

Painswick Surgery

Minutes of Patient Participation Group by Zoom

Tuesday 8th June, 2021 at 4.00pm.

Present

Dr Evans (RE), Jenny Vallely (JV), Mike Mack-Smith, Admin Manager (M M-S), Julie Hughes (JH), Anthony Fisher (AF), Brett Hutton (BH), Anita Morley (AM), David Perry (DP), Jane Rowe (JR), Jennifer (Stark JS) and Stephen Tye (ST).

Apologies Angela Crossley (AC), Liz Burge (LB), Tony Price?

1	<p>The Minutes for the meeting of Tuesday 17/02/21 having been previously circulated were agreed.</p>	
2	<p>RE reported that the doctors wanted to get back to face to face consultations but there just were not enough doctor hours. As well as falling behind with routine chronic disease management, dealing with work hospitals were unable to cope with and so passing back to the practice, while all the time organising the new PCN (see item 3), preparing for the Integrated Care Services (ICS) (see item 9), together with time spent vaccinating down at Rowcroft they were only able to cope with the help of eConsult. 60 patients a day using eConsult was possible 60 face to face per doctor was not.</p> <p>Even now we did not know what was to happen on June 21st or whether booster Covid jabs could be given with flu jabs in September.</p> <p>To help cope with this the CCG and NHS England had provided some more resources in the form of locum doctors but even this involved partners having to follow up when the locums weren't there.</p> <p>He then asked the meeting what feedback they had regarding eConsult and how the surgery was coping and had a generally reassuring response that it was at least accepted. M M-S pointed out that those who were not computer literate could ring the practice who would talk them through it.</p>	
3	<p>During the course of the meeting RE explained how the PCN had come about and how it was affecting the Practice. Back in 2016 it was decided that GP practices should operate in groups containing about 50,000 patients. Ours is called the Stroud Cotswold Primary Network and includes Minchinhampton, Frithwood, Beeches Green, Rowcroft and Painswick.</p> <p>The 2016 proposals held very little detail and it is only in the last couple of years as the pandemic hit that we got details of the arrangements and there has been a scramble to get everything up and running.</p> <p>Each PCN would have a Clinical Director (although we have five with the post rotating on a monthly basis). Along with this new structure would come more money in order to employ health care professionals (hcps) to relieve the burden on the GP practices. There would be money for pharmacists, social prescribers, 1st contact physios, physician's assistants and paramedics who would work across the network. As all this was taking place at the same time over the whole country this created an instant shortage of the hcps which has resulted salaries increasing above the money allocated. There was also a time lag while the new staff were appointed and got themselves organised. The money was only guaranteed for five years from 2021 so there was a certain amount of job insecurity. Our PCN has employed a pharmacist and a physiotherapist who are busy getting themselves organised.</p>	RE

	<p>RE had some concern as how a patient who had been with the surgery for 20 or 30 years would respond when after a brief consultation with a doctor would they would be referred to a physicians assistant, or a dietician or a a wellness instructor.</p> <p>He reported that there was very good co-operation amongst our network shown by the effectiveness of the vaccine roll out at Rowcroft.</p> <p>RE will send monthly reports of the PCN meetings which will let us know what they are discussing.</p> <p>BH and JS emphasised how we needed to get the information out there that these changes were coming.</p> <p>M M-S emphasised that the doctor was not always the right person, one of the other specialists would know more and apply better treatment.</p>	
4	<p>While the use of Rowcroft had proved successful in the efficient deployment of the vaccine it was hoped that future programmes could be at the surgery as this would make better use of doctor time. It was necessary to have a doctor there in case someone was taken ill or had a reaction. MM-S told he meeting that the PCN had delivered 26,000 1st doses and 21,000 2nd doses and had got down to the 26 year olds.</p>	
5	<p>We were told that there was some verbal abuse of the receptionists but this was a small minority who seemed sometimes to wilfully misunderstand eConsult and the various options around it. DP offered to talk to the abusers to give a co-patient's view. DP regretted the nature of the current web-site posting with video that seems too extreme to be appropriate to Painswick.</p>	DP JH
6	<p>Back in 2016 patients had been asked if they wished to opt out of having their medical records passed on by the NHS for use by outside bodies in research. Because far more detail could now be extracted and because of recent experiences breaking the privacy of data it had been felt that this question should be asked again and practices were charged with finding out who wished to opt out. However this had not happened and there was a media storm about patients over the whole country not being given the chance, in response to this the government has delayed the proposed scheme by two months.</p> <p>Our practice had only just been told about how opting out should be offered and carried out.</p> <p>Some objections from patients had been received. The concern was about who the data would be shared with, whether a valuable resource was achieving a fair price and whether it would be completely anonymised in all circumstances.</p> <p>It was confirmed by M M-S that those who had opted out in 2016 did not have to do this again.</p>	
7	<p>We had asked if we could use the Practice's database to email all those whose details we have and ask them to join the PPG. JV had contacted the CCG responsible officer to ask if we could do this but she said it was not possible. Patient contact details could only be used for medical matters.</p> <p>It was also requested that when new patients join the practice they be given details of the PPG. JV and M M-S to liaise with DP and BH as to what form this will take. When the new website is launched PPG information and contact details should be clearly visible.</p>	JV M M-S DP BH

