

PPG Minutes, 11th April 2024

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

- 1) **Chairman's welcome** – Mick welcomed us
- 2) **Those present** – Mick Gregory (Chair), Helen Davison (Vice Chair), Carole Jefferson (Secretary), Bhasker Khatri (Management Team), Anne Lockley, David Jefferson, David Meredith, Ian Farnfield, Melissa Hadfield, Peter Lewis, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice)).
- 3) **Apologies received** Sandra Mould, Shirley Siriwardena,
- 4) **Approval of minutes of February 8th and March 14th (AGM) and matters arising**
 - a) The minutes of both meetings were approved. March (AGM) minutes were not discussed but sent out for us to see before we forget the occasion! To discuss at AGM 2025
 - b) Positive feedback around general practice to be discussed in Practice News
- 5) Bhasker was confirmed in his role as fourth member of the management team. Thank you for putting yourself forward and congratulations on your election. We look forward to working with you in this capacity once more. Thanks to everyone who contributed.
- 6) **Project groups – two identified**
 - a) Review of standard letters, Helen, Bhasker, David J, David M. Paul will send them to Helen in batches of about twenty. Ad hoc letters will not be scrutinized. Flu letters and Annual Review letters are a priority. They will be sent electronically and if one wishes, can be printed off at home. The team members will meet as a group. Helen will email about availability
 - b) Website review – Emilene, Carole, Melissa, Mick. It will be easiest to deal with the project in sections. Mick will contact Emilene and organize a date in the diary
 - c) Bereavement support project needs to be updated as the Registry office has moved from Southfields to Beaumanor Hall. Births and Deaths registration has moved already and marriages will move 1st November. There was a discussion about this venue as it will be difficult for many people to get to. Death certificates are sent from the GP electronically.
- 7) **Practice News**
 - a) The 'emergency' wording on the phone messages still needs to be reviewed,
 - b) Paul has received an interesting infographic, which shows details of the work of General Practice, allied to the shape of an iceberg. Practice work involves much

much more than face to face consultations with patients. Serious food for thought. If possible, it should be shared so that patients can see it. Website? Twitter

c) Partners' meeting – financial situation

- i) Wage rises – some mandated, such as the living wage rise, including uplift through the pay structure, an increase of £45K for the coming year. Set against a 2% rise in General Practice income.
- ii) The ICB has altered their funding resulting in an £18K cut
- iii) Decisions will have to be made to avoid bankruptcy
 - (1) We don't want to make any redundancies
 - (2) We are hoping that utilities bills will come down
 - (3) Managing expenditure on locum GPs
 - (4) Manage staff expenditure when people are away
 - (5) Not replacing people who leave
 - (6) For the books to balance substantial savings must be made
 - (7) The practice is already struggling to meet demand with the capacity available
 - (8) Practice always tries to work smarter and will keep trying to be more efficient. Trying to do more with fewer resources
 - (9) This is the same for all practices across the country
- iv) Our position contractually is that the contract has been imposed
- v) Strike action? Unlikely, but there is talk about some kind of collective action, for example choosing not to do some things that we have always done traditionally, that will not impact patients.
- vi) There is a huge amount that we do for hospitals, that is not part of our contract. We *can* stop that, such as referring patients who need referring without first consulting the hospital.
- vii) We will work only within recognized safe limits, defined internationally. This will impact on the number of appointments we can offer.
- viii) we would like to write to all patients and explain the work the GPs do – the situation links to the iceberg diagram. PPG will help and Helen's project team will check the letter for readability! Also explain how the appointments system works.
- ix) Comment – patients have said that they don't know what the GPs are doing...there doesn't seem to be anyone in the building!!

Answer – we have eight consulting rooms and if we are running on time, there should never be more than eight people in the waiting room
- x) Question – are Annual Reviews mandated? because some people my age have never had one

Answer – if would be clinically disastrous not to have annual reviews where they are needed for chronic disease concerns – asthma, COPD, diabetes etc. Patients who are well and healthy are less likely to need face to face reviewing. There is an NHS health check that patients can do themselves. We are looking through a clinical care lens, not a cost lens
- xi) Question – how many people turn down the opportunity to have an annual review?

Answer -quite a few. The invite process has changed from this month. Some medications need monitoring 3/6/12 monthly. Lots of other recalls such as scans 6 monthly, bloods regularly

- xii) Question – about medicines -people ring me and ask about my medicine – I don't know them. Are they PCN pharmacists?

Answer – could be the pharmacy, hospital pharmacy phoning to check. This happens

Answer – there is always a check in the Practice before GP signs off a prescription

- xiii) Over the next year there will be lots of communications coming in, different sides of the situation being put out by different parties.

- xiv) Peter mentioned a problem with communication around annual reviews

Paul – the annual review system has been delayed in previous years, because of discharges from hospital - our nurses have a full case load of discharged wound care. The answer would be to employ more nurses - ££££s that we don't have

- xv) Community nurses are understaffed too

xvi) *No signal for a few minutes when those of us online chatted amongst ourselves.*

- xvii) Comment - it's convenient to have a skin clinic and dressings changed locally, rather than going into Leicester. The Urgent Care centre and GPs take a lot of pressure off the hospitals (and patients).

