

PPG Minutes – Virtual meeting 8th July 2021

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

Chairman's welcome – Mick

- a. Mick welcomed us to the meeting, the last before the summer break.
- b. He also formally welcomed Ireen Kennedy to the group. Thank you to Paul for setting up the meeting on Zoom. We had hoped for a face to face meeting but Government restrictions do not allow such meetings just yet.
- c. Mick has had a long conversation with John Todd, very happily settled in Cardiff. John and Jane send their best wishes to everyone. John is approaching his Practice to see about setting up a PPG. Mick and Carole will offer a consultancy as long as they pay the exes. It was suggested that we might do a twinning!

2. Those present.

Present - Mick Gregory (Chairman), John Kershaw (Vice Chairman), Bhasker Khatri (Management Team) Carole Jefferson (Secretary) Anne Lockley, David Meredith, Ian Farnfield, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice))

3. Apologies received

Helen, Ireen and Ursula

4. Approval Of Minutes and matters arising

- a. The minutes of June 10th 2021 were approved unanimously.
- b. Minutes were approved by a show of hands.
- c. Matters arising:-
- d. Place Led plans
 - i. The King's Fund report [Place-based systems of care](https://www.kingsfund.org.uk/publications/place-based-systems-care/ten-design-principles) argues that providers of services should work together to improve health and care for the populations they serve. This means organisations collaborating to manage the common resources available to them rather than each organisation adopting a 'fortress mentality' in which it acts to secure its own future regardless of the impact on others.
<https://www.kingsfund.org.uk/publications/place-based-systems-care/ten-design-principles>
 - ii. Mick has approached the CCG to explain what they are but has had no response.
 - iii. Paul has discussed with Federation colleagues

- iv. It's very complicated and a lot is going on
- v. Can't give specifics
- vi. The system is being organized.
- vii. Design groups are at work
- viii. Best description Paul found – *see the Kings Fund definition above.*
This idea has been discussed for some years, care based around neighbourhoods. Neighbourhoods are Primary care Networks, GP practices working together to work around 50 000 patients. Above that is *place*, GP practices, hospitals community mental health services, community social care. They should be serving 150K to 500K people, borough, or district council. Is about integration and prevention. Above place is the Integrated Care System agreeing overall strategy and planning for 1million. Focussed at the moment on setting up the structure, also clinical work streams. (CCG level)
- ix. Mick - Consultation is supposed to be taking place - CCGs will be phased out October 2021, to be replaced by the Integrated Care System. We need to watch this space. Place Led plans imply a local emphasis and PPGs should know about them. Paul will feed in further information as it comes out.
- x. Can't yet find the correct person to ask as that is part of the structure that we don't yet have. Action – continue to work around and be aware and see how things develop – Management team

Thanks for that explanation Paul!

5. Data Sharing Update

- a. John wrote a letter about what was meant, the timescale for Opting out, otherwise data could be shared for research and planning
- b. Letter was sent to Chairman of CCG, Non-executive Director, Gillian Adams, Andy Williams, Jane Hunt, MP,
- c. There was a quick response from the CCG Alice McGee, Director of People and Innovation.
- d. There has been an extension until 1st September, for Opting out
- e. Our concerns
 - i. What happens to our data
 - ii. The amount of work the GPs have to do
 - iii. Jane Hunt sent the letter to Dept. of Health and Social Care. No response from Jane or Dept. Health
 - iv. (There is a web link to what our MPs are doing – They Work For You <https://www.theyworkforyou.com/>)
 - v. John – it remains unclear whether the cut-off date for opting out has been changed in line with the revised date for implementation. BBC said the cut-off date had been put back but the opt out request had to be in before September 1st. Seems to have been a poor exercise in consultation.
 - vi. Mick – you can opt out at a later date but your data may have been harvested
 - vii. You need to complete only one form to opt out, available on the Practice Website
 - viii. Alice McGee said that there was a toolkit for Practices. This includes a video and links to the NHS. Paul has provided information and the video on the Practice website.

- ix. On receipt of the request to opt out, a reed code is added to the record. 150 coded so far
- x. Access to the internet and website – if you haven't got internet access you wouldn't get the form. Reception staff will provide a form to patients going into the surgery but at the moment patients are being discouraged from going into surgery
- xi. Carole put information on her Facebook profile
- xii. The NHS website provided a link to opt out
- xiii. It was agreed to send a letter to Alice McGee to find out what is being done for patients not on the internet
- xiv. Mick suggested writing a newsletter to inform patients who are on the virtual group – agreed
- xv. John agreed to write the newsletter, to go out in about ten days
- xvi. Paul offered to put hyperlinks into the website, so that patients can more easily navigate to further information.
- xvii. Mick summarized – we have done what we can, as a PPG we have reservations, but it's up to individuals whether or not they wish to opt out
- xviii. Paul agreed to put a notice in the surgery for those who go in, who may miss the electronic information
- xix. Mick will contact Alice at the CCG, thanks to John for agreeing to write the newsletter.

