

PPG Minutes – *Hybrid* meeting

13th October 2022

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

- 1) **Chairman's welcome** – Mick welcomed us to the meeting.
- 2) **Those present** – Mick Gregory (Chairman) Bhasker Khatri, (Management Team) Carole Jefferson (Secretary) Elizabeth Sharpe, Anne Lockley, David Meredith, Emilene Zitkus, Helen Davison, Ian Farnfield, Peter Lewis, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice)).

- 3) **Apologies received**

John Kershaw (Vice Chairman) Shirley Siriwardena, Roger Harris

- 4) **Approval of minutes of June 9th 2022 and matters arising**

- a) The minutes were accepted.

- b) Matters arising

- i) Healthwatch visit – no report has arrived yet
- ii) Thank you to the Practice – on the flu vaccine clinic day, we produced an A5 sized leaflet, which explains what the PPG does and the Practice funded it. Thank you so much. An opportunity to encourage new members. Thanks to those who volunteered to help:
 - 1) Marshalling - Helen, Martin D, David J, Anne, Bhasker and Carole,
 - 2) Mick for organizing the printing.
 - 3) Paul for the finance
 - 4) Carole for designing it
- iii) Re: telephone system. David met Paul recently to make suggestions about what we need. What is the new system and how is it different?
 - 1) Based on feedback it is successful
 - 2) Patients can now request a call back and the system will hold your place in the queue
 - 3) Medications line – now have the option to leave a message or ask for a call back.
 - 4) We are now sending acknowledgment text messages when scripts are processed.
 - 5) Q - Is there any chance of an indication as to when we might get a call back?
 - (a) We have struggled to confirm what time a GP will call back, but patients can ask for a call back within certain broad times and the GP will do their best to fit in
 - (b) The GP will always try twice.
 - 6) Q - That's an improvement

- 7) Two members shared positive experiences of call backs
- 8) The call back is not a cost to the patient, cost picked up by the Practice

5) Practice and Federation update

- a) New members of Patients Services team, Eloise and Holly
- b) *Temporary* pause in checking temperatures when Patients come in to the building
- c) Thanks for help with the flu clinic – a new record! 2104 vaccinations given. Could have done more, had demand been greater.
- d) Practice looking at energy use and costs, which are going up. Tight.
 - i) Could Paul give us details on costs please, so that we can lobby. Paul agreed.
 - ii) GP practices are included in current Government plans to help financially.
 - iii) Staff costs mean that recruitment and retention are a challenge, especially as staff can get higher remuneration in other settings.
- e) Patient access to data - ACAGPD stands for accelerated access to GP patient data.
 - i) From 1st November, any patient over 16yrs will have access to their medical records – letters, free text entries, results, allergies, vast majority will be available.
 - ii) Practice needs to make safeguards about what access is given, to make it work and to ensure that safety and confidentiality are maintained.
 - iii) What if we find something wrong? – please let us know, preferably in writing
 - iv) Patient records will be updated going forward, but getting historic details correct is extra work. All records have to be read by a doctor before being released to the patient. a) to ensure that there is nothing in them that would cause the patient harm. Also, under GDPR need to check to protect third parties
 - v) NHS app uses Systm online. Different apps are used but they all work
 - vi) Before computers, legibility of doctors' handwriting was variable
 - vii) Every patient has a written record in an envelope from pre computers. They move with the patient from GP to GP. Dr G Hanlon has been working for 15 years trying to digitize written records. Nearly finished
 - viii) How does a new GP access my digital record? They are transferred electronically and the paper record catches up. When a new patient registers, the records need to be read and organized.

