

PPG Minutes – Virtual meeting 11th March 2021, AGM

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

2) **Chairman's welcome - Mick**

- a) Mick welcomed us to the meeting. Also, Joanne Talbot, in charge of the Social Prescribers in the Charnwood GP Network, Soni Simpson, Pharmacist for the PCN and Steve Hughes, who has shown interest in joining our group. He joined the call and had to leave before he met us, as he was needed at work.

3) **Those present.**

- a) Mick Gregory (Chairman), Roger Harris (Vice Chairman), Carole Jefferson (Secretary) Bhasker Khatri, David Meredith, , Helen Davison, Ian Farnfield, John Kershaw, Ursula Mullin, Paul Hanlon (Charnwood Community Medical Group Business Manager)

4) **Apologies received**

- a) Anne Lockley, technical problems. Other members are usually unable to attend our virtual meetings because of IT issues.
- b) John Todd emailed Mick to wish us well for our AGM. He and Jane are happily settled in Cardiff and health seems to have been improved.

5) **Visiting Speakers, Joanne Talbot and Soni Simpson**

- a) Joanne shared her PowerPoint presentation, 'Social Prescribing in Charnwood' (attached)
- b) (Our PPG ran a trial project some years ago).
- c) The PCN Social Prescribers were set up on October last year, from a vast variety of different backgrounds, such as complex mental health experts, weight loss specialists, a well-being coach, care homes background, drug and alcohol abuse advisers.
- d) Pandemic restrictions mean that the way of working is tricky and the team is looking forward to working in a face to face manner after the Pandemic restrictions are lifted.
- e) Joanne is also involved in recruiting, training and coordinating volunteers. Some of us are volunteering at the Vaccine Clinic in the Council Offices and we are part of a fabulous team, which is very highly thought of.
- f) The SP team works over all 21 GP practices in Charnwood and Joanne oversees the team (slide 2)
- g) The team works together and shares information to support clients.
- h) The role (slide 3), a patient centred approach to get at the reasons for the patient being in some kind of difficulty which impacts on health. (Slide 4)
- i) Many support groups are working well on line.
- j) Contacts (slide 5)
- k) The Social prescribers are working 50% of their time in the Vaccine Clinic

- i) we thoroughly enjoy being there
 - ii) We have learnt lots of new skills from attending clinics which will be useful in our work.
 - iii) It has given us a fabulous opportunity to meet practice staff, work with them promote social prescribing and form professional relationships that we wouldn't have been able to do due to social distancing and current restrictions.
 - iv) It has given us the opportunity to meet people in the communities we work in.
 - v) We have identified people that do require our support from being at the clinics and therefore these patients have been referred into our team and are receiving the support in a timely manner.
- l) We continue to work hard in our Social Prescribing capacity as well as supporting the clinics.
- m) When people are supported to maintain their own health, there is a huge reduction on the dependence on the GP/A&E. (24%)
- n) Inclusion criteria (slide 6)
- o) GP practices know how to complete a referral
- p) Q&As
- i) Q – Mentioned links with Mental Health and Social care services. Do they make referrals to you and vice versa?
 - ii) A – We can do that with patients consent. Joanne is in contact with a wide variety of different groups who can help
 - iii) Q – You are looking at offering up to 12 contacts? How flexible is that and how are the contacts spaced out?
 - iv) A – Patient centred, depending on what the patient needs. Some issues are relatively easy to resolve, others are more complex. We work on what the patient needs. Reviews are carried out later
 - v) An observation – SP is excellent news for patients. The service was there before, but GPs, with the best will in the world, couldn't do all that was needed. Our best wishes to the whole team
 - vi) Joanne shared a brief case study with us.

Mick thanked Joanne for joining us to share the work that she does.

- q) Soni Simpson – one of the Senior pharmacists for Charnwood GP Network
- i) There are two.
 - ii) She works in North PCN and Watermead
 - iii) 21 practices
 - iv) Soni has 11 practices under her
 - v) She has been in post for three months following work in Melton Practice , a hospital pharmacy and part time lecturer at DeMontfort University
 - vi) There are four main sectors that pharmacists work in
 - (1) Community pharmacist –(local chemist)
 - (2) Hospitals
 - (3) Pharma companies

