

PPG Minutes – hybrid meeting

9th February 2023

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

- 1) **Chairman's welcome** – In Mick's absence, Carole chaired the meeting. The group promised to be kind.

Carole was sorry to report that we have two resignations

- a) John, our vice Chairman. He has been a member since 2018 and has carried out a number of roles including project group leader and Vice chairman. Mick has written to him.
- b) Roger, a member since 2012, vice chair, project group leader. Mick phoned him.
- c) Cards to sign please, those attending on line, please send a message for Carole to write in the cards, we would appreciate that.

- 2) Welcome to Audrey, her first meeting

- 3) **Those present** – Carole Jefferson (Chair/Secretary) Anne Lockley, Audrey Philbrook, Bhasker Khatri, David Meredith, Emilene Zitkus, Helen Davison, Ian Farnfield, John Skelton, Peter Lewis, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice))

Brilliant turnout, thank you for coming.

Apologies received

Mick, John K, Sandra

- 4) **Approval of minutes of October 13th 2022 and matters arising**

- a) The minutes were approved despite the random numbering

- b) Matters arising

- i) Item 5b – Strep A was causing a lot of difficulties in the practice at our last meeting. Strep A hasn't finished but the number of calls has reduced.
- ii) Item 6b viii – Bereavement

- (1) Carole has sent a link to Caroline at 'Dying Matters' who was very interested in our project

(2) Mick has sent the information to local church groups. A version has been produced with out our logos so that anyone can share. Paul has made that available.

(3) We *think* that a copy has been sent to the Loughborough Council of Faiths. Carole to check with Mick.

(4) Anne asked if the Dementia group had received it. Anne said that she would send a link to that person. Carole to send link to Anne

(5) A report on the news today said that pressure on A&E services has gone down. That's good. Hopefully the downwards trend will continue.

5) **Visiting Speaker – Emilene Zitkus - Senior Lecturer at the School of Design and Creative Arts at Loughborough University and Senior Lecturer in Inclusive Design at Loughborough** to talk about her research project at Loughborough University.

Emilene has kindly shared her presentation with us

She will be expanding the research this spring, if anyone is interested in taking part, please refer to the email sent out on 11th February 2023.

Carole thanked Emilene for a very interesting and thought-provoking presentation

Q&A's

a) Peter - system are changing all the time, instructions can seem terrifying. E.g. Internet banking is off-putting, so many scams

A – its easy to click on a phishing website – scary. The pace of change is horrible

b) Bhasker – how can people access a computer if you don't have one and you are unable to travel to one

c) A – libraries have them if you can get to them. Case studies show how people being excluded

Carole – do we know anywhere where computers can be accessed?

d) Helen – One of the banks (Barclays?) do computer courses for people. Agree with Peter, fear is a big factor with older people, they don't know how to do it and they don't want to try. Some of us have grown up with computers. I have helped people in U3a

e) Shirley – technology has isolated a lot of people and human interaction is absent. Many people in all age groups now have serious mental problems

f) Peter – is the university as part of its community outreach, do anything to help?

Emilene is trying to put that on the list of community investment projects

6) Getting an appointment when the doctor has asked to see the GP – Ian

a) Ian shared an account of someone who had tried in vain to get an appointment

- b) Paul – we are aware that we haven't got the system working as well as it could at the moment. We have Dr Hall and Dr Dempsey working together at the moment to improve the way that we manage follow up appointments.
- c) Why we got here? A response to Covid primarily. The procedure currently operating is good at responding to sudden surges in demand. E.g. when Strep A struck, had we booked ahead and filled appointment slots, there would have been little capacity to deal with Strep A patients and would have had to phone people to cancel their appointment
- d) We are seeing a much larger on the day acute demand so we need to work out what our new appointment numbers look like, we used to know these very accurately but things have changed since the pandemic.
- e) Current system allows us to cover staff absence. Flu and Covid are still with us.
- f) Types of appointment – finding the balance?
 - i) Acute appointments, need to be seen today.
 - ii) Follow up appointments – currently being audited. A few different types – some definitely need to be seen and they are booked in. Where we write to patients for a follow up, we track them in the background to make sure they get a timely appointment. If a certain patient doesn't get an appointment, we phone them and book them in. That is working well and we don't want to lose the tracking element.

