

PPG Minutes – hybrid meeting

16th November 2023

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

- 1) **Chairman's welcome** – Mick welcomed to the meeting. A special welcome to two new members, Melissa Hadfield, who found us by PPG email having read the annual report and asked if it would be possible to join the group. Lovely to meet you Melissa and David Jefferson, who has been supporting the group in many ways over the past 12 years and decided to seek a position. Introductions round the table were made.

Sadly, we say ta ta for now to Audrey Philbrooks and John Skelton, who have an increasing workload and can't get to meetings consistently. They have asked to be kept on the mailing list so that they can join us at some future date if work permits; they are often down in London. Mick and Paul have both contacted Audrey and John to thank them for everything they have done for us and to invite them to bring to our notice anything that they would like to have discussed

- 2) **Those present** – Mick Gregory (Chair), Helen Davison (Vice Chair), Bhasker Khatri (Management Team), Carole Jefferson (Secretary), David Jefferson, David Meredith, Ian Farnfield, Melissa Hadfield, Peter Lewis, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO, Charnwood Community Medical Group Practice).

- 3) **Apologies received**

Anne Lockley, Emilene Zitkus. Anne thanked us for all our good wishes.

- 4) **Approval of minutes of October 12th 2023 and matters arising**

- a) The minutes of October 12th 2023 were approved and signed thank you

Matters arising

A chotapeg is a small drink!

Ian got to the fair!

- 5) And 6) **Practice and Federation News**

- a) Feedback from the patient survey carried out at the flu clinic
 - i) We have changed the phone message for non-emergency appointments that plays before 09.00. When patients phoned they wondered what would happen next. We have tried to explain that. It comes down to us completing the form for them. The form is reviewed within two working days but in reality, forms are often reviewed on the day. The subsequent action and timing depend on the clinical decision.

ii) Comment – it might be helpful to be told a rough time frame

A – there will be a little learning on our side before we can confidently do that, we don't want to promise a time which we can't achieve on account of new demands coming in. I'm sure we can get there but we need more data

iii) Comment – I am still unhappy with the word 'emergency'. Might be better to say 'a medical problem that needs to be dealt with *today*'.

A – the GPs will review it. However, we see some things requiring 'on the day' which are not really. The system is managing a situation where demand is higher than capacity and patient requests are being dealt with in a fair and safe way. I'll bring some data

iv) Q – are people still being encouraged to complete an online form?

A – yes. We want patients to fill them in if they can. The receptionist will fill them in but it takes more time.

v) Q – The patient fills a form in and can expect a response within 48 hours. Will they get a message to tell them that?

A – Yes, text message – 'the clinician has advised an appropriate timescale....'. We must give you a timescale that is right, not raising unachievable expectations. So far, our timings have been right. We ring everyone offering an appointment.

vi) Q – Do you know who are high risk patients?

A – we have a lot of flags on the system picking up varying issues, preference of name, key codes – trying to get it right.

vii) (Agenda and PPG annual report)

viii) Opening hours are not clear on the 'LANDING Page' and also on the website. We have reconfigured that

ix) Following a suggestion we have placed a button on the appointments page, to click on to get to the form.

b) Paul has signed us up again to NAPP – The National Association of Patient Participation Groups. Thank you, Paul!

c) Issue about AccuRX forms. Have done some testing and asked the suppliers. More investigating is needed to find out why a form was submitted and didn't arrive apparently. Trying to establish what went wrong. It might have been that the 'submit' button dropped off the form. We need it to work.

d) Online access to records, first they were there and then they weren't. What happened?