- (4) Primary care (Soni's role). Some are employed by Practices, some by PCNs
- vii) Soni oversees five PCN Pharmacies
- viii) Charnwood CMG is in Beacon PCN at Rosebery there is a PCN pharmacist called Amy Shukla whose work is split between Rosebery and Field Street Practice (Shepshed)
- ix) The work varies
- (1) Depends on support the Practice needs and
 - (2) The skill set of the pharmacist
 - (3) Aims to reduce GP workloads and
 - (4) Support patients with their medication by:
 - (a) Offering help with queries from patients - side effects, stopping meds that are no longer effective, how to take medicine, ensuring the correct dose
 - (b) Dealing with Medication requests, is it still appropriate
 - (c) Authorizing Repeat meds
 - (d) Meds reviews – phone or face to face (Particularly important for patients with multiple health issues)
 - (e) Updating meds for patients who have been discharged from clinics/hospitals
 - (f) Audit work –
 1. Ensuring that drugs monitoring is up to date
 - (ii) CCG audits – switching to more cost effective drugs, helping Practice to keep to their prescribing budget
 - (iii) Review for long term conditions, blood pressure, asthma, CPD
 - (g) Soni also works at the Covid vaccination clinic
- (5) Soni's role is
- (a) more of supervisory/mentoring
 - (b) upskilling junior staff
 - (c) her specialism - asthma and diabetes – supporting practices
 - (d) very important role in GP practice
 - (e) If a patient needs a meds review, can ask at reception to see the PCN pharmacist
- (6) Q&As – a lot of issues with Zoom and Broadband tonight
- (a) Comment - Our PPG did some patient surveys at Practice when Meds reviews were carried out, all of which had to be done by the GP. Now PCN Pharmacist can do that, frees GP time up.
 - (b) Comment - Pharmacist can spend up to 40 minutes doing a review and the GP doesn't have the time to go into all that detail
 - (c) Comment - Our PPG did a project about meds wastage and we spoke to a number of patients who were being prescribed meds that they no longer needed
 - (d) Q – asthma review – are these being done over the phone at the moment?
A – Practices do their reviews differently. Can be done over the phone or face to face. Soni does asthma reviews and shows patients how to use their devices
 - (e) Q – I have come across a company who is offering to order your meds for you, getting it ready for collection. I feel that this will lead to wastage
 - (f) A – can't speak for an individual pharmacist but patients are being advised not to give this responsibility to the pharmacist as meds are being ordered that aren't needed

- (g) Comment – from a member of the meds review project. Third party prescribing has been stopped by the CCG and patients order meds on line. Arrangements were made by Paul for certain patients to order through their pharmacist
- (h) A - it is still the case that third party requests should be refused.
- (i) Comment – our practice policy is to refuse third party ordering except for our small group of exempted patients. Pharmacist can try but they won't succeed.

Many thanks to Soni and Joanne for talking to us. It has been a big challenge tonight with the IT breakup; perhaps we can have a face to face meeting at some stage.

6) Approval Of Minutes and matters arising

- a) The minutes of our last AGM should have been scrutinized, but as there was no AGM in 2020 following national lockdown restrictions, it was felt that the previous AGM (2019) was too far back to make for a significant discussion. The minutes had been circulated shortly after the AGM in March 2019. By a show of hands, it was agreed unanimously to accept the minutes for March 2019!

7) Chairman's Report for 2020 -2021 (previously circulated)

Mick will liaise with Paul about circulating to the Virtual Group and on the website.

Comments:

Looking forward –

- a) Recruitment. We have lost some members, not through disaffection, but other life issues. It will be a challenge as we are not yet able to meet patients face to face.
- b) Project Groups. Most of these will be held up into 2022, when we will be able to get together, hopefully. Both groups – Alzheimer's and Bereavement support are very important so we need to work on them.
- c) Patients Survey. Probably even more important now that the Practice has had to work in such a different way. The Practice will value patients' feedback.
- d) Very important to continue to work with the Practice as that critical friend, to ensure the best experience possible.
- e) Engagement with patients is key
 - i) Understanding,
 - ii) Willingness
 - iii) Openness and
 - iv) Trust
- v) Understanding between the Practice and us, for us to understand the challenges that the Practice faces and for the Practice to have an understanding of the PPG role and hearing the patients' voice.
- vi) Willingness, trust and openness on both sides are vital as we move forward. All four are so important as we move forward.
 - (1) Roger, Mick and Carole have sat on the North Charnwood Locality Group, which has now widened to include PPGs in South Charnwood. Some PPGs struggle to have a working relationship with their Practice. All of the above four elements are all in place for us. We couldn't want for a better relationship, which is why CCMG PPG has been so successful.

- f) Thank you Paul on behalf of all of us in the group and we would be grateful if our appreciation could be passed on to colleagues in the Practice. Thanks also to all the members of the group, for their hard work, trust and understanding over the years and moving forward. Without Paul facilitating Zoom, we would have had to depend on newsletters.
- g) Hands Face and Space! All the numbers are going in the right direction across the country.
- h) Comment –I second Micks words to thank the Practice and in particular Paul, his personal skills and willingness to work with us and cooperate. Thank you Paul.
- i) Comment – this group wouldn't have survived the past year without the work that you are doing, Mick. Thank you

