Minutes for PPG Meeting 05th October 2022

Colin Berthelsen PPG Chair (CB):

Today is about the PPG getting an update from Dr Liz and Shannon about PATCHS & the recent government announcements about non- urgent appointments being within two weeks and various other issues emanating from the NHS and government.

Shannon Practice Manager (PM) / Dr Liz (LH) Government messaging is misleading - there is no contractual obligation on surgeries to provide face-to-face appointments with a GP within two weeks. The aim is to provide a consultation with an appropriate professional, not necessarily face-to-face or with a GP. To deal with increased demand the government is funding people without skills and knowledge and experience needed. Government is in general not particularly pro general practice. In view of the situation we have to accept that only a limited number of face-to-face appointments will be available.

CB:

Raised issue of patients being referred to other practices.

Mary Egan (ME)

Experience of referring people elsewhere - specifically the 24hr 111 service can be poor in fact meriting raising a complaint.

LH:

Complaints can be raised via the Patient Liason Service. Regarding other surgeries being used to deal with overflow of demand it seems patients are reluctant to go to an unfamiliar or remote surgery and to deal with an unknown GP

PM/LH

Regarding PATCHS shutting early - it is necessary in order to process patients safely. Currently under further strain in Mountwood (MW) because of doctors leaving. Dr Allen will be much missed. MW now has a lovely locum however. MW is operating under so many constraints. If a patient has an urgent issue and unable to use PATCHS they should phone the surgery.

CB:

Will demand likely increase over winter as predicted?

LH:

This is unknown - people might isolate because of Covid but flu bouts could be serious since people are not keen on flu jabs. Hoping to keep PATCHS open for longer.

Brief discussion about PATCHS taking you through to NHS app which patients might find confusing.

LH/PM

The Additional Roles Re-investment Scheme (ARRS) includes Social Prescribing, Core Co-ordination (admin role), Paramedics, Pharmacists, Mental Health Practitioners and is meant to relieve pressure on GPs and other surgery staff but in reality not helping since it is leading to salary competition and in any case the new roles are thinly spread between surgeries sharing each professional in such roles.

CB:

Improved access to health data, specifically GP notes?

LH/PM

In general, a good idea but have to be careful about vulnerable individuals and privacy issues of proxy access. Notes can be difficult for patients to follow given specialist language, acronyms etc.

A brief discussion followed regarding vulnerable patients. LH explained about the ARRS Mental Health Practitioner being somewhere between the existing acute Services and IAP which does almost anything (CBT/talking therapies/mindfulness). MW is lucky to have a share of a highly skilled professional in this role. Also lucky to have Claire McDonna as in the Social Prescribing role helping patients sort out admin issues eg claim forms as well as signposting.

PM informed the PPG of her hopes of restricting phone access to surgery for patients because currently surgery admin staff are not finishing till 7pm because of admin tasks that accumulate through the day and cannot be dealt with when they arise. For the same reason the doors to MW may also need to close earlier. PPG members stated this would not go down well with patients.

CB

Asked MW to restore circulating information from Family & Friends (F&F). Since comments are anonymous could the PPG have access directly to the data? They could help the surgery identifying patterns eg a number of patients asking for the same thing. PM was receptive to that idea.

CB

Asked whether it was possible for doctors & nurses to hand out F&F forms to patients containing info on the PPG. Dr Liz thought it best to try the online route at first via Simon Roberts who runs the virtual MW/PPG meetings with patients (SR).

PM reminded PPG that the results of the National GP Survey is available online and CB informed her that SR had kindly passed over the results highlighting Mountwood performance over many areas comparing very well against local practices and national average.

CB asked about where we are with PATCHS. LH stated nothing new in store and we should watch how things evolve. It may be that PATCHS will remain in use for non-urgent cases and/or for more admin requests. It is mandatory for 20% of appointments to be online. A discussion of the percentage of appointments pre-booked vs on the day followed and the pros and cons of different allocation approaches

LH felt optimistic that things in 4 or 5 months will improve when staff shortages will have been addressed. Regarding financial aspects of running the surgery, looking forward was difficult given increasing energy bills and the fact that whilst NHS salaries increased by 4%, no such increase was allocated to GP practices.

CB raised the issue of test results not being returned, a subject that emanated from the NAPP and not Mountwood. LH responded that it was fairly easy to deal with test samples being non-received but discovering test results not being returned was more difficult for the surgery although not common. It is up to all GPs and patients to chase test results.

A brief discussion of the Health Station (HS) being re-instated followed. Some PPG members felt it was regrettable that it no longer functioned. LH stated that space was no longer available and that reduced footfall in the surgery meant that there was less demand for HS. Older patients who were more common users of HS were now phoning in much more commonly rather than attending MW.

LH

Reflected on some changing patterns that the surgery was witnessing. Self-management including home devices was much more prevalent, not least due to covid. Death rates had gone up massively. Less personal contact with patients meant GPS had a worse knowledge of patients' health much to the regret of GPS. The government does not appreciate the need for continuity of CARER, it is content to with only providing continuity of CARE. Low skills of new staff do not help. On a positive note, ageism is much less of an issue nowadays in the NHS.

LH thanked CB for help with the flu clinic.

LH commented on the fact that pharmacies seem to get flu vaccines earlier than the surgery as they did not have to purchase via NHS but went direct.

Some general concern was voiced about the paucity of questions from the patients in the virtual MW/PPG meetings.

Towards the end of the meeting PM asked for comments about the website.