

Maple Surgery – Patient Participation Group Meeting

Wednesday 23rd September 2020 via
Video Conference (Zoom) at 7.00pm

MINUTES

PPG Members:

Chairperson: Doctor Derek Ford, D.F

Secretary: Councillor Anthony Mitchell, A.M (Acting Independently of the Parish Council)

Neeraja Anantha, N.A

Lorraine Waters, L.W

Wendy Hedley, W.H

Lynn Marie Stockman, L.S

David Harper, D.H

Tanya Cerado, T.S

Andy Howard, A.H

Brian Howard, B.H

Connie Williams, C.W

Pam Vendy, P.V

Practice Manager: Clare Briars, C.B

Assistant Practice Manager: To be Confirmed

GP: Anna Uwell

Pharmacist: Ravij Nanda

Lynda Harford: CCC Division Councillor, L.H

07.01 Receive apologies for absence and welcome any new PPG member(s).

C.B, N.A, Dr Anna Uwell, Andrew Harrington

07.02 Receive any declarations of interest and accept minutes of the previous meeting.

07.03 Surgery to update on changing NHS appointment text messages to include a reminder of the cost of missed appointments.

C.B States that messages are automated, they were temporarily stopped due to confusing messages asking patients to attend appointments that were not in person.

07.04 To discuss reinstating the practice policy which allowed patients to book on the day appointments in person.

Most patients are seen by telephone calls and DNA rates are low. No letters were sent out to text and phone patients. The Practice didn't want to send them all out at once. The practice needs to ensure social distancing is maintained. Saturday and even Flu Vaccine patients will be contacted in batches.

D.F Stated that the NHS seemed closed for business. C.B Hoped it would change, the government announcement was a set back and it's going to remain telephone calls mostly. Nurses need different timeslots than GP's. D.F Asked when patients will be able to enter the surgery again. C.B Plastic protection at reception will be introduced soon and hopes this will allow more patient interaction.

L.H Understood not making G.P telephone appointments, she has previously had a phone appointment and then went in for a blood test at her own surgery.

C.B Stated they were not allowing G.P appointments to be made online.

D.H Asked what will be the affect of the Covid Alert status and other social interactions at the surgery.

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C.B We will carry on as is, if further steps are taken then they will go back to lockdown conditions. It should not be a massive impact to patients and this is the new normal.

D.F Had the impression that the current system was not working, and that patients had stood outside and missed appointments. The current method of standing outside does not work especially in cold and inclement weather. He suggested going back to entry at the front of the building only.

C.B Stated that they would be returning to entry from the front after the new safety measures were installed with a limit of four people and chairs inside.

A.M Expressed concerns over carers being blocked.

C.B Of course there will be an exemption for carers.

P.V A friend of hers felt very weak standing outside and didn't know if she had been heard after knocking.

C.B A chair will be put outside and there is a desk in the corridor, yesterday the flooring was repaired.

P.V It happened a week ago.

C.B Chair is now outside it must have been before this. The flooring is now fixed and the plastic barriers would be installed next week.

D.F There had been negative feedback with no fixed time slots given. He understood the need to triage patients but concerned over poor implementation.

B.H Patients should be given one hour time slots.

C.B Patients are prioritized by the GP in terms of need. It is difficult to tell patients when they will be called back. Anna (GP) feels the need to triage patients. At the moment it's hard to find a resolution to this issue and she needs to find a way forwards.

D.F Feels that two GP's are needed at the surgery.

C.B Cindy a new nurse would be starting three days a week along with a new nurse practitioner soon. Patients could receive more appointments this way than a part time GP.

L.H Stated she had a call from the surgery about her test results, but had missed it.

C.B There will be a locum, and pre-books would be seen.

B.H Had experienced the same issues he kept missing appointments on the phone and went to the surgery to pin down a time.

A.M Asked if real life appointments are given a time slot why can't telephone appointments, sure you can divide them up into sections and allow a grace period for urgent issues?

C.B Hasn't spoken to the GP on this issue. Triage has been given but feels that the current system has too much flexibility. Sometimes delays are caused by urgent prescriptions.