Some follow up appointments may no longer be needed as the concern goes away
 - iii) Advance appointments – tricky to balance. Some argue that some patients don't turn up. I don't support that view but we are certainly seeing that more patients are preferring to be seen on the day that they call rather than booking ahead than we used to
 - iv) Chronic disease management – having had an annual review, a patient needs to see a GP
 - v) There is no way that any practice in the country can service all that demand. There aren't enough doctors. To be honest, we are battling a capacity issue. We need to focus on chronic disease care and prevention. That model works over a period of time.
 - vi) BUT has to be balanced again... people who have an acute need, people who need following up people who should be seen who are more flexible timewise.
 - vii) The situation is difficult as things changed with the pandemic. The doctors are ringing patients well into the evening to get through their lists. Can't see the wood for the trees. Not good for doctors or patients.
 - viii) Peter -Can nurses be deployed to see patients; we have a very good team of nurses.

ix) Shirley – can you see the doctor you want? Yes, you can although we can't always accommodate this due to working patterns and annual leave, trying to link the right GP to each patient.

x) So we are

(1) Doing an audit – try to guess the %s of each kind of appointment

(2) Tracking follow ups

(3) Calling patients to see if the consultation is still needed

(4) We might have to start saying 'no' to patients who want an acute appointment that isn't justified more often

(5) When we have designed a system, can I send it out to you to comment? Yes

(6) Perhaps doctors need to be careful about managing expectations – e.g. If you like this medication, please contact the medication team. The medications team could give the patient a ring – good idea

(7) Q – capacity – are there any locums available? There are sometimes, but they aren't an easy option to manage especially with regard to follow ups.

(8) Ian – can reception have a little leeway in offering an early morning – pre-bookable to someone who has tried very hard over successive days?

A- yes, if there is one available. Usually those requests go to Paul

(9) Paul will share the results of the audit and the proposals for a new scheme ready to discuss at the April meeting. Thank you, Paul,

7) Practice News – current focus

a) Monitoring for patients with chronic disease - emphasis on completing these by the end of March

b) Blood pressure monitoring for all patients with hypertension. A big job

c) Appointments

d) Federation – discussion on what model General Practice should be. Its difficult. Discussions about how to work together.

e) discussions on adequate healthcare for asylum seekers in town – how to share the cases fairly.

8) Arrangement for the AGM

a) Venue – Wellbeing centre. We need to be out early because the stamp club uses the room

b) Chairman's review of the year previously circulated

i) One suggested amendment para 5 -

We have and continue to have open and honest discussions with the Practice around access to a GP. Patients who we have spoken to have reported very positively about their experiences, but we know that others will have found access difficult.

ii) Currently the situation seems to be less positive than this wording may suggest. It was suggested, based on our limited experience that the wording should be

(1) *"...Some patients we spoke to reported very positively but others have found access difficult."*

(2) The amendment was agreed. Carole to amend report and send it out with the AGM paperwork

c) Speaker – Paul will find one

d) Election of the Management team

i) Carole proposed dates based on previous arrangements. The arrangements were agreed by a show of hands

ii) Nominations and seconds for Chair, Vice chair and Secretary should be with Paul by Thursday March 2nd

iii) Thanks everyone

9) **Visiting Speakers**

a) Blood donor service? Good idea – Ian will contact the service

b) Dr Guru Singh? Everyone but Carole knows who this is

c) Any more suggestions, please send them to Carole or Mick

10) **Date of next meeting** – Will be the AGM on March 9th so any business from this meeting will go to April 13th 2023

Please email agenda items to Mick nearer the time

11) **AOB** – none today.

a) Vote of thanks to the new Chair, especially for getting us finished early

b) Thanks from the Chair to everyone for a good meeting and being kind to her

12) The meeting finished at 18.28

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