PPG Minutes – Virtual/face to face meeting 14th October 2021

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

1. **Chairman's welcome – John**
   Mick welcomed us all to the meeting, some remotely, some in the meeting room at Rosebery, the first ever hybrid meeting. Thank you so much Paul for working out how to do this and setting the room up safely.

   A big welcome to our newest member, Emilene, to her first 'proper' meeting – lovely to have you on board.

   Also a warm welcome to Lisa Carter, Interim Programme Manager, Health and Care Integration, Leicestershire County Council. – Many thanks to John Kershaw who has made all the arrangements.

2. **Visiting Speaker** - Lisa Carter, Interim Programme Manager, Health and Care Integration, Leicestershire County Council.

   Lisa shared her screen and gave a presentation (attached)

   She explained how Integrated Care – Health and Social care being delivered in a 'joined up' way, tailored to eradicate divisions between the various agencies who provide for Care needs

   Q and As

   a. Q 1 Does all funding come through CCGs or Central Government?
      A – Central Government tells the CCGs how much money they should give us, and comes partly from CCG and partly from Local Authority the Social Care fund. No funds come from Central Government directly apart from the Disabled Facilities Grant. That come to us and we passport it to the District Councils

   b. Q 2 – the three CCGs are working more or less as one body now, and will form the Integrated Care System. Will Adult Social Care have seats on the combined ICS board?
      A – Yes. The three directors of Adult Social Care work closely together and there is always representation on the Board

   c. Q 3 - Digital Services, there are Equalities issues over Digital Processes (some inaccessible to certain groups)
      A – Digital Technology – some people don't have as much interaction. It should be there for those who want and can use it, as services are then freed up for those who don't and can't. We want to be able to offer digital services ensuring that that doesn't result in further isolation for certain groups. There are local coordinators and Social Prescribers.

d. Q4 – on discharge from hospital, are you considering a ‘half way’ provision for people who are too well to take up a hospital bed but are not well enough to go home yet
A – Yes, we are thinking along those lines. Some analysis has been done - community care is coming in about three days earlier than in the old days. Looking at commissioning further support either in a facility like the old ‘convalescent home’, or further support at home for a few days. The Community Response Service comes in here. Most people want a family member or friend, if that’s what you want and they are able, there needs to be a conversation about that.

e. Q5 – What if the patient is discharged and needs specialist equipment
A – We have a contract with NRS – crutches, Specialist beds etc. The equipment needs to be returned otherwise there will be a shortage for other patients

f. Q6 – someone I know was told they had to buy their own crutches.
A – The contract is in place but they might be shortages. Some equipment needs to be tailored to the patient and a generic piece of equipment isn’t appropriate.

g. Q7 –You are looking at recruitment –are we saying people to work as carers in the home?
A – Talking about people who support immediately after discharge for seven days, to bridge the time it takes for a care package to start. Currently about 60. Recruitment also needed onto care providers. You have to want to be a carer.

h. Q8 – integration of digital technology, are you aware of any programmes to help the less digitally literate. Would you like to know of any? There is a large group in the population which is not well digitally connected, e.g. rural areas, certain age groups?
A – Not aware of specific programmes, that would be really good done as part of a package by Local area coordinators who are funded and run by Public Health. They work closely with PCNs and GPs and digital technology could be included as part of a package. Referral by the GP to the local area coordinator can then talk to individuals about their technology requirements. E.g., an Alexa, in the home of a dementia patient could alert a family member to a door being left open. There is other technology. Digital support could be given at a weekly lunch.

i. Q9 – thank you for increasing my optimism in the future. The structures you have told us about are encouraging. Are similar structures available nationally? Do you have access to findings from other groups?
A – Yes. Through the Better Care Exchange. We have a quarterly publication to advise on developments in other areas. Thank you for your comments, we need to be optimistic.

Thank you Lisa for your time this evening, it is a major area that people are interested in. we hear a lot of talk about it and it's good to hear what's happening at ground level.

Lisa offered to come another time, an answer our questions. Email Lisa through John.
Lisa left the meeting at 18.55. Many thanks to John for organizing

3. **Those present.**

   Present – Mick Gregory (Chairman) John Kershaw, (Vice Chairman) Bhasker Khatri (Management Team) Anne Lockley, David Meredith, Emilene Zitkur, Helen Davison, Ian Farnfield, Ireen Kennedy Peter Lewis, Roger Harris, Lisa Carter (Visiting Speaker) Carole Jefferson, (Secretary)

4. **Apologies received**
   none

5. **Approval of minutes and matters arising**
   Approved by unanimous show of hands

6. **Updates**
   a. Flu clinic..Paul covered in Practice news

   b. Peter was very happy with the arrangements and thanked everyone who came forward to help. He was interested to be met by a skeleton to the door….

7. **Practice and federation News – Paul**
   a. Paul previously circulated links to two articles, which demonstrate the Political Climate re: GP working - below

   b. https://www.theguardian.com/society/2020/jul/30/all-gp-consultations-should-be-remote-by-default-says-matt-hancock-nhs

   c. https://www.thesun.co.uk/health/16415806/gps-name-and-shame-list-nhs/

   d. On the day nursing appointments – raised a few meetings ago. We now have 'on the day' nursing appointments available
   e. Flu vaccinations, thanks for all the help with the Festival of Flu, fancy dress and all. It was really successful, 2784 flu vaccines given so far. Very impressive for this stage in October. Close to completing the programme for this year.
   f. Covid 19 vaccinations – have become more confusing. A new specific group of patients have been identified, those immuno suppressed, are being given a third vaccination. We don't yet know if they will be offered a booster dose. Patients 50+ and at risk groups are being given a booster 182 days after their second vaccination. Actively immunising school students, mostly on school premises. Some 12 – 15s are being

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vaccinated at a different venue. It means that invitations are going out for all categories, from the National Booking system, and/or the local one. Very complicated.