6. Practice and Federation updates

- a. Details were given of an event where a patient couldn't find the entrance to the A&E dept. at LRI. In future the practice will give patients a map of the LRI site.
- b. It's really busy, trying to do our best in the face of increasing demand across General Practice generally. Concerns about the availability of appointments are articulated more or less well. The latter have a big impact on the staff. Demand is at Winter level.
- c. Problems with the phone system recently resulting in some waiting patients being lost - trying to work out why. Looking at upgrading the system
- d. Government announcement awaited on social distance in health care settings and the wearing of masks. Unlikely to change the policy within the practice.
- e. Waiting for guidance on the flu vaccine, may be intertwined with the Covid booster programme but a lot depends on whether both can be given at the same time. Don't know which vaccine will be given as a booster. A lot of unknowns. Practices order flu vaccine 12 months ahead. Don't know when Covid vaccine will come in.
- f. Coming to the end of the Covid 1st doses, seeing a lot less demand at the Council clinic.
- g. Nurse recruitment – a couple of nurses retired recently. The recruitment process is in hand and is going well.
- h. Practice life is quite tricky and challenging. 18th September is still in the diary for the winter flu vaccine, hoping that we can give Covid boosters at the same time.
- i. Q – is there any information about the compatibility of winter flu vaccine and Covid, are there trials to ascertain if they can be given at the same time?
- j. A – whispers, *may* be OK but so far, no decision
- k. Comment – pleasing to see a lot of younger people coming to the Covid clinic at Southfields, but no idea about % uptake. Drop in clinics are planned.

Thanks Paul, very informed report

7. **CCG Patients' Survey** on General Practice during the Pandemic
- a. Mick contacted the CCG about GPs and Patients being involved in the design of the survey. No reply until prompted, response was circulated
 - b. PPG Network meeting – a lot of reservations about the survey, time consuming, technical, contentious. Mick wrote concerns in the Chat box during the meeting. Failed to answer Micks question
 - c. Main concern – if the Comms. team is keen to engage with patients, they need to review the language used as their answer would be very difficult for many people to understand. They say that the survey was constructed by experts.
 - d. The Practice genuinely didn't have the time to look closely at this survey.
 - e. The survey was supposed to be anonymous but one needed to name our practice and in some circumstances the outcome of the survey might provide a stick to beat a surgery with. It would have been fairer to make this optional.
 - f. Our practice was hard to find in the list
 - g. There were so many open text questions that it would be difficult to analyse. Laughable that they had apparently engaged experts. We could have done better – they should have asked us.
 - h. The CCG was keen for us to circulate but we haven't done so.
 - i. **NAPP national GP survey**
 - i. Circulated for us to look at.
 - ii. Our Practice average compared very well (2020) with national and CCG data. In most cases, above average
 - iii. Congratulations to our Practice
 - iv. Click on Micks link to look at the 2021 survey.
 - v. Paul commented that the Practice finds our survey much more useful. It's nice to be ahead of average, but there are flaws in the way the surveys are constructed.
 - vi. We hope to be able to launch our own survey next year
8. **Loughborough Urgent Care Centre**
- a. Last meeting we discussed a comment from a patient who had expressed concerns
 - b. Mick cited two further cases of patients who are unhappy.
 - i. One was advised to have a tetanus injection but the UCC couldn't provide one. Could this be investigated please
 - ii. Similar concern from someone else, who was bounced back to the GP
 - c. Paul will take that back to the UCC. This could be a symptom of three services being under pressure, UCC, A&E and GP bouncing back to each other. Not good for patients.
9. **Date of next meeting** – September 9th 2021 5.00 pm. We don't know what the meeting will look like as conditions for the meeting haven't yet been advised. (David sends apologies, assuming that the First Minister will allow him over the border).
10. **AOB – Network meeting. Mick attended**
- a. Consultation from LPT out about Mental Health services. Excellent video – Mick will find the link to Leicestershire Partnership Trust
 - i. LPT are looking at the crisis team, for those patients for whom it has been literally a life saver.

- ii. Looking at a mental Health hub in A&E
- iii. Triage cars – Mental health nurse travelling out with a Paramedic or Police Officer. Very beneficial
- b. Have a look at the video and if you wish, join the ‘Teams’ meeting.
- c. No other AOB

11. Many thanks to everyone for attending,

- a. Mick thanked everyone and their families for attendance at these meetings; their accommodating a Zoom meeting is much appreciated
- b. Thanks Paul for facilitating the meeting as always, we are lucky to be able to call upon such outstanding support.
- c. Have a safe and relaxing summer everyone, see you all in September

The meeting closed at 18.14 – an early tea!



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

