PPG Minutes – hybrid meeting

15th June 2023

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

1) **Chairman's welcome –** Mick welcomed us to the meeting, in particular, Nic Cawry, our newest member. This is her first meeting. Glad to have you on board Nic, with your professional expertise you will be able to offer up to date insights for us.

   Fabulous to see Helen back with us, on line. We have missed you Helen, your dry sense of humour and gimlet-eyed scrutiny!!!

   Kudos to Paul, who signed in on his phone from the car, out in the Styx somewhere, having spent the afternoon at a Federation meeting.

2) **Those present** – Mick Gregory (Chair), Helen Davison (Vice Chair), Carole Jefferson (Secretary), Audrey Philbrooks, David Meredith, Elizabeth Sharpe, Emilene Zitkus, Ian Farnfield, John Skelton, Nic Cawry, Peter Lewis, Shirley Siriwardena, Paul Hanlon - (Business Partner and SIRO, Charnwood Community Medical Group Practice

3) **Apologies received**

   Anne, Bhasker, Sandra

4) **Approval of minutes of May 11th 2023 and matters arising**

   a) The minutes of May 11th were approved, thank you

   Matters arising

   b) No matters were raised that were not already being addressed on the agenda

5) **Practice news –** this item was taken out of order, allowing Paul the time to find a better signal.

6) **Discharge from hospital and Patient follow up**

   a) Helen raised this as a result of her experience of being discharged after seven weeks in hospital *I recently spent 7 weeks in hospital, seriously ill for the first 3. When I was discharged, I arrived home with my discharge letter but felt very much in limbo as far as my GP practice was concerned. I knew they would have a copy of the discharge letter but I really wanted to speak to my doctor about my illness and the various follow-ups I would need. I didn't know whether I should join the 8am scramble for an appointment, after all I was not ill and needing medication or treatment. Having been so well looked after in hospital, I felt the lack of continuity and was confused about how to manage contact with my GP practice.*

b) There was some discussion about other people's experiences, the general feeling being that one comes home, feeling cut adrift and unsure about who to contact

c) It was suggested that the Practice might develop a protocol to follow up patients after discharge.

d) A follow up phone call from the Practice, wouldn't have to be a GP, it could be an admin who could escalate the call to e.g. a nurse.

e) other people could be contacted .such as carers or social services.

f) It would be possible to agree a system for our own Practice but that wouldn't include hospitals or other acute settings.

g) It is often the coordination of multiple services where things go wrong

h) A GP letter can take a long time to get to the Practice.

i) The Practice could consider a 'discharge coordinator'. This would be well worth looking at.

j) Helen will raise the issue with Andy Williams at next Week's Charnwood PPG Forum meeting.

k) Next meeting to feedback

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7) **Practice And Federation News – This is item 5**

a) Federation meeting and agreed priorities

i) Paul has been at Federation meeting and the following four priorities have been agreed for joint working, how well the GP practices can combine skills and resources to improve patients' experiences

(1) Patients in care Homes

(2) Patients with Mental Health issues

(3) 'On the day' demand

(4) Wound care

b) Reporting to DVLA

i) Paul thanked us for sharing an item on 'Apple News' about a number of health concerns that *must* be shared with DVLA, some requiring GP input.

ii) Paul said that there is already a lot that the Practice does in answering DVLA requests. Responding could be an admin role, therefore, it isn't anticipated that there would be a massive additional workload. The team is well used to responding.

c) Demographic data

i) Shows that the Practice is similar to those nationally

ii) The data would take some time to go through in detail to drill down into what it says to us e.g. are we reaching out in our projects to particular groups, e.g. younger people

iii) The data is interesting – what is the demands profile? Is that data available?

(1) Not as easily but the team could do an audit on age demand and report back at the next meeting. Yes please if it isn't too much extra work

d) Text messaging – Peter spotted an error in the text messages going out, which has now been fixed. It is useful to send text messages, - the Practice gets a better response than communicating by other means

e) Systm Online

i) Ian raised a question at the last meeting how it doesn't seem to be possible to request access to health records through 'Systm online'

ii) Paul has investigated and the matter has been escalated nationally. The problem may be a phone setting – will investigate further

iii) It seems that the requests work on a PC but not a phone

f) GPs leaving and recruitment

i) Dr Andrews is relocating and Dr Djinn is leaving, for family reasons

ii) One GP is on sick leave, which means that there is more pressure for everyone else in the team

iii) New GPs have been advertized for and there have been five good applications. Hoping for three of them to start in September with a three-month notice period

iv) The aim is to replace the fourteen sessions per week left by the leavers. A whole GP is nine sessions. This would take us back to the highest number of weekly sessions we've ever had

v) The balance between Partner GPs and Salaried is about the same and it is hoped that the new colleagues will become Partners. Our Practice is unique in the percentage of Partners on board.

vi) The Practice is to be congratulated on attracting so many applications, where some done get any. It has to be that ours is such a good Practice and people want to work here.

g) The Appointment System – burrito fuelled 'early doors' thinking

i) We are planning to make changes end July/early August

ii) There will be a cap on 'on the day' appointments and there will be advice to patients for alternative provision, (111, Urgent care centre, A&E)

iii) We will be able to get back to making advance appointments where there isn't an urgent need

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(1) When phoning in, information will be requested from the patient, either through an online form or telephone discussion.