	<p>ST questioned why we had not recruited more members (about 100 out of a practice of approaching 5000). One of the problems was as just explained that the practice was unable to use their data base to tell their patients about us. There was also the question of patient apathy, AWF had leafleted more than 500 households which had resulted in just a couple of dozen new members.</p> <p>ST raised the question as to why the PPG section on the current website had not been updated since December and JR pointed out the contact details were difficult to find on the website.</p> <p>M M-S explained the website was administered by a member of staff and he would see that we were given her contact details so that the minutes and updates could be sent direct to her for uploading. RE suggested that any newsletters the PPG wanted to upload on to the website could be sent direct to her.</p> <p>RE explained that Covid had prevented the administrator going on the training course that was necessary before the new website could be launched. It was agreed that should now happen as soon as possible</p>	
8	<p>BH remarked that the current website homepage was unwelcoming and people using eConsult for the first few times found them selves answering the same questions several times. The top eight tips had been designed to overcome this. RE said he was happy for them to be uploaded and for us to contact the administrator and get this to happen.</p>	BH DP
9	<p>The move from CCG to ICS (Integrated Care Services) which is the combining of health and social care is coming. This sounds excellent in theory but there are some concerns as to how the combining of 2 organizations with different working systems and values will pan out. Our CCG is regarded by RE as really excellent.</p>	
10	<p>RE commented on how the social prescribers have many resources at their command that GPs do not know about and we had hoped to hear about these from Toni Trigg but we had problems with our zoom connection,s. Hopefully she will attend our next meeting.</p> <p>PPG needs to publicise the social prescribing service possibly with case studies to explain what it does and how it works.</p> <p>RE left the meeting at this point</p>	
11	<p>During the pandemic Gloucester took all Covid and Cheltenham took all elective surgery. Cheltenham is now reverting to A & E 8am-8 pm and switching to minor injuries only overnight.</p> <p>“Gloucester Hospital has been reported as having the worst record of hospital acquired Covid-19 infections of any Trust in England. There have been two exceptional inspections by the CQC this year, one regarding the Covid infection rate and the other because of problems with the flow of patients through A&E, including long ambulance waits. The report from the first of these has still not been published. The report on A&E can be found here: https://bit.ly/3w6EnRE”</p> <p>The overall rating remains as Good.</p>	
12	<p>An application for fundraising from the Stroud Lottery was considered not appropriate. The CCG is providing money for new equipment and we also receive some from legacies. There are more deserving causes.</p>	

13	Now using NAPP for forum debate. Thanks to MM-S for organising this. All members are encouraged to join in.	
14	Code of Practice now ready for finalising. Where we give a maximum of two terms of four years per member we agreed to add “unless otherwise agreed by a majority of core group members”.	
15	<p>ST left the meeting at this point</p> <p>It was understood that the Carers Toolkit has been received but there has been no time to consider it. Once it is finalised we will need to get it out in the community. There is no requirement to comment.</p> <p>The vaccination process has highlighted the role of carers as the question has to be asked of those attending and surgery notes are updated as a result.</p> <p>The monthly calendar of events is now updated on the website and more information has been added. The Practice is making sure they do all they can at registration and making sure information in Waiting Room is up to date</p>	JH JV BH
16	Some PPGs have public liability insurance but this seemed to be only needed where they held social events so would probably be covered by the Surgery. No action required.	
17	The question of attracting younger people to the PPG was raised. Work experience was mentioned and it was felt that we could give young people the opportunity to interview members but this was unlikely to lead to any long term experience. It was suggested that the Covid 19 Support Group might help with their social media skills and BH undertook to check this out..	BH
18	JR asked why the complaints procedure was not on the website. JV said various policies were waiting to be added when the new website was launched.	JV
19	<p>It was asked if we needed a better source of patient feedback.</p> <p>In the past we had a suggestion box that had not been very successful. It was suggested that this could be re-instated if clearly marked as for the PPG and not for the doctors. The concern was patients would put details of their medical problems in there.</p> <p>There is an Ipsos Mori GP practice survey done once a year which consists of 2.3 million questionnaires. The results for our surgery are on this link http://www.gp-patient.co.uk/report?practicecode=L84025 . I do not think the 2021 results have not been published yet. The survey period is beginning of January to end of March.+</p>	M M-S
20	We hope next meeting will be face to face but the Practice will have to tell us if this is possible. If this is not possible then we could meet in someone's house or hire a public room?	BH DP