6) Project Updates

- a) Bereavement Support
 - i) Guidance document was sent out previously
 - ii) Intention is to get the report in place before Christmas, ready for planning dissemination next year
 - iii) We need to check for clarity, does anything need rewriting, as a massive amount of material has been condensed into this document.
 - iv) Observations
 - 1) Appendix 1 refers to 'Guidance on Preparing for Death' – the checklist (previously circulated and discussed)
 - 2) Feedback so far has been positive.
 - 3) The checklist refers to passwords and social media. This is known as Digital Legacy. Important because it has been known for reminders crop up on Facebook and there are regular reminders about a deceased person. Failure

to give family and next of kin passwords can cause a lot of heartache and expenditure.

- 4) What to do in the event of a death. Long debate.
 - (a) Unexpected death – ring 999
 - (b) Expected death after e.g. a long illness and wish not to be resuscitated. Patients wishes will be on the ReSPECT form –
 - (c) Comments about this paragraph to Mick please.
- 5) A couple of punctuation matters were shared.
- 6) Tell us Once – will be appendix 2 and will list items that are needed to be able to register on this service.
- 7) Hoping to cross reference 'Dying Matters' with hyperlinks in the document.
- 8) Caroline Hammond (Dying Matters) was very keen to share our work on their website. To be considered by the Group
- v) We are meeting again next Wednesday.

vi) Comments

- 1) Launching – take to the Funeral Directors? A wider discussion may need to happen – this hasn't gone to other Practices, but we could share with the Charnwood Forum
- 2) It needs to be known that our practice has written this – copyright?
- 3) This is very good; I haven't thought about this. I don't know how to arrange a funeral. There may be something on Dying Matters, we can certainly put a link in the document
- 4) To go on the November agenda

7) Meetings attended

- a) Charnwood PPG Forum meeting 21st September. 2022
 - i) Carole gave a quick outline
 - 1) Very interesting presentation from Caroline about Dying Matters. If you can access this from the Practice website, it's very good,
 - 2) Federation news – Paul gave an update. Sadly, a lot of PPG colleagues in the group struggle to keep going and be motivated. Paul and the federation support GP practices as far as they are able. Our practice is outstanding in the support and dialogue we enjoy.
 - 3) Dr Ben Noble – based at Woodbrook has been working on a project to do with cancer mapping. Has been to meetings with the Forum several times this year. He needs an outside academic overview to help to validate his results. Emilene is interested. Ben joined us at the end of a discussion about Men's' Health. Forest House PPG (Shepshed) is trying to organize information sharing at venues where men go - the pub? Football ground? The group is trying to facilitate blood testing to identify whether or not an individual has prostate cancer. Ben is closely connected with the charity ProstAid. Doing mass blood tests has issues around patient confidentiality as well as practical concerns. It would be a reasonable first step to organize a Health awareness campaign. The matter needs to be looked at in terms of the impact on GPs.
 - 4) There will be a Dr Ben slot on forum meetings to give us updates on the project.

- 5) There will be a discussion at the next Forum meeting about Men's Health
- ii) No one has been to any other meetings. There will be a remote Network Meeting on November 7th . A member has written to request hybrid meetings.
- 8) **Date of next meeting 10th November** – hybrid. Anyone attending in person please let Carole know so that arrangements can be made

9) **AOB**

- a) Mick has been in contact with a lady who picked up a flyer at the Vaccination clinic, who is interested in joining the group. Named Sandra. Agreed that Mick should invite Sandra to the November meeting.
- b) Forest Edge Surgery is still open for booked appointments only.
- c) A concern was raised about a patient who was advised by a nurse to see the GP. No appointments were available at that time. The status of nurse advice/ GP advice was raised, would she have been offered a chance to see GP while she was still there in the surgery? Paul knew about this matter and had already dealt with the incident. Nurse advice has the same status as GP advice and the situation has been clarified so that it shouldn't happen again.
- d) Currently there are only a few early morning bookable appointments. The balance between bookable and 'on the day' appointments is a difficult judgement. The balance between the different kinds of consultations will be audited. The balance of appointments is kept under review, with a view to opening up more bookable appointments.

The meeting closed at 18.09

Mick thanked everyone for their attendance, Helen rushed off to join Tik Tok

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