

TADLEY PARTICIPATION GROUP (PPG)

Minutes of a Committee meeting held on Wednesday 18th August held online.

Present : Heidi Williams, Dr Hogan, Alan Chambers, Linda Meade, Graham Wright, Tony Wicks, Jean Chapman, Mary Cawley, Gill Tomlins, Claire Chambers, Kate Wright and Hazel Metcalfe.

Apologies: Robin Treadwell, Val Turnbull, Sheila Gunnell and Gill Herbert.

Minutes of the meeting held on Wednesday 9th June were agreed with a correction to VT's name.

Matters arising

The meeting at The Hurst school was postponed until September because pupils were isolating.

The item on Practice workload was deferred because TMP indicated that the figures are difficult and time-consuming to compile.

Committee members like the new agenda format.

The Primary Care workshop due to be attended by LM was oversubscribed so no place was available.

Committee Matters

- KW had supplied information on Healthwatch (see below) prior to the meeting and explained that this organisation removes the point of contact for patients from a medical one, such as PALS, at the hospital to an independent one. Patients therefore do not need to worry about their future treatment being compromised.
- CC thanked those who had sent in examples of problems with discharge from NHH and asked for further examples to match the size of the problem reported verbally to the Committee. She is meeting with the NHH Patient Experience Officer on August 26th and will report back. Action CC
- There is nothing to report from the Tadley Wellbeing Group.
- It was decided to invite Jo Potts-Rayner, the TMP Health and Well-being coach to the next meeting to explain her role. (Confirmed)
- It was decided that the Focus Group would not attend whole meetings. However, it would be good to have members at meetings as appropriate (except) for specific, short items or any issues they would like to raise. The Focus Group will be extended to expand diversity on the PPG and we are pleased that focus group members are so engaged and interested.
- As there is so much information to share prior to meetings it was decided to hold a trial of a discussion meeting prior to the next Committee meeting. TMP will not be represented and Minutes will not be taken. This will be online though KW suggested the Tadley Town Council office as a possible venue if these meetings continue.

NHH CCG PPG (from JC)

NAPPG membership: Some PPGs belong but others do not. Useful should we need to take any item to a further authority but suggest we do not join at this time. Any specific items for referral to NAPPG are sent on behalf of all PPGs.

Data Sharing: (GDPR) General Practice Data for Planning and Research. There are a lot of ongoing discussions about this exercise i.e., that the initial information sent out was flawed and very misleading. We are waiting for the improved information to be sent by the CCG.

Dame Fiona Caldicott carried out an independent review of information sharing.
<https://www.gov.uk/government/publications/the-information-governance-review>

Invitation to 'Come and meet your NHS'. Tuesday 7th September at 6.30pm online. JC can forward booking details should anyone wish to attend. There is also a workshop: 'Co-designing a route map for community involvement in health and care across the Hampshire and IOW'. Details available from JC.

Listening Project: Instigated by CCG to ascertain why so many patients are going to A&E in preference to other NHS services. This will be an on the spot informal, anonymous, verbal question and answer exercise in A&E to collect data to find out if the answers are perception or reality, e.g. 'I can't get an appointment with my GP'. Once again more will be forthcoming once the programme is ready to run.

Patient matters

- A request had been received from outside of the TMP area for help with Disability data collection regarding smear tests. HW has responded to the request. TMP support patients' needs as individuals.
- HW had used an old Microsoft BCC form to send information to email a wider group of PPG members and it had revealed the addresses. The IT support for TMP recalled the message quickly, investigated and have advised against use of the form in future. One patient had complained while many had sent messages of sympathy. ICO had been informed and confirmed no further action was necessary as no medical or further identifying data was revealed.
- Following a complaint that a staff member at Morland was in the waiting room without a mask for some time, GH issued a policy reminder to all staff.
- Patients have been reporting that some doctors are difficult to understand when wearing a mask. GH asked doctors to slow down and consider the muffling effect of masks when in conversation with patients.
- The difficulties of telephoning the surgeries remain (see below for discussion).
- MC asked when the Dispensary hours will be extended and the answer was it is under review and the intention is to stay open later but not over lunch as there is a staff shortage.

NHS survey of GP practices

CC reported on a meeting held recently between GW, HM and herself with HW, GH and EC from TMP to discuss the disappointing findings of the Ipsos MORI annual survey of GP Practices which saw TMP having average or above scores for questions relating to clinical care but lower ones for questions around appointments. The lower scores are in the same areas as in 2020. She commended TMP for taking a positive stance but felt disappointed on their behalf that nothing has changed yet.

She summarised the points from the meeting as:

- Patient care is good once a clinician is reached
- The IT support system, previously a committee concern has been resolved and is immediate and effective.
- Visits to other surgeries are planned by the Reception manager to understand how their reception and other administrative elements work.
- The need for positivity in messages to patients is important meaning just a change in tone would be helpful.
- EC offered that member of the Committee could spend time in Reception.

