

PPG Minutes, 20th June, 2024

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

- 1) **Chairman's welcome** – Helen welcomed us on a very warm afternoon, our first TEAMS meeting
- 2) **Those present** – Helen Davison (Vice Chair), Bhasker Khatri (Management Team, Carole Jefferson (Secretary), Anne Lockley, David Jefferson, David Meredith, Emilene Zitkus, Nic Cawry, Peter Lewis, Sandra Mould, Shirley Siriwardena, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group - Practice).
- 3) **Apologies received**, Mick Gregory (Chair), Elizabeth Sharpe, Ian Farnfield, Mellissa Hadfield
- 4) **Approval of minutes of April 11th 2024**
 - a) Minutes were agreed and signed
 - b) Matters arising
 - i) The phone system
 - ii) Going through the messages would be a lengthy process and probably best for an ad hoc group to discuss. Carole, Helen, Bhasker and Peter volunteered
 - iii) Paul will set up a meeting and ask members to attend.
 - iv) Paul will contact a surgery in London to ask for their script!
 - v) If anyone else comes up with good suggestions, please let us know
- 5) **Juliet Jones from the National institute of Health and Care Research** stepped back from this meeting when the General Election was called, as her talk could be argued to contravene purdah rules. Helen recommends that we join the research, she and Martyn have had many interesting sessions.
- 6) **Project Groups**
 - a) Standard letters
 - i) Two Davids, Bhasker, Helen and Paul have met.
 - ii) The amendments have been accepted.
 - iii) The group is now working on the standard text messages that go out – meeting Monday 24th June 2024
 - b) The Practice website group (Emilene, Melissa, Carole, Mick) haven't yet met.
 - c) Paul confirmed that there are easy read versions of texts and letters for people with learning disabilities. That group are contacted in a different way, predominantly by telephone call

7) Practice and federation Updates

- a) The Practice is not in purdah and is allowed to talk to us about things that might be construed as political
- b) The BMA has launched a campaign targeted at patients, aiming to explain why things in General Practice are difficult at the moment and to enlist patients' help.
 - i) Do look at the BMA website: www.bma.org.uk/GPsOnYourSide
 - ii) Paul showed us a slide show received this morning from the BMA
 - iii) It is designed to be shared with the public and is backed up with posters.
 - iv) The presentation explains why doctors want to be able to offer more appointments and recruit more staff set against a financial offer that Practices can't work within. Financial constraints on GPs practices are resulting in more doctors leaving, insufficient cash to be able to recruit to fill vacancies, burnout and demoralization.
 - v) Paul wanted to bring to the PPG. The Practice hasn't had a chance to discuss it yet.
 - vi) Should we send it out?

vii) Discussion

(1) Simple message clearly stated

(2) Q - The federation has written a letter to go out to patients, but not before the General elections. Dr Borrell has written to all the political parties to explain GPs concerns. Is this letter anything like the Federation letter?

A - Dr Borrell is our medical director. All practices in the Federation had considered whether or not to write to patients, before the election was announced. The Federation didn't wish to appear to be playing politics. We would be allowed to send out the letter if we wished to. We would be allowed to send out this information from the BMA. Timing is important.

(3) Comment – this says all the nice things that no one could disagree with. I am keen to wait until we have a new government. I am keen not to push it too much at the moment.

(4) A – the BMA is trying to put pressure on the Government but is also trying to explain the pressure that GPs are working under and to reduce the impact on surgeries. All the election candidates will see it.

(5) Comment – patients might feel angry about receiving the letter from the BMA, with the view that the surgery's job is to look after their health. I think about the iceberg diagram. It is along the same lines – that diagram should go to patients so that they can see what the doctors are doing when they are not face to face with patients. I do agree with what the BMA says. They need our help but don't say how.

(6) Comment – I largely agree. NHS England's guidance around purdah –I think it's one thing for the BMA to share their views but there should be no participation in events at national or local level. I feel that it would be wise to seek advice around whether or not publishing the BMA campaign would contravene the rules of purdah.

Reply – It is thought that this campaign will go out for the majority of Practices in the country, because the legal advice is that we are independent contractors and therefore, not constrained. It seems to have been designed to come out during the run up to the election.

(7) Comment – The NHS is a gigantic development that has been working regardless of which government is in place. It's no wonder the NHS is broken – there are too many of us (Patients)

(8) There is work to do by the Practice to engage patients. This is asking patients to join a national movement.

(9) Comment – the BMA says things that I didn't know about and I like to be involved.

(10) We expect a lot from the NHS and our local Practices. Driven by the media. This is a political issue.
Another comment (along the same lines)

(11) Summary – it seems that the campaign sounds good but thought must be given to the timing. – agreed

(12) Paul – I want such an important message to go out when people will read it. It will take quite a lot of time to send it out. It may come across as the Practice playing politics and that is the last thing we want

Q – in what form would it go out?

A – waiting room screens, posters and SMS messages, email post- election

(13) Comment – training doctors. So many I have spoken to wish to be surgeons, not GPs

(14) Comment – for the first time in years we have qualified GPs who can't get work because we don't have the money to pay them. I need a GP but can't *afford* to recruit one.

c) Friends and Family test – patient feedback

i) We would like to survey patients who have had appointments over the past week, using the sorts of questions on the friend and family test. Then track the changes over a few weeks to get a flavour of patients' feelings. To start in a couple of weeks. Will give us a 'real time' view.

ii) Paul will bring an analysis to the PPG.

d) Juliet was coming to talk to us today. We have been accredited to do a lot of work over the coming year.

e) Veteran friendly Practice we have also been accredited for that, supporting their specific needs. Congratulations!

- f) CQC – we are also preparing for our Care Quality Commission review. We don't yet have a date, but a new inspection framework has been launched. PPG members will be happy to talk to the CQC. They normally give us about a week's notice. There shouldn't be anything that they are looking for that isn't already built in.

8) Meetings attended

- a) University focus group
 - i) A number of us attended, it seemed positive, we were all recorded and I have spent my Tesco voucher.'
 - ii) Was very congenial.
 - iii) This was the Practice making a link between ourselves and research.
 - iv) It was interesting hearing our colleagues' views.
 - v) We went through a case study but we didn't hear the final outcome for the subject. It would be good to see a report.

9) Visiting Speakers

- a) September 12th. Helen is in touch with her physio man, Paul, who will love to come, in person, wedding anniversary arrangements permitting. Helen will email him at the end of June
- October 10th is available for a speaker if he is free to come then
- b) November 14th – Nic provided names of the Social Care team, Kelly Wright and Tracy Ward. Mick is dealing with that.

10) AOB

- a) Mick sent out a NAPP newsletter.
 - i) There was a mention of the Corkill Prize, to do with outreach to the wider community.
 - ii) We won 2nd prize some years back, a lot of meetings, writing and reading. If were interested we could put in a submission.
 - iii) Last time we set up one of our project groups to do the work based on one of our current priorities. It's more difficult to do outreach work in our large town than in a small village. If for example you wanted to present the BMA work in the market, it would be better to do it with all of the Charnwood Practices together. Much more impact.

11) Date of next meeting

- a) July 11th
- b) It was agreed that we have a little summer social, a 'fuddle', a short business meeting and a glass of something
- c) There is no meeting in August.

12) The meeting closed at 17.58

Thank you, Paul, for your careful explanation of the BMA campaign, very thought provoking, thank you Helen for steering the meeting so expertly

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