

# PPG Minutes – 14<sup>th</sup> November 2019

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

### 1) **Chairman's welcome**

Welcome to everyone and thanks for making the effort to get here. It has been difficult as the weather is terrible and traffic seems to have come to a standstill on several major routes into town. Then there is the fair....

### 2) **Those present.**

Mick Gregory (Chairman), Roger Harris (Vice Chairman) Carole Jefferson (Secretary) Alison Atkins (Management Team) Anne Lockley, Bhasker Khatri, Chris Sutcliffe, Helen Davison, John Kershaw, John Todd, Ursula Mullins, Paul Hanlon (Charnwood Community Medical Group Business Manager)

### 3) **Apologies received**

David Meredith, Ian Farnfield, Shirley Siriwardena, Peter Lewis.

Two colleagues gave their apologies for part of the meeting as they would need to be called out on urgent business. (The group promised to play nicely).

Shirley has been very poorly following surgery. Carole will send a card from the group.

### 4) **Approval Of Minutes and matters arising**

- a. It was noted that Anne had been missed off the attendance list for the last meeting. So sorry Anne, you seldom miss!
- b. The minutes were confirmed.

### 5) **The WL CCG Training Hub – Mick**

- a. There are three Training Hubs in LLR. West Leicestershire, of which Mick is the patient rep, Leicester City and East Leicestershire and they all work differently. Plans are to work more closely in future.
- b. Their aim is ensure sustainable workforce in Primary Care.
- c. It has been recognized that health professionals who have good experience training in LLR, tend to stay. We are looking at Paramedics, Nurses, and Pharmacists etc.
- d. Training is provided for *registered* staff.
- e. Career opportunities are arising in the new PCNs.
- f. Funding so far has come from HEEM (Health Education East Midlands) and is in place for this year. Subsequently responsibility will pass to LLR.
- g. Training Hubs will work more collaboratively in the future.
- h. Some Practices are keener to take on students. A training mentor needs to be provided by the Practice and the space left by the mentor has to be back filled by someone. This is a cost to the Practice, but funding has been provided (see 5d)
- i. Currently there are 3<sup>rd</sup> year Pharmacy students in Practices in WLCCG.
- j. Their work is overseen by GPs and the University.

- k. 1<sup>st</sup> yr. Pharmacy students work 4 x ½ a day per week for 6 weeks in the Practice at the end of which there is an interview. GP/University and Patient. The patient voice could be a PPG member.
- l. WLTraining Hub has been asked to run a Nurse Fellowship Programme for the whole of LLR, aiming to encourage newly qualified nurses to seek a career in Primary Care as a Practice nurse. This is planning for succession.
- m. They spend 2 days per week in the practice and 3 days per week at the University. Again, Practices need additional resources to cover their mentor time. Mentors must be trained beforehand.
- n. It might be possible to involve Yr. 10 students at local schools, to try to generate some interest in a career in Primary Care.
- o. It was agreed that PPG members might be interested to speak alongside GPs at Secondary school Careers events, to encourage school leavers to look at careers in Health care.
- p. Mick is the patient rep on the WLCCG hub; in fact he seems to be the only Patient Rep on any Hub in the country!

## 6) Practice News

- a. Epic failure of the phones today following a power failure. The telephone router was fried. Calls were diverted to mobile phones. Paul is looking at buying a spare router in case of future problems.
- b. Dr Williams passed on his thanks to PPG members who met with medical Students.
- c. The National Patient survey.
  - i. As promised, Paul has done some digging into the data
  - ii. 288 surveys were sent out and 121 were returned. (Not as good a sample as we get with our surveys).
  - iii. Where we were best:
    - 1. 78% describe their experience of making an appointment as good. (CCG average 66%, National average 67%)
    - 2. 74% are satisfied with the appointment times available (CCG 62% and National 65%)
    - 3. 80% find it easy to get through to the practice by phone (CCG 68% and National 68%)
  - iv. Where we could improve:
    - 1. 26% usually get to speak to their preferred GP (CCG 45%, National 48%) Colleagues will remember that the practice has instituted a 'chitty' system to help to address this issue.
    - 2. 69% say that they have had enough support from local organizations in the past 12 months to help them manage their long term health conditions. (CCG 78%, National 78%)
    - 3. 82% felt that the healthcare professionals recognized/understood any mental health needs during their last appointment (CCG 88%, National 86%).

