

**PPG Meeting – Plas Meddyg
Tuesday 27th July 2021
Minutes**

1. Attended

Halima Patel (HP)
Jenny Phillips (JP)
Leanne Midwinter (LM)
Mark Burgess (MB)
Mike Tindall (MT) (Chair)
Muriel Simmons (MS)
Sandra Gilliard (SG)

2. Apologies

Susanne Walsh (SW)

3. Minutes of last meeting

25th May 2021 – JP re face to face (F2F) contacts – JP felt her initial comments were not represented fully. She receives a lot of complaints about not being able to see doctors face-to-face and JP had said the Government had confirmed they want more face-to-face contact. Noted here. Minutes otherwise approved.

4. Matters Arising

Action for MT to write to MB re Patient Advocate complete.

MS circulated comments via email prior to the meeting:

Just a quick one on the Patient Support idea.

I didn't envisage having a volunteer sitting in the surgery, instead I saw it as having a dedicated couple of telephone numbers with poster advising patients the service is available and having it on the website/newsletter.

I thought if there were a couple of volunteers from the PPG who were willing to volunteer we could obtain a couple of free SIMs so that our own mobile number needn't be used. For example Virgin Media have just given me a free sim with unlimited calls and data for 18 months. I am sure that I could persuade them to donate a second one. I have a couple of spare mobiles we could use.

I also didn't see the service as dealing with complaints rather being there to avert issues escalating to complaint status. We know how busy everyone working in the surgery is, and patients hesitate to raise issues but which they would like answers to. I certainly have people who know I am on the PPG and come to me to try and get answers usually about systems and processes.

For example:-

- *Two patients who have signed up to be able to see their records have asked why not everything is on the record and why old records are all 'lumped' under 2012.*
- *Why, when there is a problem with a repeat prescription, the patient isn't notified and only discovers there is a problem when their prescription is collected.*

- *When a hospital consultant emails the patient advising that the GP needs to prescribe a certain medication and the patient forwards the email on, why is there a problem in getting the medication prescribed.*

These are just three that I have had in the last couple of months and sorry Mark I have told them to email you. However the queries would seem to be quite straight forward for a volunteer to deal with and ease the burden on Mark and the surgery staff.

Would it be worth doing a pilot?

Discussion was held about the feasibility of these suggestions as members felt it would be a huge commitment. One of MS's concerns is to get away from using computers so "humans" are available to help.

ACTION: MS to produce a brief paper on how she envisages patient advocates working in practice.

Face-to-face appointments – see 5.2, but lengthy discussion was held around this topic. MT commented the most complaints and comments he receives from patients is that they never get to see a doctor in person any more. JP – rise in ill Mental Health which often requires seeing the patient - reading between the lines on a telephone consultation does not always identify issues. MS's experience has been quite positive, following explanation of the issue the GP quickly arranged a F2F appointment. HP – the whole country is trying to come to terms with the pandemic but also "normality". Part of that normality is seeing a doctor F2F. MS – some practices insist on an eConsult first so Plas Meddyg patients are quite lucky this is not expected here. LM – what if you can't use a computer for eConsults? MB – patients can phone a hub who will create the eConsult for the patient. JP – trainee doctors are not getting the experience of seeing patients F2F either. MT – what is the GP partners' view of F2F appointments? MB - At present they are against it due to the pandemic. MS – have any figures been produced to show how many patients are being managed by telephone and F2F now compared to pre pandemic? MB – no exact figures but probably about the same number of patients being seen. Duty doctor can sometimes deal with 100 patients per day. MT summarised: there is general content with the speed of response re telephone callbacks by GPs but when online booking is opened again a proportion of appointments should be F2F. MB said F2F should not be tied up with online bookings being opened up again. MB has a concern that a portion of appointments allocated to F2F may be taken up with patients who are used to F2F appointments, leaving few for other "non-regulars".

5. Plas Meddyg Brief

MB provided updates as follows:

Matters arising from previous meeting

5.1 Patient Advocate

This sounds a great idea in theory but unsure how practical it would be at the small scale of a GP Practice compared, for example with the huge, in comparison, scale of a hospital. Not sure how feasible it is for members of the PPG to be at the surgery on a regular basis to assist patients as you all have busy lives!

We do try and help patients through the various processes ourselves if they are having difficulties, but do not always have the time and/or resources. Some surgeries have Care Coordinators paid for by NHSE England's ARRS scheme (Additional Roles

Reimbursement Scheme) who, as part of their remit, may sometimes help with these sort of patient issues, but we have chosen to use our share of this reimbursement fund on funding a full time Clinical Pharmacist, training our Health Care Assistant up to a Nursing Associate and contributing to the Paramedic home visiting service.

So, currently, if it was felt that this would be a useful service for our patients it would have to be through volunteers such as yourselves.

PALS sometimes get involved with helping patients pursue complaints. In my experience, our patients (and those of other surgeries) are not slow to come forward or air their views if they are upset or annoyed by something and I try to deal with ours in a timely fashion. Complaints could be channelled through the equivalent of a surgery PALS service, but they are usually quite detailed and require quite a lot of investigation so unsure how helpful that would be.

