgent that will need to be seen that day?
   A – very rarely. Routinely we hold around 60 appointments a week to allow for calls/ e-consultations that come in requiring a prompt appointment
   A – talking to GPs, they don't find that what's on the on-call list is inappropriate

h) Q – can you still phone to ask for an appointment for something that emerges during the day?
i) A – yes and we will see you if we still have capacity but when the list is full patients will be directed somewhere else. It's a lot quieter at 08.00. We would love it if there were ever enough capacity to see everyone that wants to come in that day *and* do other routine GP work. There are places in the system for patients to get help. if you don't have that cut off, people will all come through 'on the day'.

j) Q – workload is so great at the moment, are the Practice comfortable with the system as it is working at this time?
   A – if GP practices had enough appointments to serve the population you may not need a system like this. We are comfortable with it in the sense that we are able to ensure we are seeing the most important clinical things soonest. It isn't necessarily what we would choose to do. We feel that this is the best system to have when demand is so high and capacity isn't limitless. We are comfortable in the sense that we can see the most important need. In terms of clinical safety it is much better than it was.

k) Q – some-one who is not on the internet, will they be directed to phone in the next day?
l) A – If you phone at 08.00 for an 'on the day' appointment, we will either book you in or signpost you to somewhere else such as the Urgent Care Centre or 111. For a general medical problem we'll ask you to phone after 09.00 because we are busy sorting out emergencies. After 09.00 we will take the information from you and put it on the system.

m) Comment -There was a discussion about personal experiences using the online form and the follow up. The shortest time taken between completing the form and its resolution was eight minutes. The longest was four weeks, after which the patient rang in to chase up a response. Discussion also on knowing that the online form had been received. There should be a text message to acknowledge. It must also be

borne in mind that there are patients who don't answer the phone when the surgery rings

n) Q – If I'm not feeling well after work hours, do I complete the form?
o) A – we have had to change the times that you can submit a form to between 08.00 and 15.00. we were finding that we are not comfortable *not* looking at forms that come in. Just in case there is that one urgent case. I will look at what is in our control on the website. If we can put the times in, we will.

<u>General Practice Improvement Programme</u>

p) we are continuing to work through this improvement programme, made available by NHS England.
q) Part 1 – a huge data collection exercise – analyzing
    i) abandoned call rate
    ii) inappropriate appointments
    iii) how quick answering calls
    iv) how busy between 08.00 and 09.00
    v) It is pleasing that the above changes to our system have ticked a lot of these boxes
        (1) our abandoned call rate is very good and lower than other Practices
        (2) average answer times
        (3) our 08.00 rush is significantly less than other Practices
        (4) we had *zero* inappropriate appointments with the exception of the on call, as everything is triaged it is almost impossible to have an inappropriate appointment - efficient
    vi) GPs did an audit over a week on inappropriate AccuRX (online) submissions. *We didn't find one inappropriate submission*. Well done all patients! Three notable ones were found. We shared our system with other local Practices. There is always a fear that implementing a system like ours will yield a lot of unnecessary submissions but we haven't found that.

r) <u>Quality improvement programme</u>
    i) we are now working on that.

s) <u>Plans for 2024</u>

    i) <u>Balancing the books</u>
    Current negotiations with BMA and NHS mean that General Practice will be offered a 1.9% increase (money to run the Practice) for the next financial year. The maths doesn't work. A lot of our staff are covered by the increase in the national living wage. Doubtful if the uplift will cover that. Also, inflation is rising. So we are planning for a cut in resources. Our funds will probably impact on access or a pay cut for the GPs in order to balance the books. It will be a challenge. It is easy to see why GPs don't want to become partners, and without them, Practices close.

    ii) <u>Clinical away day</u> with all the salaried Doctors and partners. Picked focusses to work on (in addition to our normal clinical work)
        (1) Prescribing of drugs with high dependence (addictive)
        (2) End of life care – how we make it better

(3) Diabetes management

iii) Organisational development – four things that we want to do early in the year and from April, settle down to let everything bed in. We have changed everything over the past five years. Aiming to not to make major changes after April

(1) Annual reviews and recall systems. We have an efficient system with good outcomes. Plan to refine them for the Practice and for patients. We hope to offer the opportunity to complete the first part of the annual review online rather than everyone phoning in.
(2) Writing to patients after the annual review detailing outcomes and suggestions for patients about how to improve over the coming year.
(3) Establish the right person to follow up, in addition to GPs,
(4) High risk medication monitoring

(5) The appointments system and the annual reviews are the biggest system in the Practice and if this work is completed by April, we'll have completed the bulk of the work, the ones that have biggest impact on patients day to day.

