

PPG Minutes – *Hybrid* meeting 11th November 2021

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

Chairman's welcome – Mick

Mick welcomed us, some on Zoom and some in the meeting room.

There was a short discussion about the positives (and negatives) around the coming of the fair! The first one since 2019.

2. Those present.

Present – Mick Gregory (Chair) John Kershaw (Vice Chairman), Bhasker Khatri (Management Team) Carole Jefferson (Secretary) Anne Lockley, David Meredith, Emeline Zitkus, Helen Davison, Peter Lewis, Roger Harris, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice))

3. Apologies received

Elizabeth, Ian, Ireen,

4. Approval of minutes and matters arising

a. The minutes were accepted.

b. Open letter to patients from the Practice.

- i. Paul circulated a newsletter earlier this week asking for all patients to be as kind to staff as the majority.
- ii. Abuse of staff has become more and unacceptable, in the form of verbal abuse and passive aggressive attitudes.
- iii. The meeting expressed how very sorry we are for the staff and asked Paul to pass on our best wishes.
- iv. The majority of patients are very considerate and kind.
- v. Reception staff get good training in their difficult role.
- vi. They also need support from the Practice and that is in place.
- vii. Question – How much is this attitude blown up by the media? How much is it that people with limited language skills find it difficult to express themselves?
- viii. A – Entirely driven by the media. Paul meets with patients who are abusive to explain situations about which they are upset. This takes time which reception staff don't have. A lot is down to high expectations that patients don't feel are met. It is very rare that a letter would go out. We get very nice comments, which are lovely but staff have left and that is a worry. Our MP is visiting Practices in Charnwood to do some fact finding.
- ix. Comment – social media stoke the fire and abusive comments are inaccurate and hurtful.
- x. There have been improvements since the letter went out. We use the full capacity that we have every day.
- xi. Appointments are no fewer than before the pandemic.
- xii. Question about removing patients from the list

A – in exceptional circumstances there is a staged process which is employed, taking due consideration of the medical needs of the patient

- xiii. Q – how many patients would see the newsletter
A – 15 – 20% and hopefully will start a conversation
- xiv. Q- Text messages?
A - The software is cumbersome and time consuming. We could do it but we wanted to check feedback on the letter first. Some practices have sent out much stronger letters. Not our style
- xv. The letter is on the website
- xvi. The vast majority of patients are lovely and this isn't aimed at them. We wanted to be able to say thank you to them
- xvii. We acknowledge that there may be patients with limited language skills.
- xviii. Communication is improved when we can see one another's face – harder when wearing a mask or when on the phone
- xix. Our team needs to know that we back them up.

5. Practice News

- a. We are expecting a difficult winter. Our coping strategy is to work hard and look after one another
 - i. Drop in sessions have been organized for all staff for a conversation about how everyone is coping
- b. Our MP came in. She has been to several practices. We explained how difficult staff are finding things and she listened and met the team afterwards. This was felt to be very supportive.
 - i. We didn't ask for answers but to give her insights to help her when she is speaking to constituents.
- c. BMA strike action ballot.
 - i. An eighteen page paper came from NHS England which was inadequate, poorly constructed in places and showed a lack of understanding of how General Practice works.
 - ii. Some aspects of a GPs work, which *do not* involve seeing patients are being discussed as to whether or not GPs think they should stop doing them. These tend to be activities outside the Practice.
 - iii. It is NOT about General Practice stopping work.
 - iv. We think that the outcome *might* be a renegotiation of the GP contract.
 - v. More work has been handed down to GPs in recent years and now there needs to be a conversation about what GPs can reasonably take on within their current resources.
- d. We are going out to recruit a new Nurse. They are not easy to find.
- e. Annual check on Practice Research by the National Institute for Health Research recently-- they offered to come to talk to us.
- f. We're not gloomy here; everyone is quite upbeat regardless of winter pressures coming in. The NHS *is* under pressure, -we are now seeing waiting lists of 18 – 24 months and we are managing patients who would normally now be under the care of specialists. It is easy to say that pressure on

hospitals is down to GPs not working effectively but we are picking up issues that other areas can't/don't.