A - From 31st October 2023, all GP practices were mandated to give all patients access to their records online going forwards. Many legal challenges caused delays. Practice want to deliver. Guidance then changed the previous week and complex changes were required to be made at very short notice. A slight glitch in the stated timing meant that 5800 records would be made available whether or not the

individual patient wanted them. The safest course of action was to switch off all availability until IT could change the dates on all the records, manually. Some patients had never had access, some had and were using it. Tests were carried out by Paul with some patient guinea pigs. Currently can see codes but the record isn't as rich as is possible – no referral letters, GP notes. Currently, all the records are being altered manually

- e) Staffing and Absence levels - higher than ever known. Staff seem to be getting more ill, right across the board. Seems to be the same across the NHS.
 - i) Comment – everyone seems to be struggling post pandemic. Just tell the team that we sympathise. It is a focus for us and we are trying to look after ourselves and each other.
- f) There are a lot of chest infections around. We need to be thinking about follow up appointments, six weeks ahead. The decisions made at the end of August are coming through now when sickness levels are higher. The new system, a lot really love it. A group of people liked the 08.00 scramble.
 - i) Comment – the change process needs to be worked through
 - ii) We have a lot of rich data on how many appointments we have, or need to have and how ill people are right through to December. We normally know by about 08.30 how many appointments are needed and we have been able to accommodate them (so far). There is a whole GP for a whole day, about 30 appointments. There is pressure on other parts of the system e.g. Urgent Care Centre. If NHS require us to focus more on reducing that pressure, we won't have the capacity to do our other work. We will do what we are directed to.
 - iii) Online forms? Mondays – about 110 requests. On a Friday, about 60. Which need to be processed in addition to 30 plus appointments being offered.
 - (1) 1 GP on call all day
 - (2) 1 GP doing triage (all day on a Monday and mornings Tuesday to Friday)
 - (3) 1 GP working on prescriptions every afternoon
- g) Comment – PPG email – feedback on appointments system. *I used it today and it's awful. No account of urgent as regards emergency All the appointments had gone by 08.30. Surely this means that there aren't enough appointments. Alternatively, complete a form. Its poor to ask people to complete a form on line'. Mick responded from the PPG and said that he would bring the comment to this meeting. The person responded 'thank you I was three hours at the UCC and the doc asked why I was using them rather than our own GP.'* The points seem to have been covered now. This kind of thing is happening right across the system now.
- h) I notify the reception team that I have a hospital appointment in case the hospital fails to pass on information.
- i) It comes back to what do we want GPs to do. We need not to become an acute arm of the NHS. We need to do the proactive prevention work too. We need the debate

- j) I have used the system successfully but recently I went down the queue and didn't get an appointment. Why is that
- k) A – the tech boys would say that no option was pressed. If you don't select an option you will still get through at the end. I will investigate. If you wait long enough the call back option is offered. I will check the call.
- l) Who are the current GPs?
 - i) A – Partners - Geoff Hanlon – senior partner, Paul Goffin, Linda Khalid, Bryony Barfield, Rebecca Dempsey, Rebecca Hall, Jennifer Goffin, variously full and part time
 - ii) Salaried GP – Chris Williams (annual review monitoring) Dr Odebode, Dr Harpreet Johal, Dr Edward Mailer, Dr Natalie Kruczenyk
 - iii) Some locums – regular, well known

7) Projects for 2024

- a. We have already done a mini survey, which was useful to all of us . Agreed that we don't know another survey yet and we need to think about the practicalities
- b. If anyone does think of some thing really topical, please come forward. Nic has come up with a person from Social care

8) Meetings attended?

- a. None since our last meeting

- 9) **Next meeting** - December 14th – the Christmas meeting. We have tried to meet in person and bring a small amount of food to share. Very happy to share. Either in the school room or in the meeting room. Carole will confirm on the agenda. The agenda will be minimal to allow time to soicalize.

10) AOB – nothing has been notified

- a. Was there anything wrong with the phones this afternoon? We lost call taker capacity due to an unusual circumstance (explained by Paul). Paul apologized.

- 11) **Dates for next year** have been agreed (attached). Before the February meeting, the management team will meet to come up with a programme of work for the year. Paul offered to ask Dr Singh if he would be able to speak to the AGM on March 14th 2024

- 12) The meeting closed at 18.20, very many thanks to everyone for attending

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