8) Practice and Federation updates

- a) To the group - Thank you for *your* time, it's helpful to know what patients are thinking/saying, what is going well, what needs to happen differently. It's a big commitment, and it keeps us on track, thank you.
- b) Protected Learning time this afternoon, spread all over the building, a good training session, standing around 2m apart and shouting at one another...
- c) Regular lateral flow tests in the Practice now. Managing our staffing.
- d) Vaccination is the big thing. We have had a difficult time as vaccine hasn't been assigned to our area. We have been pushing back, but nationally there has been a slow down.
- e) We have lots of Astra Zeneca vaccine coming next week so more vaccines will be given. The hub will be running, also a clinic in the Practice
- f) Patients have been frustrated with letters coming to them and we don't see them so we don't know what they say, but there is an invitation to book online at a National centre and also to contact the GP. We can put the patient on a list but we have no indication about when the vaccination will be.
- g) We are booking cohort 6 this afternoon, 16 – 64 with an underlying medical condition.
- h) After that we return to cohort 5 (65 – and over) they had a letter inviting them to the national service and to contact the GP or wait for the practice to make contact. We had no way of knowing who has been contacted so we have to check. And continue to pick up anyone else in cohorts 1- 6. Our lists don't update quickly enough sometimes so we may phone people and they tell us that they have had their jab. Sometimes we don't have a great answer for people but we'll keep going as long as there is vaccine to give.
- i) Second doses are ticking through. Starting to ramp up at Charnwood Borough Council clinic so that we can give people second doses at the same time as others are getting their first.
- j) Staffing – a couple of Practice nurses are retiring so we are recruiting over the next few months.
- k) Extended access and hours. Whenever things start to come back, we want to take back a chunk of extended hours, early morning, evenings, and change childhood

immunisation to the weekend so that school attendance isn't impacted. In terms of the funding coming in, we're looking at increasing access for people.

- l) Next year's funding, new formula, a bit more sophisticated. We will be in a better position due to this formula.
- m) Reviewing staff salaries, policies and protocols.
- n) Proposing to change Outwoods to be more like the usual model, it's getting busier. As long as the staff are comfortable with the arrangements.
- o) Forest Edge, waiting to see when we no longer need a hot hub. Depends on the R number and level of infection.
- p) Q – The letter about vaccination was really misleading.
A - The letter changed, which didn't help. And we in the Practice don't get to see them. It gets complicated when they try to do things centrally.
- q) Q – How do I advise a neighbour about getting her vaccination? She was offered Derby or East Goscote. She has no transport. She would find it very difficult to get to either Derby or East Goscote
A – The request will come to me. Send her details to me. It is very complicated
- r) Comment – thank you for that. Good experience with a Q&A triage following an accident. Had superb advice, had physio consultation and I had a really good experience
- s) A - We have to ensure that general practice functions!
- t) Q – Phone backs – is it possible to be given an idea of am or pm for a phone back?
A – GPs go in clinical order. Paul will reflect on how possible it is to give a time. It could be possible to give a time but an emergency could change things. Paul will ask staff if they can give an idea and see how often they get it right
- u) Q – Reminders – used to have a date and time, now they don't is there a reason for that?
A – Problem in first few weeks was that all the text reminders had the wrong time on. When we get back to normal, we hope to get it right.
- v) Q – Query about asking for a call back on a busy day, being asked to ring in first thing the next day to get a call back. Another person put the request on the next day's list.
A – Receptionists' natural instinct is to try to help. We try to monitor the demand each day; therefore patients should ring in again the next day.
- w) Q – Could receptionist ask which number to call back on?
A – Yes. Receptionists should check, it's frustrating for the doctors if they phone on the wrong number.
- x) Thank you Paul (*Man U. AC Milan still nil nil*)

9) Position of Vice Chair.

- a) Roger stood down at the last meeting.
- b) We would like to record officially our thanks to Roger who has done some sterling work for us over the years.
- c) Roger has always been excellent in refining my reports

- d) We are so pleased that Roger will stay on as a member of the group.
- e) Election of Vice Chairman all the documents and email went through to Paul
- f) Paul informed us that the person who has gained the maximum number of votes is John Kershaw.
- g) Congratulations John, you are duly confirmed in post.
- h) Thank you to those who sought election.

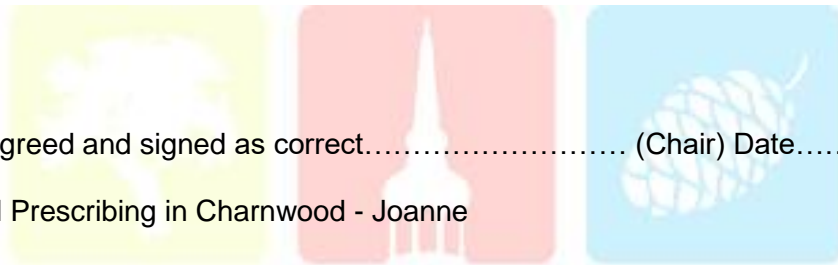
- i) Election of the fourth person of the management team, which comprises Chair (Mick) Vice Chair (John) Carole (Secretary) one other, plus Paul. We meet about four times per year and suggest the agenda. We try to do groundwork ahead of group meetings, not to make decisions. Alison held that position for a few years but has had to step down because of work commitments.
- i) Procedure for the fourth member is at the bottom of the agenda. Incumbent to be confirmed at April's meeting.

10) Thanks to everyone for attending. The meeting closed at 18.33

11) (Final score ManU 1, AC Milan 1)

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

Encs – Social Prescribing in Charnwood - Joanne



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