- g. Ghost hunters have been in the building... one of the many exciting facets of working in General Practice!
- h. Q – Vaccine booster roll out, is it going well?
A – Nationally the programme seems to be slow, in Charnwood, we are delivering all the vaccine that comes in. There are 1000s who need to be vaccinated. There are people still coming forward for 1st and 2nd doses. The local plan will be discussed.
- i. Q – There seems to be stresses at the Hospital, our jabs cancelled at short notice and at other times, long queues.
A – There are difficulties around incorrect information being given out, e.g. the opening times of Southfields. Loughborough hospital was closed this morning and drop in patients went down to Southfields, to add father pressure to an already over worked centre. Representations have been made to the CCG. People have been given appointments which are too early, less than 182 days since their second dose. At Charnwood Borough Council we didn't have a problem with booking in. The CCG set up their own booking service. Bigger isn't necessarily better.
- j. There was a discussion about experiences at the vaccination centre
- k. Comment – had my booster 2 weeks ago, the whole process went very well. There are some wonderful marshals.
- l. Comment – It seems that patients are being required to fit round the service, not the service working round patients. A letter to the CCG? Agreed.

6. Project Groups

- a. Patient Survey
 - i. We had a survey ready to go before lockdown in 2020. This will now need further work as NHS and GP matters have moved on.
 - ii. suggestions for questions:
 1. Ask about peoples experiences of measures put in place to manage infection control ad did people feel safe?
 2. Question 7 – asks about booking appointments on-line – you can't anyway at the moment, so that should come out - agreed
 3. Have you contacted any other emergency service when you have been unable to contact your GP – agreed
 4. We need to tease out questions about telephone consultations, and the current climate
 5. Did the appointment system pre-pandemic work any better than the current system?
 6. Can we include questions relating to newcomers to the Practice, how easy it was to register, what documents to take with you, where to find the information if not on the website.
 7. Does the Practice have any questions? We will need questions to inform our restoration plans.
 8. Some of the questions from 2019 are no longer relevant.

9. Some members have expressed an interest in being on the project group - John, Peter, Ireen, Emilene, Carole. Anyone else?
10. When the group convenes they should appoint a Chair.
11. We need to decide when to run the survey; surveys are more fruitful when we can meet patients face to face. We have a lot more people come into the Practice than you might think, it's a case of how we manage it. Unlikely to be able to launch until at least June next year.
12. It is a big job, but worth the effort as the Practice benefits from what people say.
13. Organize a date at the next meeting.

iii. Bereavement support

1. To continue
2. We were looking at providing support for patients bereaved involving a number of different circumstances,
 - a. end of life,
 - b. sudden death
 - c. how does the Practice get to hear about it.
 - d. the impact e.g. of the death of a close friend. There has been a big impact during Lockdown and subsequent isolation
3. Ask for group membership at a later date.

iv. Dementia friendly Practice

1. Happy to continue, would be a great piece of work.
 2. We need to be aware that Paul is involved in all of the groups.
 3. Alison, Chris and Anne were involved. There is a lot of information.
 4. Quorn Practice had already had an open day. Alison might have the material.
- b. Paul very kindly agreed to set up hybrid meetings for our project groups to take account of colleagues' preferences and technical set-ups.
- c. If anyone is keen to be involved in any group, please email Carole to express an interest.

7. Date of the next meeting – 9th December 2021

- a. Chairman's Challenge – attend in a Christmas jumper or Tee shirt. Anyone meeting on line, do look for a Winter Wonderland virtual background. Helen demonstrated her prowess finding a WinterScape and a Caribbean Island!
- b. Bring a glass to toast each other "a Merry Christmas"
- c. Paul offered to set up a hybrid facility. Thank you Paul

8. AOB –

- a. When we phone at 8.00 am and all the appointments seem to be taken, is there a cut-off point where you can't take any more calls?
- b. No, there might be a change of message. We can take hundreds of messages a day, depending on how many GPs are in and what day it is. E.g. Monday is always busiest and we currently have a GP off ill.

- c. Carole will send out the survey from 2019
- d. Dates for next year's meeting previously circulated. November 10th 2022 clashes with the Fair. We will finalize the dates at our next meeting.

The meeting closed at 18.26, in time to get down to the Fair!

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



CHARNWOOD
COMMUNITY MEDICAL GROUP