(6) In House Pharmacist is currently contracted out. We'd like to bring that work in house

(7) We'd like to contract NOVA, an outside team of GPs to process letters. If we can turn round hospital discharge letters within 24 hours that would be beneficial to patients and the Practice. Impossible to do that *within* the Practice as we want our doctors to be seeing patients. If we can process meds etc within 42 -72 hours of a patient leaving hospital that would be a huge benefit. Is expensive.
We are really excited about this work.

Mick thanked Paul on behalf of the group for a very thorough and open discussion .

(8)

Q - Extended hours appointments - How do you access these appointments? Could you be offered one if you go through the form?
A – Yes. The system that we have disrupts our other systems and potentially enhanced access and referrals into the pharmacy. We do use them but differently now. When the GP triages the online form they may make the judgement that the matter would be really good for an enhanced access appointment. It seems to work better as we are getting the right cases into enhanced access.

Items 5, 6 and 7

5 - The Patients' Survey

iv) Mick held up a hard copy of the survey that has been shared on line
v) put together by the Coms team at the Integrated Care Board at great expense
vi) based on the National GP survey which went out every year to a random section of patients
vii) Carole circulated to the group on 23rd January 2024
viii) aiming to get information on real experiences not perceptions

ix) was presented and discussed at a meeting on 15th January 2024. Patients at the meeting were concerned that the survey had been developed and was about to be launched the following week without our knowing anything about it. We felt that we had gone along to be consulted and were, instead, presented with a finished piece of work. They wanted us to get the message out. It's there. Everyone is encouraged to complete it and to share with friends and family who are in the LLR area. It is supposed to be available in pharmacies, libraries etc
x) closes 10th March
xi) outcomes shared with Practices and Patients
xii) Google LLR GP Survey -you will get straight in.

6 Health Outcomes for Young People

a. There are two surveys – one for young people aged 11 – 25 years and another for their parents
b. They are rather heavy going to be honest!
c. The ICB has commissioned work across all of Leicester, Leicestershire and Rutland to promote the survey in an attempt to get responses from 222,500 young people.
d. Its about Health and Social care
e. Emilene will make the survey available to the students at the University www.bit.ly/youngvoicesonhealth
f. There is also a QR code which Emilene photographed from an information card held up by Paul! Amazing!

7 Promoting positive Feedback around General Practice

a. This is a priority for the GP Network and they have asked if we could work across the Charnwood Area
b. we agreed to share it with our groups
c. We'll try to get information at our next meeting about how we could go about that work

9 Meetings attended

a. Mick has spoken about the Network meetings.
b. Carole, Mick and Melissa attended the Charnwood Forum meeting on January 10th 2024 and the minutes have been circulated.

10 Arrangements for the AGM March 14th 2024

a. The Pleasure Centre is the big building on Browns Lane

b. This is an Open meeting and every patient is welcome to come

i. Venue – Hall in the Old Infants School, unless we can fit in the Meeting Room. Paul will make a judgement. We normally meet in person as the WIFI doesn't travel well

ii. Chairman's report has been circulated. Thank you Mick an excellent report, very informative, showing what a busy year we have had

iii. Dr Singh will be our speaker

iv. The election of the Management Team - details were on the agenda and were accepted. Nominations and seconders are sought from anyone on the group. You may nominate yourself. If you nominate someone else, it's important to seek their permission beforehand. Nominations to Paul (paulhanlon@nhs.net) please by Thursday March 7th 2024. The current management group is willing to stand again but if anyone else wishes to be nominated please come forward.

11 Visiting Speakers for 2024

a. The management group met last Monday5th February 2024 and propose

i. Dr Singh, AGM

ii. May 9th – Emergency Awareness – run by Mick Gregory (Chair)

iii. September 12th Physiotherapist

iv. November – Adult Social Care talking about delayed discharges form hospital

12 Date of Next meeting – March 14th

13 AOB

a. Projects to work on for the year

i. It would be useful to look at all the standard Letters that come out to patients to look at the readability. We have done it a couple of times, its good idea to look again. Volunteers - David Jefferson, Helen.

if anyone else would like to volunteer please ping Carole (or the newly elected Secretary)

ii. Website – This is the shop window of the Practice. There is work that we can do on the *information*. Volunteers - Emilene, Carole

14 The meeting closed at 18.17

Thank you everyone, a very good meeting, thank you Paul for setting everything up

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