- xviii) General Practice has a real image problem and we can see why patients are frustrated

Q – Formal complaints, how many are there in a week/month?

A – formal *written* complaints haven't really moved. They require an investigation into the care. Susan and Paul talk to patients, usually one a day about something. Sometimes it's nothing and easily resolved. Written complaints, normally average one a week. We have 12000 patients, therefore a very small %. People are broadly very cross, hopefully the letter will help. A small minority cause problems.

- xix) Practice staff across the country are experiencing similar problems

- xx) Q – offer of help with writing the letter

A – Paul will send a draft

- xxi) Q – could a number of staff members write a small paragraph to describe their working day?

A – good idea. Sadly some are even being abused outside the building.

- d) Annual Review system, trying to make it simpler

- i) We are thinking of providing a link for patients to book their own rather than the switchboard being inundated as 100s of notifications are sent out at the same time
- ii) It would still be possible to book online. A lot of work needed in configuration and tracking how many appointments would be needed
- iii) Last December through to January a lot of reviews were booked in and had to be changed as urgent requests for bloods and dressings came in. Inconvenient for people. The appointment may be in a few months' time. The group agreed that this was acceptable.
- iv) Drug monitoring was interacting with chronic disease monitoring and not always positively. We will separate those out. if you decide you don't want an asthma check, that's OK, but three-monthly drugs' monitoring must go ahead. Asking pharmacy team to support in getting to everyone in who needs it.
- v) The Practice received full points for our Chronic disease monitoring
- vi) Secured funding (Section 106) for Health Kiosks a little like ours here. It will be possible to run one's own wellness check. Some information can be completed at the kiosk prior to attending for the review appointment. Hoping for one at each site.
- vii) Suggest that 2 – 3 Patients try the BP monitoring. Some difficulties had been experienced using the existing machine. Agreed. Data goes straight into patient's notes. Section 106 funding is very tight.
- viii) CQC (Care Quality Commission) have changed their inspection regime. The new registration portal doesn't work. We are anticipating they will be coming this year and we are already preparing. Not OK just to do things, have to prove it. The Group offered to help.
- ix) we get some lovely comments from patients and it really lifts the surgery team but it comes to the wrong place. CQC peruse our NHS UK site. We will put some cards together asking that complimentary comments can be put on there. Good idea. Compliments are always shared with the surgery team. Patients who are unhappy tend to comment on the NHS UK site giving the impression that there is a lot of unhappiness, whereas the opposite is true. For all of the negativity, our list keeps growing.
- x) Comment – I have sent comments in, where do I find the NHS on the website?

<https://www.nhs.uk/services/gp-surgery/charnwood-medical-group/C82041/leave-a-review>

Its really difficult to find

Thank you, Paul, it continues to be a very challenging time and those who are at the sharp end get the brunt of it all. The communication will be very helpful.

- xi) Comment from Shirley - some elderly patients find the telephone system very confusing. Agreed that we look again at the telephone system. The Practice only want to get the calls to the right places, very happy to look again. June agenda

8) Any meetings to report on -

- a) Helen and Martyn have volunteered for biomedical research at their centre in Leicester. Spent an interesting morning, aspects covered were blood pressure control, anxiety and stroke survivors and a low-cost ECG device that can be used and then discarded.
- b) H and M are also involved in a TEAMS meeting for patients having survived heart failure and stroke. They have put together a programme for such patients to follow with support from the hospital. Patients attend hospital every three months, see five different specialists during the session (a little like speed dating?). Fascinating. If you wish to be involved in the biomedical research, here is the link. You are offered a nice lunch!

✉ email at nhrleicesterppie@uhl-tr.nhs.uk

☎ or give us a call at 0116 258 8686.

➤ Alternatively, visit our website at www.leicesterbrc.nihr.ac.uk/get-involved to complete a short form to join our mailing list.

Scan this code with the camera on your mobile phone.



9) AGM evaluation – we had it and minutes have been circulated

10) Visiting speakers – names and dates have been circulated. Helen is chasing someone. Mick is trying to get someone from Social care. Mick will contact Nic for alternative contacts

Suggestion – someone about Parkinson’s – Bhasker will find a suitable speaker

11) Date of next meeting – May 9th. Mick will be running an emergency awareness session – a hands on practical session, recovery, resuscitation emergency aid, choking. Wear something suitable for rolling around on the floor. Venue – Infants school. Bring a yoga mat or blanket to lie on. *NB – it’s not compulsory to roll around on the floor.*

12) AOB – we have been invited to take part in a study on communication and decision making – how doctors and carers make decisions. Main focus is on older people. Our Doctors are involved. Paul will find a suitable place , about 90 minutes. A voucher offered. Several people are interested Carole, Shirley, Bhasker, Mick, Peter, Anne, Helen. Mick will contact the person running it and arrange a date and time. If anyone else wants to join in, please let Mick or Carole know

13) There was no other business. Despite running the meeting on Pauls lap top, and the online participants showing as tiny thumbnails, the sound quality was excellent

9 The meeting closed at 18.30

Thank you everyone, a very good meeting, thank you Paul for setting everything up

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