# PPG Minutes, 14th November 2024

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

1) **Chairman's welcome –**Mick welcomed us, travel here was difficult with traffic coming to Loughborough Fair. Also, our visiting speakers, Tracy Ward and Kelly Wright, from Adults and Communities Dept. Mick thanked them for coming tonight

2) **Visiting speakers**

   a) Tracey explained about the management structure of the Adults and Communities Dept
      i) A director - John Wilson
      ii) Three assistant managers
         (1) Tracey- integration, access and prevention – manages Kelly.
            (a) Kelly manages the Home First service, Adults and Communities, Front Door (where requests come in),
         (2) There is the Integration service – across primary and hospitals and
         (3) Home care and enablement officers helping people to stay independent as long as possible
      iii) Work is short term, from hospital and community work to prevent admission to hospital or care homes
         (1) About one hundred members of staff
         (2) Work with individual patients and families anywhere between 2 days and a few weeks. Also a duty system which manages requests for a supported discharge.
      iv) Staff join the ward to speak to a patient and families prior to discharge and start to plan.
      v) We have community support workers who are looking for residential care and a reablement team, assessing people going home
      vi) We work on the Home First approach, always, to get people home with help. Supported discharge is in effect within 72 hours. Discharge to residential care can take longer, up to 8 days.
      vii) The Early Review Service visits patients post discharge, to ensure that patient is thriving at home and if there are any problems to act promptly
      viii) We aim for quick timely intervention, a personal service
         Q – how do you manage the discharge around out-of-area hospitals?
         A – out of area hospitals – depends on staffing although there are regular contacts with patients and staff out of area.
         A – we don't have such a presence but trusted staff in those hospitals are very supportive.
         A – most of our work is in the community to keep people out of hospital.

Q – when a patient is being prepared for discharge, a lot of the care will be given by private provider. Do you link with them?
A – if people have identified enablement goals they are reviewed daily. Private providers have a contractual duty to escalate concerns e.g. around skin integrity. The assessment service is non-chargeable.
A – tasks are delegated across the services so that patients aren't having too many people in their homes.

Q – What if a patient has been discharged and has a crisis out of hours?
A – We have a response service 17.00 – 08.30 and at weekends. 24-hour response. There are two on-call out of hours rotas.

Q – how many team members have you, you must have a huge demand, to respond on a sympathetic and timely way.
A- three heads of service under Tracey. Continuous recruitment – about 400 staff all very enthusiastic.
A – 35 work on hospital discharge, 65 cover planned work across Home first. We discharge 155 people a week. 125 referrals come in a week. People are visited several times. We have achieved significant improvement in waiting times, typically we don't have a waiting list. If you rang in today, we could have someone on your sofa within two hours.
A - Dept of health and social care plus CQC look at waiting list data. A process called 'waiting well' – gives a phone number for people to contact. People on waiting list are triaged regularly.

Its really reassuring that you have such success and well-motivated team at a time when Health and Social care are under such pressure. Congratulations

Q - are there any comments about our work?
A – you have addressed concerns that we have heard.
A – our providers are under contract to ensure a high level of provision. A manager leads our commissioning quality team. Subject to contracts and monitoring. There is oversight at an individual and strategic level to give good quality provision. Action is taken against those who don't deliver
A – people have said that in the past it has been difficult to get through on the phone. We no longer have delays. Please encourage patients to use the on-line portal if they can.

Mick thanked Tracey and Kelly very much, very enlightening about the whole package you provide.
If we have any other questions/comments, we may email Tracey and Kelly

3) **Those present** – Mick Gregory (Chair) Bhasker Khatri, (Management team) Carole Jefferson, Anne Lockley, David Meredith, Melissa Hadfield, David Jefferson, Shirley Siriwardena, . Paul Hanlon (Business Partner and SIRO, Charnwood Community Medical Group Practice

4) **Apologies received**, Helen Davison, Elizabeth Sharpe, Ian Farnfield, Ian Overton, Nic Cawry, Peter Lewis,

5) **Approval of minutes from October 10th 2024 and matters arising**

The minutes were approved. No matters arsing other than what is on the agenda.

6) **Project Group update- website review (**Emiline, Helen, Ian F, Melissa, Mick, Carole)
   a) Looking to close before the December meeting.
   b) Those reviewing to send directly to Paul,
   c) Ian and Helen have sent theirs already
   d) Then we think we are all up to date, Paul can change it as he sees fit on the website.

