

PPG Minutes – *Hybrid* meeting 10th March 2022 - AGM

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

1.

Chairman's welcome – Mick

- a. Mick welcomed us to the AGM for 2021. Very good to see us all, some in person, some one screen. Welcome to our visiting speaker, Dr Natasha Kruczenyk.
- b. Mick told us that we had had a message from John Todd, (founder member and former Chairman) in Cardiff, wishing us all the best and he hoped that we have a good meeting tonight

2. **Those present.**

- a. Present – Mick Gregory (Chair) John Kershaw (Vice Chairman) Carole Jefferson (Secretary) Anne Lockley, David Meredith, Elizabeth Sharpe, Emeline Zitkus, Helen Davison, Ian Farnfield, Ireen Kennedy, Peter Lewis, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice) Visiting Speaker, Dr Natalie Kruczenyk

3. **Apologies received**

- a. There were none

4. **Approval of minutes of the AGM March 2021 and matters arising**

- a. The minutes (previously circulated) were accepted.
- b. Our visiting speakers were Joanne Talbot (Senior Social prescriber) and Soni Simpson (PCN pharmacist) who seem to be very well embedded into their roles.
- c. No further matters arising
- d. The minutes were accepted unanimously

5. **Guest Speaker, Dr Natalie Kruczenyk- taking about a typical day at CCMG**

- a. Check computer messages
- b. Check list for the day and prioritize
- c. I can now enjoy a mix of phone consultations as well as phone calls, videos and photographs
- d. dealing with admin
- e. takes turns as Duty Doctor – might be emergencies, pharmacy queries, home visit requests, a lot of work behind the scenes
- f. lots of pressures in Primary Care- changing work methods and systems to keep one another safe...keeping a level head!
- g. Sorting things out which have come from elsewhere, such as hospitals
- h. We used to see demand dip slightly in the summer. Hasn't happened in the past few years

- i. Lots of contact from patients, ensuring that patients can access care. Working really hard even during Covid. We don't want to miss anything and we encourage patients to come in and see us
 - j. I feel that the Practice has done really well, all staff have been well looked after, good communications, well organized, measures in place to keep everyone safe. I feel very lucky to be able to work here
 - k. We have been lucky to have three different sites so that we can have the hot hub, seeing people without them passing on infections to other patients (Covid in particular)
 - l. Interesting challenge in using technology. We have had generally positive feedback about using photos and videos in consultations
 - m. Dr Natalie has been a GP for some years, working in several different places and has been able to see contrasting leadership styles. It is a pleasure to come to work, great team, genuinely feel appreciated.
- n. Q&As
- i. Comment – changes made almost overnight. The general feeling is that they are happy with the current system, phone, being seen on the day. There have been conversations with Paul about waiting for a call back, could wait a long time. Adverse messages in the media. As a group, with Pauls help we have tried to offer a balanced view. In addition, GPs have about twenty tasks to complete. Trying to get the word out.
 - ii. Q – visual consultations are essential; you need to be able to read the patient
 - iii. Q – GP recruitment – what would you say to a medical student to encourage them to come and be a GP?
 - iv. A – we work with Med Students here. I would tell them honestly that it can be a challenging and complicated job. Unlike in hospital you follow up and see patients in the long term. You have to support and understand people, being more like a counsellor. If you can work in a lovely team, it amazing. I am so pleased to hear that you are taking steps to try to counter adverse, hurtful messages in the media
 - v. Q – do you come across patients who have self-diagnosed using Google and argue with you in a consultation?
 - vi. A – I do come across people who have done their own research every day. That's fine. I like to know because I then know the level of their understanding and I can address their concerns better. I don't think I've ever had an argument. I have had times when patients have taught me something from their research. What matters is that patents can access the right care
 - vii. Q – I am confident in a face-to-face situation and I have regular consultations with a consultant in the hospital, so when I have concerns, I don't need to trouble the GP. I haven't been in during the last 2 -3 years. I dread the thought of ringing in at 08.00 hrs, waiting for a phone call from the GP and having to give details over the phone. Its hard to understand how a GP can make a sound diagnosis over the phone because you lose so many visual cues. How confident do you feel about trying to deal with a Patient and provide an accurate diagnosis over the phone?