- d. GP recruitment
  - i. Gaps in capacity have been covered by locums. Now Dr Depledge has been appointed to cover December – January.
  - ii. GP sickness is currently putting pressure on capacity.
  - iii. List Closure permission was sought from the CCG in August and so far, the practice hasn't heard back. It seems to be wrong to be taking on more new patients while there are problems for our GP capacity.
  
- e. Flu Jabs
  - i. There has been difficulty obtaining supplies of the right type of vaccine for the different groups of patient.
  - ii. Patients have had to be moved to alternative appointments, which is difficult for the Practice, but can be confusing and annoying to patients.
  - iii. Despite this problem, 1736 jabs have been given so far.
  - iv. It is noted that pharmacies are marketing their offer very strongly.
  
- f. CQC
  - i. Paul met the local inspector recently.
  - ii. There should be an Annual review between now and March.
  - iii. If all is OK, then we should be looking at a full inspection in 2021.
  - iv. It is pleasing to note that there seems to be a new developmental approach to inspection, rather than the punitive style experienced previously.
  
- g. Branch opening hours
  - i. Staff are being consulted about changes to opening hours to allow for opening until later in the day.
  - ii. Early appointments are now online so it should be possible to book for between 08.10 and 08.30.
  - iii. It is still the practice that emergency appointments are all seen on the day.
  
- h. Comments
  - i. The new look website is working well – like it!
  - ii. Are doctors carrying out 'standing up' consultations (recent press interest)? No, not happening yet.
  - iii. Group consultations have been trialled in some places, for conditions such as diabetes. The evaluations are looking good so far.

## 7) **Project Groups 2019/20 – Update**

- a. Bereavement support (Ursula, John T , Mick)
  - i. Mick has met Paul to find out what happens already in the Practice and to suggest possible focus for the project.
  - ii. Currently looking at
    - 1. Support for relatives,
    - 2. End of life care
    - 3. Including the individual's wishes
  - iii. The group has planned a meeting early in the New Year.
  
- b. Dementia Friendly Practice
  - i. Alison with Peter, Chris and Anne.

- ii. Alison has been in touch with Paul, to look at where the PPG can add value. (There is a lot with which we can't add value).
  - iii. Looking at what information can be brought into the practice for patients, possibly an information stand that can be taken to the branch surgeries too.
  - iv. The group can help by carrying out research from other PPGs and for information on the Web.
  - v. They have met a really good speaker. Alison offered to contact her with a view to arranging for her to come to one of our meetings.
- c. Patient Survey
- i. Two meetings have taken place and a questionnaire designed which will be easy to enter and analyse using 'Survey Monkey'.
  - ii. The group focused on questions which would be useful to the Practice.
  - iii. An additional question was sent in late, about tackling loneliness. It may be difficult to ask a question on an anonymous survey to find out the names of those affected, so the question hasn't been included.
  - iv. It was suggested that the survey could be launched at the AGM; patients would be so excited about it that they would be likely to come in large numbers, so that they could take part. Thus boosting attendance!
  - v. Rather than PPG members staffing the waiting rooms for a week, a more inventive way of distributing surveys was being sought.
  - vi. Paul offered to include a survey form in all letters going out to Patients during the target survey time.
- 8) **Meetings attended**
- a. None
- 9) **Meeting Dates 2020**
- a. One colleague who has 2020 vision (well, it had to come some time) spotted an anomaly (mistake).
  - b. A corrected version will be sent out with the minutes.
- 10) **Next meeting December 12th - 'Bring and Share'**
- a. It was agreed that we should have a small 'social' at the end of the meeting.
  - b. Bring only as much as one would eat oneself.
  - c. Meeting in the Infants School.
- 11) **Agenda items** – please email to Mick or Carole.
- 12) **AOB** – suggestions please for visiting speakers.
- a. Please bring ideas to the December meeting. We have covered many topics during the ten years that we have been running, It doesn't matter if subjects are repeated.
- 13) **Date of next meeting – December 13<sup>th</sup> 2019.**
- a. The next WLCCG Network meeting has been rearranged for next week, 20th November 2019.

**The meeting closed** at 18.25. Something of a record!!!

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