

# PPG Minutes – *Hybrid* meeting

10<sup>th</sup> November 2022

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

- 1) **Chairman's welcome** – Mick welcomed everyone to the meeting, including John Skelton, a new member. John's partner Audrey is coming to join the group but was unable to attend at short notice on account of work commitments. Sandra Mould, another new member, is expected. Mick introduced everyone by name.
- 2) **Those present** – Mick Gregory (Chairman) Carole Jefferson (Secretary) Anne Lockley, Emilene Zitkus, Helen Davison, John Skelton, Sandra Mould, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice).
- 3) **Apologies received**  
John Kershaw (Vice Chairman) Bhasker Khatri, (Management Team) Ian Farnfield, Peter Lewis, Roger Harris
- 4) **Approval of minutes of October 13<sup>th</sup> 2022 and matters arising**
  - a) The minutes were approved.
  - b) Matters arising  
none
- 5) **Practice and Federation update**
  - a) **Federation**
    - i) Mick explained that The Federation is all of the Practices in Charnwood, working together
    - ii) There are twenty-one Practices in Charnwood, which have been working together for many years, the recent collaboration over Covid vaccination at Southfields was a particularly successful project.
    - iii) All practices are shareholders in The Federation
    - iv) Employs forty members of staff and there is a management structure
    - v) When PCN's (Primary care Networks) units of about 30K patients were required, the Federation easily adapted to provide four PCNs. We are in Beacon PCN.
    - vi) PCNs are important as all of the investment that comes in, tends to come into the PCN.
    - vii) Additional roles have come in such as Physiotherapists, Social Prescribers, Clinical Pharmacist, Paramedics, lots of others. They work across a group of practices.

b) Financial position.

- i) Peter asked for data on the financial position. No public sector's position looks healthy.
- ii) The Practice is monitoring closely the income and expenditure and is making savings where possible.
- iii) Generating more income isn't possible.
- iv) Looking at postage costs, and looking at the possibility of sending letters by text message, as an attachment. Some work to do to make it possible, to ensure that the letters are secure and that patients are comfortable with the practice.
- v) Could look at email. Security has to be ensured.
- vi) The Group agreed to help with trialling a system of sending text message with attachments.
- vii) Patients would be able to opt for letters in the post. Paperless communication is more environmentally friendly
- viii) Fit notes are sent out this way already.
- ix) It could be an opportunity to gather more emails, but they are not currently linked to medical records.
- x) Paul will investigate whether or not it is possible to link email and text? Or be incorporated into the NHS app? It may be better to have our healthcare information in one place

c) Patient records

- i) Were meant to be available from November 1<sup>st</sup> via the app. Legal concerns arose, so at very short notice Practices had to stop patient access
- ii) The Practice website has been updated to make it an option for a patient to request medical records. When access has been effected, letters and notes will be available. Applies to patients who have been registered before the date of the guidance. New patients – we don't yet know what we have to do.
- iii) In a minority of cases instant access can't be granted for safeguarding purposes.
- iv) It is a positive and empowering thing for patients to be able to do and will only be beneficial, it is only the implementation process that is not yet finalized.
- v) Secondary care records that have come to the Practice will be there, not yet possible to access secondary care records electronically. Experience of one person was that the information coming from hospital, re: results, wasn't in the hospital letter to the GP, which meant that the GP had only partial information. The patient will take that up with the consultant.

d) Appointments.

- i) It is not yet possible to book on the app as triage is still essential in order to protect vulnerable patients. Online booking would reduce the number of phone calls and the Practice doesn't want big waits on the phone. The 'hot' site at Forest Edge is still needed, hence continued triage.
- ii) Balance between 'on the day' and pre-bookable appointments is being looked at. We want to release more pre-bookable, which in turn will relieve pressure on the phones.
- iii) Want to return to appointment booking on line.

