

PPG Minutes – *Hybrid* meeting

8th September 2022

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

- 1) **Chairman's welcome** – Mick welcomed us to the meeting, our first in the new 'term'. Thanks to Paul for organizing complicated viewing arrangements in the absence of the big TV.
- 2) **Those present** – Mick Gregory (Chairman) John Kershaw (Vice Chain), Bhasker Khatri, (Management Team) Carole Jefferson (Secretary) Helen Davison, Ian Farnfield, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice)).
- 3) **Apologies received**
Elizabeth Sharpe, Anne Lockley, David Meredith. Paul was babysitting some large refrigeration units to check their proper functioning. These will be used to store flu vaccine and had to check them every hour.
- 4) **Approval of minutes of June 9th 2022 and matters arising**
 - a) The minutes were accepted.
 - b) Matters arising
 - i) The new phone system seems to be a success from the feedback and is being well received. Some tweaks needed. Colleagues confirmed that it seems to be working well.
 - ii) There was a discussion about the possibility of Reception staff giving an idea of the timing of a ring back. The Practice audited the accuracy and it can't be done. However, Paul suggested that Patients might like to tell Reception staff about their availability during the day and the information will be passed on to the Doctors, who will endeavour to oblige.
 - iii) Feedback following tests. Paul actioned the concern
 - 1) A patient sending in results from their home monitoring doesn't hear anything, therefore they don't know if the results have arrived. Phone? Email?
 - 2) Answer - Bronwen (Pharmacy Technician) said that there *will now* be a response, not a problem.
- 5) **Practice and Federation update** (Paul left to check the boxes 17.17)
 - a) Healthwatch visit
 - i) They came to survey Rosebery and met Helen, Peter, and Mick.
 - ii) Completely independent
 - iii) No one from the Practice in attendance
 - iv) We are not sure why Rosebery chosen
 - v) 1 ½ hour meeting
 - vi) Talked about access – into the building or appointments with doctors and nurses

- vii) Had already toured the building and had picked up good practice, well signed, easily accessible by wheelchairs
- viii) Gave them a lot of information and were very positive about the feedback.
- ix) The group gave them information about how they could better structure the survey form.
- x) The group gave positive feedback too.
- xi) No report has yet been published but will be on the Healthwatch website. The Practice anticipates that their report will provide positive feedback.
- xii) Paul returned...The cool boxes are good.
- b) The Practice is planning a Festival of Flu on Saturday 1st October, a target of 2624 vaccinations in the day. Invitations will be going out w/c 5th September 2022.
 - i) Any help appreciated, please let Paul know. Morning and afternoon sessions in both halls. Ten vaccination stations. Sessions are 8.30 – 12.30, 1.00 – 4.30. Carole to ping the group asking for volunteers to marshal. A PPG flyer will be available to hand out.
- c) Covid boosters. The Practice has been approved to handle Covid vaccines – will be a distribution centre for the Federation. Not yet known how much vaccine will be delivered and when. In order to administer the maximum winter flu vaccines on October 1st, it may be necessary to run a separate Covid booster clinic. It is also possible that invitations will be sent out by NHS as well as the Practice, if we want to attend our Practice we wait until the practice letter comes out.
- d) Family planning services have been restored fully, being rolled out to other Practices too. Ear syringing services have again been commissioned by the ICS and will be offered shortly.
- e) Currently writing a plan to identify everything that can be switched off – General Practices do not enjoy an energy price cap.
- f) Federation offices work has been completed in the Infants school. Sound proofing and new lighting have been installed.
- g) Prescription pre-payment certificates have been flagged up on the website. Less costly for those on a lot of medication, who have to pay. Pre-payment certificates have been mentioned on the TV.
- h) Does Dr Khalid still run her skin clinic? Yes. Access through the GP. Spirometry hasn't yet come back from before the pandemic.

