

TADLEY PARTICIPATION GROUP (PPG)

Minutes of a Committee Meeting on Tuesday 15th December held online.

Present: Gillian Herbert, Heidi Williams, Alan Chambers, Claire Chambers, Val Turnbull, Gillian Tomlins, Kate Wright, Linda Mead, Graham Wright, Mary Cawley, Tony Wicks, Jean Chapman and Hazel Metcalfe

1. **Apologies:** Sheila Gunnell and Robin Treadwell
2. **Minutes** of the meeting held on October 21st were agreed.

3. **Matters Arising**

- Patient information poster for council notice boards - ongoing
- CAB liaison lunch - held virtually and attended by KW
- Winter pressures allowance mostly goes to hospitals though GPs also bid for a share. Additional monies for Covid vaccine distribution still do not make GP share up to the level of previous winters.

4. **Committee Matters**

Annual patient survey results: deferred from previous meeting and relating to: <http://www.gp-patient.co.uk/report?practicecode=J82094>

Areas scoring lower than expected were getting through on the telephone, choice of and making an appointment and seeing a preferred GP. Regarding the telephone GH said patients were happy once they got through and HM reminded the meeting that Dr Bhanot promised at the previous meeting to review the telephone system in April.

Last meeting Dr Bhanot explained that the named GP system is no longer practicable across the NHS. It was suggested that the TMP 'Buddy system' should be explained to patients as doctors are paired within the Practice and attend to each other's administration or patient queries if the other is absent. CC suggested the newsletter as a medium for explaining this. The system works well within a Practice where many GPs are part-time. GPs will also 'take' patients from the daily list if they see one they need to follow up or locums will offer a patient a choice of waiting for a doctor they have already seen as part of ongoing treatment. TW asked whether patients could choose to wait for a particular doctor but HW said this was not practicable just now. GH said that in the future it may be possible to hold special clinics enabling patients' access to the same doctor. CC said e-consult does ask if you wish to see a particular doctor and the Practice is aware that patients wish to have choice. GH suggested retaining this as an agenda item for six months' time when some of the recent changes have settled. The next patient survey will have been reported by then so comparisons may be made. KW suggested we encourage those patients invited to participate to do so. Action JC and MC to discover how patients are selected.

The new pro-active care nurse, Alyssa, previously working in ER in Southampton, only began work on 7th December so inviting her to a meeting was deferred to the summer.

Vaccination: CC thanked JC and MC for forwarding all the updates from the CCG. The nearest Primary Care hub delivering vaccines is at the Hampshire Court Hotel in Chineham where work has already begun and TMP were allocated 80 doses and were able to secure an additional 75 doses due to poor uptake by other practices. Patients are selected by date of birth starting with the 800+ patients aged over 80. Initially patients are being called by TMP but the hub will take this over and a central telephone line will also be set up in time. HW and GH asked that people refrain from calling to ask about appointments as this takes time from other tasks. They assure everyone that they will all receive the vaccine even if they need to be called back more than once. The Astra Zeneca vaccine which is easier to manage will make a difference to the speed of distribution and make care homes and the housebound easily reachable.

Charitable status: HM had researched this and spoken to the Charity Commission but the PPG does not meet their criteria.

Sub-groups: Sadly, illness and bereavements had occupied several committee members recently so there was little to report.

Wellbeing forum: Both the PPG and TMP were represented at the recent meeting which focussed on food poverty in this area and the provision of Christmas meals. LM who attends for Age UK reported that Christmas planning was well organised already.

Defibrillators: These are the responsibility of the South Central Ambulance service but owners of premises where they are sited are responsible for maintenance which is difficult since many in this area were donated by AWE who doesn't own the premises. At least one is not registered. GH suggested asking the CCG PPG as other practices must have the same difficulty. To be placed on the agenda in three months. Action JC and MC plus GT who may have historic information from her time on the CCG PPG. HM re agenda.

5. Patient Comments and queries

The group looked at information from four patients whose experiences were relevant to the wider patient list and felt that all reflected a lack of communication or understanding of the situation.

Whilst a blood test is required for an annual medication review an appointment cannot be made for this at NHH unless the GP has requested it. Patients have had to make several calls to TMP to request this then check whether it has been done. HW said a process is needed for those requests not picked up by secretaries from e-consult forms. A GP agrees the other requests but an automatic text is then needed to inform the patient that they can now go onto the NHH website or call them. The hospital process is simple and appointments are available at short notice now. Action HW to ask doctors to send a text

Discharge summaries: copies are given to patients who assume the GP (or other agencies such as District Nurses) will carry out the actions listed. These forms are reviewed and coded but not immediately and not over a weekend. Some patients have been given verbal notice that e.g., a home visit will take place the next day. When discharge form actions do not happen, the patient has to call TMP and explain to the receptionist, sometimes with a less than satisfactory response.

CC suggested this was a 'Friday p.m.' problem though occurring at any time when the service needed was not available. HW suggested calling the ward or 111 but also said that, during opening hours, the receptionists have a 'go to' doctor from whom they can seek advice immediately. She said that the 111 service has changed considerably e.g., they can now book you an appointment with your surgery. She will outline this on a newsletter. TW had recently had a positive experience with 111 but felt a discharge protocol is needed. JC said that miscommunication had been raised by hospital staff at the CCG PPG so they recognise the problem from their end. She will track this and report back. Action JC

Two patients had been issued with compression stockings they were unable to put on. HW had checked prior to the meeting with the Practice nurse who said that training should be offered when the patient is handed them but it is true that there is no longer any at home service to help with this daily.

Other queries were:

- Named person: The difficulties associated with patients who cannot hear on the telephone or follow up suggestions such as making an appointment were discussed. LM asked if someone other than the next of kin could be the named person on patient notes. HW said that this is acceptable with a signed note of authorisation from the patient. However, doctors often call relatives living some way away to discuss treatments.
- Dispensing protocol: usually medication is dispensed for one month (except birth control or HRT). Over the course of this year, it was provided for longer periods but the system has now reverted to normal. HW had spoken to the patient who contacted the PPG about this. Christmas extensions are not needed this year as the surgery is only closed for a couple of days. Electronic prescribing is different. You may also request addition amounts if you are making a long trip.
- Annual medication reviews Some patients were concerned that, whereas in the past, they have been told that their annual review was important and their medication would not be issued unless this had taken place, they had received a text to say the period had been substantially extended. HW said the online reviews had been going well but that, with the increased Covid workload plus vaccination demands on staff, they were not a priority.
- Telephone message The message on the answerphone was discussed as to whether it sounded intimidating. It was recognised that it contains essential information, including the Covid advice, but felt to be too long and needing to sound more welcoming. Action HW to revisit.

6. CCG reports

JC and MC are receiving considerable amounts of information relating to the vaccine roll-out which they have been passing on promptly. The next meeting is on December 16th when they will be focussing on cancer diagnosis and the need for people follow up concerns as services are available.

There is a Covid discussion group meeting online on December 18th which CC will try to attend.

7. Information from the Practice

HW and GH reported that they are still dealing with multiple system changes across all aspects of the Practice.

MC commented that she had been impressed by the Holmwood dispensary when she went to collect a prescription for a neighbour as a member of staff was going along the queue asking people who they were collecting for so the package could be ready as they reached the desk. They were also sorting the queue for reception from their queue.

The meeting finished at 20.17.

Dates of next meetings 17th February and 7th April

H Metcalfe

30th December 2020