Comment – I had mine today, at a time suitable for me, which I think is great
Comment – will I get a letter inviting me for a booster?
A - You may be contacted by central NHS and possibly us as well. Look on the practice website for information. We will always let you know where to go and what to do.

g. Abuse of staff – happens in a variety of ways – shouting at them, being unpleasant, passive aggressive comments. We are no worse than other practices but it is on the rise and it is unpleasant and upsetting. We support staff and write to the patients involved. One of the articles published above is about taking a harder line – zero tolerance.

h. The articles above are making life more difficult for GPs. We need to be reminded that before the pandemic, the Government position was absolutely that we were moving to a more electronic, fully triaged system. We were *mandated* to do it. Covid took over, therefore good logic at that time**.** In our Practice, from day one we have seen patients face to face, after a conversation. We will continue until we see infection in the community low enough that we don't need to have patients isolated from each other for their own safety. It is sensible that we talk to patients first to decide how best to manage them. A majority of patients are seen face to face after a quick chat. Money isn't the problem.

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i. Comment – I am very happy with my experiences here, it isn't like that everywhere. Social media are accentuating violence and discontent. Reception staff have a big role to play in managing patients successfully. Thank you very much, the Practice dealt very quickly and efficiently with a query about my meds.

j. Comment - Some practices are a little slower to catch up and shouldn't be named and shamed.

k. Comment – experience is varied even in Loughborough

l. Comment – different people's perceptions of the same event can be different

m. Comment - We hear what is happening nationally and locally but within our Practice we have good feedback regarding the level of service

n. Comment – I hear lots of comments about not being able to see a GP face to face and at other times GPs are not doing anything. Perhaps there could be a way of explaining that GPs are still doing essential work on our behalf even if not *seeing* patients. Can we do something to

rectify this view? . It was agreed that we should not send out a newsletter promoting our Practice at this stage.
A – Most of our GPs would say that telephone triage isn't the most efficient system. The system isn't to save time, phone calls can last much longer than 15 minutes, but the triage does allow the GP to plan their consultations in a safe way.

o. Comment – I was in Rosebery one morning to see the nurse and I couldn't see any other patient. What is the pattern of phone calls/face to face?
A – GPs know what is on their list early on and they plan patient interactions according to their priority and to keep patients safe.

p. Q – Are phone calls made according to level of urgency?
A – levels of need vary daily. Patients will say that what they've got is very serious and they are not wrong. GPs work through the priorities.

q. Comment – it is frustrating to be waiting possibly all day for a promised phone call, which for some people means that they must stay at home. Also I understand that the Government would like telephone triage to be the norm, but I would hope that there could be a more sophisticated system so that the GP can 'read the face'.
A – We did an audit of Reception staff trying to guess the time for a phone back. This was raised some meetings back. Staff got it right 50% of the time. I think that the system will right itself. When we are not seeing a large number of positive cases of Covid or where patients are reliably returning negative test, the volume of patients being seen face to face will pick up. Not happening at the moment. People do get it right. If they say that they need to come and see a GP, they are right. If they say they can be dealt with over the phone, they will be right. Our GPs have never liked telephone triage, for them, the consultation starts immediately that they set eyes on the patient. They don't like 'calling boards' because they like to get up and bring a patient in. The consultation starts there.

r. Comment – a lot of hospitals are doing telephone consultations.
A – You have to have a safe system. In the Practice we can't be certain that patients aren't bringing in Covid.

s. Q – News item recently – shortage of bottles for blood tests a few weeks ago?
A – As long as we follow National Guidance we can do them. Back on track.

t. Many thanks Paul, for your extensive and interesting input

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8. **Project Groups**

Keen to get them moving. Suggest that we commit as much time as possible at our next (November) meeting

a. Patient survey

   i. How we launch, depends largely on when we can meet patients. When we did it electronically, the response wasn't huge
   ii. It shouldn't stop us going ahead to agree the text
   iii. Maybe we should give thought as to what questions to ask, Social care? General Practice in times of pandemic?
   iv. *Homework – can we all think of a question we should ask please?*
   v. *It would be good to know what patients think about recent changes*

b. Desk Top exercise completed a few years back, gave suggestions about project groups and guest Speakers. We have come to the end of the list. So please give some thought. Think about health related subjects

c. Bereavement support group, it was agreed to continue with the project.
   i. It was agreed to take these ideas to the Management team.

9. **Date of next meeting** – November 11th 2021 5.00 pm Hybrid again

10. **AOB –**

a. This is our first hybrid meeting. How was it? Was it successful?
   i. The human connect was great for me
   ii. I drank my wine!!!!
   iii. More work for Paul?
   iv. November – do come and join us round the hybrid table
   v. *Meeting* is not for everyone.
   vi. Thanks everyone for their attendance and especially to Paul for his additional hard work and his support

The meeting closed at 18.33

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

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