

PPG Minutes – hybrid meeting

13th July 2023

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

- 1) **Chairman's welcome** – Mick welcomed to this, the last meeting before our summer break. Very best wishes to Shirley Siriwardena, as he recovers from recent surgery! Paul is struggling with IT as the practice had new equipment installed today!
- 2) **Those present** – Mick Gregory (Chair), Helen Davison (Vice Chair), Carole Jefferson (Secretary), Anne, Audrey Philbrooks, Ian Farnfield, , Nic Cawry, Peter Lewis, Sandra Paul Hanlon (Business Partner and SIRO, Charnwood Community Medical Group Practice

- 3) **Apologies received**

Bhasker, David Meredith, Elizabeth Sharpe, Emilene Zitkus, John Skelton, Shirley.

- 4) **Approval of minutes of June 15th 2023 and matters arising**

- a) The minutes of June 15th were approved, thank you

Matters arising

Discharge from hospital and Patient Follow up. Mick and Carole raised the matter with Andy Williams the CEO of the Integrated Care Board at The Charnwood PPG Forum meeting. We didn't feel that a satisfactory answer was given. There was some sharing of recent experiences. Paul explained that sometimes, hospital letters take time to get through the various systems including the Surgery and that it's helpful if Patients bring their own copies to their next appointment.

- 5) **Practice news**

- 6) **And appointments system discussion**

- a) This item covered further scrutiny of the proposed telephone messages. Comments from colleagues since Paul's presentation July 6th have been included. Thanks from the Practice for our comments . Urgent v emergency – debate continues
- b) A 26-page guide has been produced for the Admin team.
- c) Planning for 7thAugust launch. Staff training starts for a week , mid-July
- d) Paul has mocked up a practice AccuRx form for us to look at
- e) Paul demonstrated how the link works. Will be able to be accessed through the NHS app or CCMG Website

- f) SystemOne (through the web browser) continues to work in addition to NHS app
- g) If someone gets all the way through the phone script without selecting anything, the patient will go to Patient Services
- h) We hope that by being given options, patients will use the system and not try to circumvent it. Some bedding in will be expected.
- i) NHS app will be using this 4 – 5 weeks after we go live. The link will be available on our website. CCMG website – there will be directions. No need to try it for fun...please
- j) There was a debate about *urgent* and *emergency*. 'Urgent' means different things to different individuals. GPs have elected to use 'emergency' because there should be very few emergency requests that can't wait a day to be seen. Paul gave an example... someone has found a suspicious lump. A completed online form will be picked up and the patient will be seen the next day in a booked appointment. That is urgent but it flows through the phone procedure readily.
- k) Paul played a few recorded messages, which have been scripted exactly as we suggested. There might be further revisions.
 - i) Discussion about urgent/emergency/life threatening/likely to come to serious harm.... There has to be some attempt to inform patients about what route to take. It becomes a judgement for the patient. We must give it a try. The doctor or patient services will signpost patients to 999 if/when they see the need.
 - ii) Monitor and review and if necessary, open up more or fewer appointment slots
 - iii) Peter offered to record messages and may be taken up! It might be an idea to have a variety of voices.
 - iv) Pre-launch comments have been changed on line and on the phone, taking up our suggestions.
 - v) The number of messages a caller hears is a response to the buttons pressed. If the caller knows what to press, they can do so at any time, rather than waiting to hear all the messages.
 - vi) The messages have been sent to the telephone provider to build in. They can be changed at a later date.
 - vii) Paul is confident that patients will be able to get through on the phone. It won't matter what time the call is made. Those with internet access will be able to complete the form on line, therefore, reducing the number of calls. Anyone calling in at the surgery will have the form completed for them at the time.
 - viii) The duty doctor will still be on call. Its hard to know how many appointments to reserve daily.
 - ix) A suggestion - to put in the pre-launch message that everyone want the situation to return to how it was, but it can't, we are doing the best we can. Paul agreed to devise an appropriate form of words.

- x) Feedback at future meetings on the success of the roll out

Best of luck on August 7th, if it improves the system, it is a bonus, better for patients and staff welfare.

Many thanks to Paul and the Practice for all the work on this, and those of the group who have contributed

- xi) Q - Any news on the new GP appointees?

A - Two starting September/October and another GP interested in partnership

7) Visiting speakers

- a) No suggestions have come forward
- b) Anne suggested her niece, Jennie who works in mental health in another county
- c) Ian suggested a person who is very entertaining. Mick will follow up
- d) Carole suggested asking Natalie Glass back – gave a really interesting presentation about what opticians can see. It's a long time ago that she came
- e) Peter - how about looking at the County Council – see what they are offering to do with Dementia or other useful topics. Peter will look to see if anything interesting.
- f) Social Care? Would Nic have a contact or give a presentation herself. Nic works with City council and policies would probably be different. Nic will try to find someone in the County who could talk to us. Hospital discharge? Support for carers? Crisis response? The Triple R Model – how is this being implemented? It's a mechanism for getting people home quickly and safely. Nic agreed to find a contact for Hospital discharge procedures. There are four discharge pathways:-
 - i) 0 – with family support
 - ii) 1 - Home with care package
 - iii) 2 – people not safe to go home without intensive support for a period of time
 - iv) 3 – for more intense care needs, perhaps long term residential?
 - v) The emphasis is on getting people back to their own
 - vi) home quickly and safely
- g) Something that we must think about. Any ideas, please let Mick or Carole know

8) Projects

- a) Preparing the survey. Appointments system needs to embed before we run the survey.

- i) Try to get questions that will give us positive messages for the reception team
- ii) Need to get started soon
- iii) Volunteers - Mick, Paul, Helen, Nic, Carole

b) Review of previous projects

- i) Might sit with the longer serving members of the group, although all members will have thoughts to offer
- ii) Please look on the PPG website – all the projects are there
- iii) Which projects need updating or archiving
- iv) Paul will have to review some projects while the website is being rebuilt. He will hide ones that may need updating

v) Bereavement project

(1) Helen suggested sending to solicitors. Email with a covering letter. Agreed

9) Meetings attended – none relevant

10) Date of next meeting – September 7th – Mick and David J's birthday!

11) AOB – nothing this time

12) Have a very nice summer everyone, whether home or away

The meeting closed at 18.18

As we don't meet in August, Paul will let us know when the new system is live but please don't all rush to try it!!

There is already an update on the Practice website

<https://www.charnwoodcommunitymedicalgroup.co.uk/news-and-feedback>

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