- New receptionists (said by HW to be amazing) plus training in PR for all have had an impact in Reception and on the telephones.
- Interviewing of new staff needs to be value-based and, possibly, PPG Committee members could support this.
- More staff would be assigned to answering telephones at peak times in line with the practice in other surgeries if this was found to be helpful in those local practices who already do this.
- On average 350 patients have a GP appointment each day, 60 of which are face to face. Our nursing team see 45 patients each day. Unfortunately, there is still the perception that appointments are not available or that a telephone conversation with a GP is not an appointment. It is difficult to change this perception.
- TMP are experimenting with a pre bookable telephone clinic. However, at the moment this is only for one GP.

HW commented that analysis shows the major issue to be obtaining appointments and having an element of choice, particularly over which doctor is seen.

AH said that TMP is aware that not having choice is difficult for some patients. Doctors would like to return to seeing their own patients, except in emergencies, but it is about balancing that with other commitments such as specific clinics, weekly calls to care homes, Learning Disability annual reviews, tutorials for trainees etc. From September Dr B would like things to slowly change starting with some pre-bookable phone appointments. For those needing a call back the aim is to offer a time slot e.g. 11-12 a.m. Patients having a face-to-face appointment on the day may be able to choose a time but not a doctor. E-consults have had to be closed at 12 noon because of the volume and the lack of admin staff to address them. The time will revert to 16.30. However, levels of work are comparable to an average winter now so all this will be under review.

A long discussion followed summarised here:

- Since all practices have experienced the same recent crisis (Covid) TMP will continue to analyze why their scores are not higher. Despite the survey covering a small sample (fewer than those who call in on a single day) other practices have similar features. Perhaps people are more inclined to write negative thoughts.
- Since the recent meeting the number of calls accepted before you are asked to call back has been reduced as it was felt people would prefer to ring back later than hang on then be cut off. HW makes random calls and feels this is working. HW and GH were concerned that patients were still being cut off at times and they will look into this.
- The number of people answering phones is being reviewed. GW expressed shock that 1 in 100 patients calls every day and questioned whether they are all necessary. They are not and patients are being encouraged to be more independent and use other sources such as a pharmacist or NHS online. Receptionists are signposting a list of alternatives to people.
- People do not understand that a triage call is often their appointment. It was suggested that the term is a medical one and is being used differently to how it is used in A and E. In future the term telephone consultation will be used. JC said other PPGs report this problem too.
- TMP will continue to explain the new staff roles. Patients cannot understand why Gavin, a paramedic, is making house calls though once they have met him, they are full of praise. It will take time for the changes to embed themselves into patient understanding.
- With Covid restrictions and not everyone having access to a smart phone or computer TMP is limited in the ways to reach patients with messages. Ideas were

shared with the text service being a possibility. This item will be put on the next agenda.

Practice update

- There is a major shortage of bottles for blood tests so the NHS has asked that they are used sparingly which TMP feel they already do.
- Data sharing is on hold (see above) but answering queries about it is time consuming. During a crisis, such as the Covid Pandemic, the NHS can use data for the purposes of protecting public health without consent.
- The telephone contract continues until April 2022 when a more effective system will be sought.
- Autumn vaccine planning

The plan is that **only the 65s and over** will be vaccinated with both Flu and a Covid booster at Jameson House. Practices will be responsible for flu vaccination for the under 65s. Flu clinic dates to be advised

We have not been given a start date yet but as soon as we get the go ahead we shall start inviting patients in.

Patients will be called in in the same order as they were for their first Covid :

Patients in care or residential homes

80 and over (not in a care/residential home) and Health or Social Care workers

75-79

70-74

65-69

The meeting finished at 20.26

Date of next meeting Wednesday 13th October online

H Metcalfe

August 23rd

Note: an additional discussion meeting will be held online on Tuesday 5th October at 18.30.

Healthwatch (from KW)

How we help you

Healthwatch is your health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care. Last year we helped nearly a million people like you to have your say and get the information and advice you need.

The power of your feedback

We use your feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure your experiences improve health and social care services for everyone. We can also help you to get the information and advice and you need to make the right decisions for you and to get the support you deserve.

It's important that you share your experiences - whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a wonderful experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story - we're here to listen.

Your local Healthwatch

Wherever you live in England, you'll have a local Healthwatch nearby (there are over 150 across the country). We're here to listen to the issues that really matter to local communities and to hear about your experiences of using health and social care services. We're entirely independent and impartial, and any information you share with us is confidential.

Go to your local Healthwatch

Healthwatch Hampshire

Unit 12

Winnall Valley Road

Winchester

SO23 0LD

United Kingdom

0196 2440 262

Send an email : enquiries@healthwatchhampshire.co.uk

Visit website : healthwatchhampshire.co.uk

You may wish to speak to someone locally about the local services and/or wish to complain about your local services. You may do this via

Citizens Advice Tadley

Franklin Avenue, Tadley RG26 4ET

Telephone: 08082787987