(2) GPs will triage and offer to see patients in a timely manner. or offer self-help This will be done by a clinician and admin working together

(3) There will still be a limit of available capacity as some clinical time will need to be set aside for reviewing requests

(4) It gives us a chance to sort out problems which don't have to be seen *that* day

(5) A lot of patients aren't getting through the 08.00 am phone queue, and some really need to. At the moment there isn't a way to identify those patients

(6) Still a lot of work to do.

(7) It is NHS guidance but we can see some advantages in the system

(8) The Group volunteered to be guinea pigs and give trial runs when appropriate

(9) Q – what happens if you take ill at e.g. 10.30?

A – the duty doctor may be able to pick it up

A lot of our 08.00 rush isn't genuinely urgent and could be dealt with safely within 48 hours, but there hasn't been an alternative

If it is an acute situation A&E may be the best route.

(10) Q – what about the 111 service. This seems to refer patients back to the GP even after the GP has said they can take no more patients and go to 111.

(11) A – there is supposed to be a national conversation about stopping the bouncing back. NHS needs to address the problem. It's for the Practice to give patients guidance

(12) Q – one of the problems with 111 is over the weekend when they can't deal with it. They tell you to go online

To raise with Andy Williams on Wednesday next week – Mick and Carole

(13) Q – how do we know what is an acute medical situation or General Practice? The more serious your condition, the less you should think of going to the GP and more to an acute service. I am bemused I have no idea about the demarcation between GP, Urgent Care, A&E (in Leicester) or 111

(14) A – It's difficult, how much of your GP time do you want in house? e.g. Palliative care patients – we *always* want to see them in the Practice. The demand is so great across the system for all services. Which parts of the system do you want dealing with which type of problem? If I ring in with a genuine problem which *has to be seen on the day* and a GP is the most

appropriate, the cases are probably not as great as we think they are. Given an option to review a problem and then provide appropriate advice is a good way forward. We are seeing so many things that we used not to. None of the reorganization addresses the structural problems – increasing demands and reducing capacity

(15) Q – we understand the need for the whole thing to be looked at as currently GP services as they are not sustainable. Perhaps we need to re-educate the public who have been told the best thing to do is to go to the GP

(16) Q – after the request has been reviewed and the patient is contacted with an offer of an appointment, the patient's carer, if there is one, must be part of that discussion because its no good making an appointment if the carer can't get to it as well. The carer knows the patient better than anyone

(17) A- There is a group of patients that needs flagging up in some way so that they can see the GP. Previously mentioned palliative care, there are other cases. Its going to be tricky but we have to do it. We have worked out well an advanced demand triage system. We need to work out what we need to work out on the day system.

(18) Comment – its good that the Practice feels some positiveness and has moved a long way along since our last meeting to find overall benefits in the change of approach. Demand will always exceed supply; this may work better in the short term and may take some of the noise away. People are very vocal about not being able to get an appointment and has taken the trust out of the system.

Mick - On behalf of the group, thank you for the hard work you have put into this. We'll be more than happy to test the system.

Thank you, this is just initial thinking and there is much more work to do.

Emilene left to attend another appointment 18.00

8) Projects

a) We need to re-launch the survey, to reflect where General Practice is now
    i) Review questions,
    ii) Decide how and when to get it out to patients
    iii) At the July meeting, look for a group to work on it
b) Review previous projects to see if they are still relevant, how useful they are and if they are up to date

9) Meetings attended

a) PPG Network meetings – date of next to be announced
b) Comms team has sent out a link to the Network Hub, a future NHS collaboration for which we need to sign up. PPGs can have a section in it

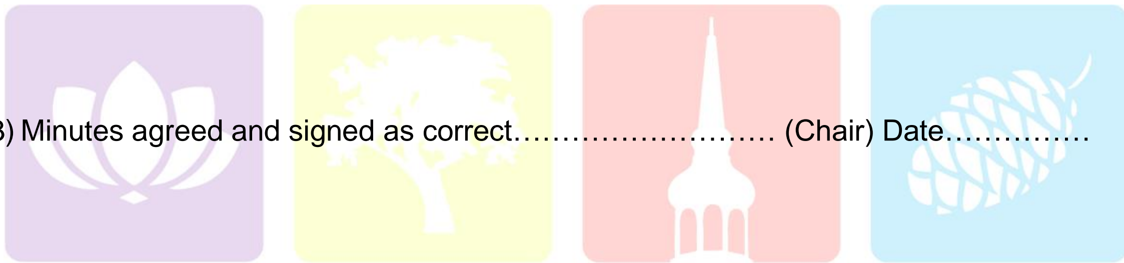
    i) Carole will ping the link round

c) PPG toolkit from the PPG across LLR– has been sent out – suggest that the management team look at it first and come to the group to see if there is anything that we can learn. – agreed

10) Date of next meeting – 13th July

11) AOB – none

12) The meeting closed at 18.16



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

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