- iv) Follow up work – it's frustrating for patients to have to ring in for a follow up, it will be better when the appointment can be booked ahead.
- e) Paul has renewed our subscription to NAPP! Paul explained how helpful he finds PPG meetings Thank you, Paul.
- f) Vaccines
  - i) Last designated flu vaccine clinic Saturday 12<sup>th</sup> November. This year will turn out to be a record. By then we will have invited everyone. Not seeing a problem with uptake.
  - ii) A lot of people have refused the Covid19 vaccine as they aren't confident to have it.
  - iii) Every Monday between now and Christmas, one member of the team will be giving flu vaccines, for those who haven't yet had them.
  - iv) Then we are planning to give pneumonia (one in your lifetime) and shingles (for over 70s) vaccines.
- g) World COPD Day on 16<sup>th</sup> November. Info ready to send to affected patients
  - i) (Chronic Obstructive Pulmonary Disease)
- h) Sandra and Helen arrived (17.40). Introductions were made as Sandra was welcomed to her first meeting.
- i) Healthwatch report.
  - i) The final report will go to the Care Quality Commission
  - ii) Healthwatch met some PPG members and toured the premises
  - iii) The survey, which we completed, threw up some data that we are unhappy about. The questions as set made no mention about what period of time the question related to, as opposed to our PPG surveys, which ask for experiences within the last six months. Patient experience over several years could be very different from that during the pandemic and responses could have been skewed by experiences during lockdowns.
  - iv) The Practice has made a response
  - v) Lots of very positive observations.
  - vi) The outcome was as expected but we always want to be better.
  - vii) The report will come to us eventually
  - viii) Mick commented that he was disappointed as the PPG members who met pointed out to the Healthwatch team that the survey was badly designed, very confusing, lots of ambiguity. It's not right, we feel, that the Practice should be criticized on the outcomes of Healthwatch survey, when we have told them that their survey was poorly constructed.
  - ix) The Practice needs to know patient experience, time limited, as in the PPG surveys.
- j) Staffing – we have a full complement but stress levels are high. We are finding that a minority of people are not as nice to our staff. The Partners are checking in with staff on a regular basis to check that they are OK. We are used to retaining staff

successfully but that may change. The role of a Receptionist is very complex and their job is the most important in General Practice. Well-functioning Practice Reception teams are the way to keep people out of A&E. The majority of our patients are very nice.

- k) Is there anything that we can do?
  - 1) Thanking them will make them feel appreciated.
- l) The Healthwatch report? Geoff and Paul will share the Healthwatch report with the team.
- m) Our Practice was a pilot so we can't compare our experience with other Practices.
- n) Patient frustration may be driven by demand being greater than capacity. E.g. A lot of work is coming out of hospitals, for which previously the hospital would have provided after care. E.g. regular wound dressing
- o) There are calls where the call handler is left upset. In which case they are encouraged to step away before taking the next call, to lower the temperature.

Many thanks Paul for a very informative update. We would like the practice team to know that we value all that they do for us.

## 6) Project Updates

Mick explained about our project groups for John and Sandra. More information is in the 'welcome' pack and on the PPG section of the Practice website

- a) Patient experience survey. This is a biennial project. Then the Healthwatch and other surveys came along so we shelved it. The practice values our more targeted approach  
We shall run it next year
- b) Bereavement Support Project (Ann, Helen, Carole, Mick and Paul)
  - i) Two parts,
    - 1) a checklist of things that need to be in place for anyone bereaved, to help them
    - 2) Guidance for preparing and for dealing with the practical matters
    - 3) The project group has produced a final document, linked to 'Dying Matters' a very full document produced by Leicester Leicestershire and Rutland, (see website)
    - 4) Mick sent the guidance to the Practice, for Practice staff to comment
    - 5) Feedback:-
      - (a) Leaflets are very good, will be useful to give to Thorpe House (Care Home) for relatives
      - (b) Some wording changes
      - (c) There have been changes regarding death certificates since Covid 19
      - (d) Very well received,
    - 6) Thank you to Practice staff for us, taking up your very valuable time like this is very much appreciated
    - 7) Mick will convene a meeting of the Project Group before the December meeting.

- ii) Next years projects... please come up with ideas, what can support Patients and the Practice (December agenda)
- iii) Also need to revisit previous projects to make sure that they are still accurate.

## 7) Meeting dates for 2023 (previously circulated)

- a) The Second Thursday rule has been tweaked, for the first time in twelve years, so as to be helpful to certain members. This means that June and November meetings are delayed by one week. Implications – block booking for the PPG to go to Download to help Paul to put up his tent 😊
- b) Agreed!

## 8) Meetings attended

- i) None
  - ii) PPG Network meeting – Thursday 24<sup>th</sup> November *at the NSPCC centre* in LLR (link has been sent out)
- 9) **Next visiting speaker** is Emilene, at the February meeting. Suggestions please for future speakers!
- 10) **Date of next meeting** – December 8<sup>th</sup>

- a) Hoping to revisit our previous practice of having a pot luck buffet. Paul has offered to make the Wellbeing centre available to us, where we can be sufficiently socially distanced. No masks
- b) If people could bring a *small amount* of food to share that would be nice.
- c) Emilene's son is welcome.

## 11) AOB

- a) Thank you, Paul, for the new phone system and the call back facility
- b) Group CVs.
  - i) If you would like to change your mini-CV or photo, please send to Carole. *This is not shared beyond this group*
- c) Nothing more tonight

The meeting closed at 18.20

Mick thanked everyone for their attendance, see you in December!

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