6) Project Updates and

7) National Survey

- a) Patient surveys
- b) Recently had the GP National Survey that we were invited to compete
 - i) This came round to the group by email
 - ii) About 100 responses. Does this give a good representation of patients' views? We used to get 350+ responses to our own survey
- c) Then there was Healthwatch survey
- d) John and his group have been working on our own Patient survey. How are we going to deal with ours? If we are not careful, people will suffer survey fatigue and may not want to engage with it.
- e) Discussion.
 - i) John – selected patients were contacted. On what basis? Not known

- 1) Responses tended to be quite low, depending on what question was being asked.
- 2) John has considered survey fatigue and questions whether we are adding a great deal.
- 3) There is a limit to the number of questions you can ask and could duplicate these other surveys.
- 4) J reluctant to continue with ours if the results don't add any value.
- 5) M - Things may have settled down in 12 months' time, postpone for the time being?
- 6) PH – the value of running *our* survey is that it includes everyone, information is relevant to our Practice and the Practice likes ours.
- 7) PL – people may be more willing to do a survey from their own community, but the timing needs to be right and face to face if we can. I don't want to rush it but I wouldn't like to leave it too long.
- 8) M (C) – our questions are relevant to our patients.
- 9) I – you would think that, but when I was involved, I was surprised about the number of people who just weren't interested in completing it. Timing could be a factor.
- 10) J - our last survey produced a better response than the national survey
- 11) M – now may not be the right time, suggest doing it next year. The subgroup would have a chance to include matters raised by the Health Watch survey. Agreed to leave it with the group. It is important to the Practice.

f) Bereavement Support Project (Mick, Anne, Helen, Carole)

- i) Carole sent round a document called 'Guidance on Preparing for Death for you and your relatives'
- ii) We are presenting this to you. You can add items that are specific to your circumstances.
- iii) Bereavement happens but the Next of Kin may not have information about Banking, policies, passwords and so on. The idea is that people can put all the information in for the next of kin to access when needed.
- 1) We seem to have left off the name of the person to whom it refers. (Carole amended this after the meeting)
- iv) There is another piece of work called 'Dying Matters' adapted to LLR. Some is available in hard copy. A huge amount of material – linked on the Practice website. The group is putting together a digest, which will come to you about what to do after a death.
- v) We are working on a leaflet to hand out at the 'flu clinic, about the PPG, get in touch with us, some of our projects and that we are currently working on bereavement support.
- vi) Comment - this is brilliant, may be possible to publish it, grants may be available.
A – could we get it translated?
A – Equalities Council and University may be able to help.
A - the checklist was worked up based on something that Anne found. We can't claim that it is all our own work, so we need to be careful. Translating – there is a translate facility on the Practice website.

A – we are writing this for the Practice, so we would need to discuss it more widely before publishing it. Certainly worth consideration, share it with eh Charnwood Forum.

A – ‘Google translate’ is OK but it isn’t infallible – choosing the wrong word may change the context altogether. Needs to be considered if translating using this software.

8) Meetings attended

- a) None. Plans were made to attend CCG meetings but we couldn’t attend, due to other urgent events.
- b) Peter has persuaded the CCG to hold hybrid meetings in future.

9) Date of next meeting 13th October – hybrid. Anyone attending please let Carole know so that arrangements can be made

10) AOB

- a) Prescription review. I haven’t had one recently for my repeat prescription.
 - i) A - We are doing them in the background, 3, 6, 12 monthly, but the date may not have been updated on your prescription. We should work on how we advise patients that the review has taken place.
- b) This is a similar situation to not hearing back after tests.
 - i) There is a huge amount of work going on in the background and we must emphasize that if the patient hears nothing, then there is nothing wrong. We’ll look at that.
- c) Experience when phoning 111
 - i) Family member had a frightening allergic response to an insect bite last Saturday
 - ii) Went to local pharmacy who wouldn’t deal with it in case of more serious repercussions. Suggested that we try 111 or the Urgent Care Centre.
 - iii) Rang 111. Reply that they were dealing with an unprecedented volume of calls, go to our website.
 - iv) Did that. Then we had a pop up saying that there were three docs waiting for us at ‘Just Ask’. They asked for £5 refundable. The doc said go to the Urgent care centre or see GP on Monday. Just Ask then asked for £33.50. The bank alerted family to the fact that they had signed up to £33.50 payment monthly. The bank cancelled the credit card.
 - v) Very disturbing, it sounds like a scam and seems to be linked into 111.
 - vi) GP saw family member on Monday and prescribed meds.
 - vii) Family has contacted DHU who run the Urgent Care Centre.
 - viii) We will look into that, please keep us updated.

Thanks everyone for attending, the next meeting is on October 13th 2022.

The meeting closed at 18.21

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