**7) Summary of Patient Engagement responses at the flu clinic**
   a) The team that was at the flu clinic (Mick, Anne, David J, Carole, Sandra) asked three questions, What is good about the practice? What is not working so well and about using the online services.
   b) Online services, roughly 85% of the patients at the flu clinic don't have access to a computer. Unsurprising considering the demographic of the clinic.
   c) Majority thought that Practice staff were excellent in terms of care given, friendliness of reception staff. Biggest concern was around appointment system.
   d) The team met with Paul and Practice Managers. Three main areas for concern
      i) Telephone system. – long messages.
      ii) Continuity of care – seeing the same GP
      iii) Time limits – could wait for a response within six weeks and not knowing if one was still on the list or had been forgotten.
   e) We met with Paul on Monday 11th November and looked at responses
      i) We agreed a number of changes, one has already been implemented (Text message to say that patient hadn't been forgotten).
         (1) Q - I get text messages but I don't know which request the text applies to, can the text be cancelled when you have responded?
         (2) A – the system isn't clever enough to remove the message until after the appointment has been attended.
      ii) From speaking to Patients, to meeting and agreeing changes, was very well worth exercise and was completed within one month.
      iii) It was interesting working with Practice staff, all of us bringing our own perspectives.
      iv) Shirley pointed out what one very experienced GP had said – that seeing the same GP over possibly a period of years, can give patients confidence. Paul confirmed that you can request to see a particular GP when submitting a request. It might mean that the wait is longer for an appointment but the Practice tries to achieve that. Paul has witnessed moving away from the dedicated GP in the time that he has been with the Practice. Doctors really want to follow up the same patient. It's the system that breaks it, not the GPs.

**8) Practice and Federation Updates**

a) The Practice was closed this afternoon for the first time in many months for dedicated learning time.
   i) Admin team worked together,
   ii) Nurses focussed on immunisation and lifestyle,
   iii) GPs looked at recent clinical guidance and worked through some case studies following triage.
   iv) Very positive all round.

b) Meeting about Monday's patient engagement.
   i) Agreed to change appointment confirmation message.
   ii) Recorded the phone system messages – have been sent to the phone company.
   iii) Emergency recording has been re-recorded and is ready to go off.
   iv) Waiting list update message was rewritten.
   v) FAQs sheet to publish on the website has been written. Paul has brought a draft for us to take away and give feedback to Paul. Some information was already on the website but decisions following the patient engagement have been included, *also* 'why does the waiting room look empty?' Paper copies will be available and copies sent out with letters to patients.

c) This week, a lot of time taken auditing online consultations.
   i) Is the system safe? No safety concerns have come up. Now being written up. The review will come to the PPG.
   ii) Is the system effective? The online requests take a lot of GP time, is it a more effective way to work? It seems to be quite effective in that the number of cases that can be answered with a reply or some signposting reduced the need for a patient to come in, therefore saving appointments. The system stops the eight o'clock phone queue and seems to be very effective.

d) Concerns in General Practice this week, following the Government budget statement. This statement came out from the BMA yesterday…


e) The financial implications have caused a great deal of concern across General Practice as this represents a huge cut in General Practice funding. It is to be hoped that the Government will come up with a satisfactory response and the matter is resolved. The Partners will discuss various scenarios so that the Practice can be as prepared as possible.

f) Patient surveys are still being sent out. There is a lot of analysis.

i) 796 responses so far, growing weekly.
ii) 65% very good
iii) 22% good
iv) 6% neither
v) 4% poor
vi) 3% very poor
vii) 1% don't know
viii) Doctors - very positive comments.
ix) 90% said that the Practice could improve the appointments system
x) Some really nice comments

**9) Acknowledgement for staff at Christmas**

a) Chocs, sweets, fruit, everyone please chip in £2 (most have) and sign the card. Absentees, please email a message to Carole for her to write in
b) To come in at our next meeting, December 12th 2024. We'll take a photo to show to people who can't attend.
c) Carole and David will do the shopping.

**10) Suggestions for Speakers**

a) Prostate cancer, e.g.Prostade. It's very topical at the moment.
b) We usually have 3 – 4 speakers over the year.

**11) Date of next meeting**

December 12th 2024

12) AOB - **Dates for next year** (previously circulated)

Dates agreed and Carole will send round as soon as possible (attached to the minutes)

**The meeting closed** at 18.35

Mick wished us a jolly, safe time at Loughborough Fair and thanked us for coming.

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