5.2 Patient consultations and contact

We understand that in an ideal world, patients would like to be able to book (or even better just walk-in) a face-to-face appointment with a doctor or other clinician at a time that best suits them. However, since their speeded up introduction due to the pandemic, it is felt that telephone/video appointments are far more productive and can assist with the majority of problems in a quick and timely fashion. If the doctor has any concerns, then they will arrange for the patient to come in for a face-to-face.

We have resisted the pressure that there has been for a couple of years now to go down the eConsult route unlike some local surgeries where, almost without exception, you have to complete an online form (or receive help to complete one) before you can even be considered for an appointment. We don't feel this is the right way forward.

We will be re-introducing online booking of appointments (which was halted at the start of the pandemic) soon but these will again be telephone appointments. This will ease the pressure on reception but doesn't change the total number of appointments – just makes them easier to book for those with technical capability.

Yes it doesn't suit everyone sending in a photograph of an affected part – including reception who have to attach them to the patient's clinical record ready for when the telephone consultation takes place. It is not ideal but we can't be seeing face-to-face everyone who has a skin complaint. Doctors will still phone if no photos are available and again will bring patients down if they have any concerns or suggest an alternative action. If a patient advises us that they do not want text messages sent to them, perhaps because they rarely use their mobile phones, then we will respect this and try calling and, if we can't get through, ask them to call the surgery.

Telephone appointments do have the benefit for the patient of not having to make the trip down to the surgery. Thankfully, we have managed to get through the pandemic so far without putting patients and staff unnecessarily at risk of catching Covid-19 and we would like this to continue.

I shall continue to explore with partners whether they see us bringing back bookable face-to-face appointments, perhaps for particular conditions? I hope no one is under the misapprehension that the doctors have been reclining in their chairs, twiddling their thumbs!

Other updates:

5.3 Flu vaccinations

Can't believe that we are nearing flu vaccination season! Details still to be ironed out but it appears to be impractical for those who are eligible for a Covid-19 booster vaccination to have it at the same time as their flu. We are therefore anticipating that flu vaccinations will be given at the surgery as the usual and that Covid-19 booster vaccinations will have to be administered at our PCN site at Burstled Wood.

5.4 Covid-19 vaccinations

We are still running clinics but now only every 1-2 weeks as demand slows. This is partly due to our PCN having done so well at getting through the various cohorts quickly, but also due to some apathy from the younger generation + the availability of walk-in clinics.

PPG – MT commented that ‘flu and Covid could be done together – MB said this would be good but is not practical. MT – will Covid boosters be the same brand as the original? MB - Not necessarily. HP raised query re taking into account allergies, e.g. Pfizer is not an option for those with a penicillin allergy; LM said this was not the case in the experience of her relative who has a penicillin allergy but was still given Pfizer.

5.5 Surgery News

- *Dr Jetha going on maternity leave end of August. We are recruiting a GP to cover her while she is away.*
- *Our trainees change at the beginning of August each year. Dr Salih will be leaving us then and Dr Adam Wright will take her place.*

No further comments on updates from MB.

6. To confirm that face to face meetings will continue

PPG meetings to continue as face-to-face but members agreed to wear visors to help facilitate facial expressions / lip-reading.

7. Initiative with other surgeries

No key developments due to ongoing pandemic. MT – should our minutes be shared with other practices? MS – is there any reason we should not share? MB – no. SG confirmed minutes can be anonymised if required by removing the attendees list, leaving initials throughout the minutes.

8. Patient Council Meeting

MT circulated information of meetings by email prior to the PPG meeting.

21st June 2021 JP attended Webinar on “Let’s Talk Children and Young People’s Emotional Well-being”. JP gave an overview - variety of topics covered and organisations attended including CAMHs; Bexley Moorings; Bexley Fostering; KOOTH - On-line Emotional Wellbeing Service in Bexley; Bexley Voice.

MT mentioned the email from Sophie Organ re the future of PPGs. Covid has been the main issue preventing PPG development. Full discussion took place around the future of the Plas Meddyg PPG (item 9).

9. PPG discussion and the future.

MT opened by asking if the group want speakers at future meetings. Mixed reaction – depends which topic, speaker, personal preference. SG – need to think about what speakers are good for the PPG, not just personal interest. MT – need to know what’s going on with CCGs as well. JP – what are GP thoughts on PPGs? MB – mixed, ranging from highly useful to irrelevant. Discussion around interest levels of GPs towards the group and expectations of GP input into the PPG – again, mixed views. MS – what is the

PPG actually supposed to do? SG – current Constitution is not a Terms of Reference so does this need reviewing so PPG members know what the PPG is really supposed to be doing? Aim for the PPG to have a ToR that meets the GP's requirements and the members who represent the patients. JP – is a PPG actually wanted/required? LM – what about the newsletter? Should we look to getting one online? This creates issues around people who don't use computers again.

ACTION: MB to send current Constitution for members to review.

ACTION: All members to consider what they think the PPG should do

ACTION: MB to ask what Practice staff would like from the PPG.

ACTION: All members to email ideas to the group; MS and SG to collate ideas and review in a brief paper for next meeting.

10. AOB

None.

11. Date of next meeting

21st September 2021 at 7pm