- viii. A – Impossible to put a figure on that. If I feel that I can't make a confident diagnosis over the phone, I would invite that person in. It wouldn't be appropriate to try and carry on with a phone conversation in those circumstances.
- ix. Comment (a)– the skill is to know when the phone conversation needs to end and the patient is invited in. A lot depends on the nature of the concern and how individual GPs work
- x. Comment (b)– I think that all of us here are blessed to be patients at this Practice but I am concerned about telephone conversations being used excessively
- xi. Comment (c) – I was interested when putting together the Stats for my report, the % of phone appointments convert to a face-to-face consultation. It would be interesting to compare ourselves with the rest of the country and evaluate between GPs in our own Practice. There is some interesting work to do.
- xii. Q- It was great to know your routine also about the patient who sent a photo over the phone. How many patients are able to do that 50%?
- xiii. A – there are people who are happy to use phone and video but some matters just need to be seen face to face. And I have had some people who don't have access to the technology. I just try to be flexible
- xiv. Q – I am confident with the phone consultation because in the past, instead of relying on the technology, the GP invited me in
- xv. Comment – the system was bought in not for convenience but to keep people safe at the time. We are always balancing the risk factors, to bring someone into a risky environment or not.
- xvi. Comment – the practice never wanted to go down the route of phone consultations but was forced into it and achieved a change over night. At the end of a phone consultation you know that if you need to you will see a GP face to face
- xvii. Dr Kruczenyk left the meeting, with our huge thanks for coming to us this afternoon

6. Chairmans Annual Report – Mick

- a. Previously circulated – attached
 - i. It has been difficult to pick up our projects but we have continued to meet, listen and review the changes and developments that have taken place over the year
 - ii. The Practice is Patient focussed - always considers the patient first – procedures are developed around the patient, patients aren't expected to just fit in
 - iii. We act as a critical friend
 - iv. PCN roles are settled in
 - v. We look forward positively to new directions this year
 - vi. As a PPG, we need to think creatively especially doing the Patients Survey. As a group it is important to capture patients' views about Primary Care

- vii. It's been good to welcome new members to the group. Members have left over the years, but not through disaffection, but other personal reasons. We have a bigger Patients Group than any other practice in the area. Thanks to Paul for pulling it all together
- viii. A big thank you also to members of the group for coming along and contributing to developing the best shared vision of our Practice
- ix. Thanks also to those who came to support vaccination clinics, both at Southfields but also at Rosebery, Covid vaccinations and flu jabs, turning out at the weekend in all weathers
- x. Any of us volunteering here have had a splendid welcome and real friendliness from clinical and other staff. Thanks for the cake!

7. Practice and federation Review of the year (attached)

- a. A challenging year – looking forward to plans for next year.
- b. Paul spoke to his report – attached and thanked the group for our work over the year. Working together ensures that decision making is patient facing and is better for that.
- c. Q – great report, thank you. Has the arrangement regarding no pre booking of appointments made the 8.00 rush to the phones worse?
- d. A – it has made it worse. We had little choice but it isn't a sustainable situation. It was necessary at the time but we have to move to make room for prebookable appointments for follow ups. It's time to move as quickly as we can away from this system
- e. Comment – follow up appointments. If they are not necessary, would there now be a place for emailing the GP?
 - i. A – Follow up invitations have been tracked so there is a safety net to catch patients that haven't managed to phone in
- f. Comment – to reiterate what D said, we are very blessed with our Practice. Some of us have attended Charnwood Forum meetings and it is very apparent that many PPGs get little or no support from their Practices. We are lucky that in the Practice plan for the year, the PPG is very much in mind and very much part of the Practice team. We are unusually lucky. Thank you to Paul and the Practice
- g. Reply – The comments made here will be shared with the GPs so that they know what our views are.

8. Consideration of the Constitution v4.00 (agreed 14/03/19)

- a. No amendments were proposed. It was proposed (Peter) and seconded (John) that we keep the constitution in its current form. Agreed unanimously. date of adoption 10 March 2022.

9. AOB

- a. There was none

The AGM closed at 18.14

10. Election of the Management team

- a. The election of Chair, Vice Chair and Secretary. Only one nomination was received for each post by the cut-off date of Thursday March 3rd, therefore the following have been elected *Nem Con*:
 - b. Chair - Mick Gregory
 - c. Vice Chair – John Kershaw
 - d. Secretary – Carole Jefferson

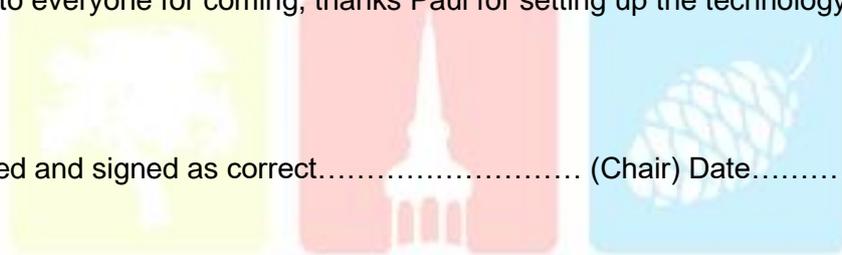
Nominations are requested for the Fourth member of the management team

- e. *Nominations (and names of seconders) to be sent by email please to Carole Jefferson (secretary), by noon on 7th April 2022*

11. The meeting ended at 18.16.

12. **Date of next AGM and election of the management team** – Thursday March 9th 2023

Many thanks to everyone for coming, thanks Paul for setting up the technology



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

Encs:
 Chairman's Annual report for 2021 (Mick Gregory)
 Practice Review of the year 2021 (Paul Hanlon)

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