L.W I'm retired and can stay in all day but what happens when you are working and need a timeslot. Also if you can't get to a private place it can be embarrassing.

C.B I can't answer to missed calls but accepted mobiles could have made it worse.

D.F Stated he has a PHD in Planning and teaches it. He said there is no reason why the doctors work can not be divided into sessions such as into quarters with time allotted to urgent work and triage at the beginning of each quarter. The current system seems invisible to patients.

L.D Or even half day time slots.

C.B Agrees the system could be better and will take on board ideas.

W.H In regards to the Nurse Practitioner is the surgery still looking for an additional GP?

C.B They are not looking for another GP. The contract is based on appointments and the surgery can't afford another full time GP. The surgery would love to have one but it is not viable. It is sadly a business decision.

D.F Stated that the surgery was supposed to increase GP appointments from 180 to 240.

C.B Found that one GP is not enough, instead a nurse practitioner will work 3 days a week and doesn't want to give false hope. The surgery is not in business to make money, other surgeries undertake enhanced services to make more money which could provide a route to more GP hours.

W.H How come Willingham and Over have more than one?

C.B It depends on their contracts and business priorities.

P.V There are big issues just getting the phone answered, she rang Monday and it took 10 minutes and had to try again. Others reports waiting even longer.

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C.B Surgery has lost full time employee and is short staffed, a new receptionist starts Monday.

07.05 To discuss appointing a patient Pharmacy champion.

D.F Spoke to Annette at the Tesco pharmacy, previously issues had now been resolved. There are some current delays.

L.H Aware of a complaint from a friend regarding a prescription. Automated sending used to be up in 24 hours. Last Tuesday she was told that it would be 2-3 days before GP can sign it.

A.M.P Will help residents to sign herself. She has talked with C.B about working with G.P to improve scheduling and efficiency.

D.F Pharmacists can issue prescriptions and patients are not stockpiling, what is the pharmacist doing?

C.B Rejeev is there a day and a half . He is currently on medicine reviews, once resolved patients will be placed on six re-occurring prescriptions. 1000 patients currently need a review. Telephone prescriptions are now emergency only. Prescription emails have doubled for no apparent reason, the Prescription Clerk Lucy will be taking on that role in order to have a single point of contact for prescriptions for consistency.

L.W For those finally getting cancer surgery needing special medication what happens to prescription referrals

C.B There is a special read coder for given for patients discharged and they are given priority.

D.F The systems and processes seem to be broken

C.B Anna and Rajeev, are receiving complaints at being asked.

D.F Patients prescriptions had not been coded correctly et al, and specifically to those shielding is there a case for requesting more funding?

C.B Yes they have resource funding for the building but not the day to day, but it should get better.

D.F With County and District Councillors attending it should be clear that residents have concerns, it may be a good idea to put a case to the County Council.

C.B The CQC have not flagged any problems.

D.F With Covid-19 changes a cause could be put forward that the patients are not as represented as before.

L.H Stated she was happy to work with the stakeholders to support the surgery.

D.F NHS Properties is a different budget and entity entirely.

L.H Was pleased to support a case to the CCG and speak with them directly. She understand that the previous contractor had flaws and was incentivised not to make changes.

C.B They had a contract renewed a few weeks ago, no talk was made of additional funding. Wanted to find use for the currently empty room.

A.M Appointed Pharmacy Champion. All in favour.

07.07 Surgery to update on installing an outside prescription request box/post box.

C.B Spoke with NHS properties and one was installed at the car park entrance, PPG expressed thanks.

07.08 Surgery to update on corrections and changes to website and providing copies of PPG minutes and Agendas online.

C.B Has been swamped with work, she will arrange for PPG minutes to be put on.

D.H CQC information is missing from front page.

C.B Was not aware.

A.M Stated it was because it directed you to the previous providers CQC page.

D.H There have been unfavourable Facebook reviews online.

C.B A short statement has been drafted online with a similar response in the Bar Hill News.

L.H Cautioned over responding to Facebook posts. Patients should contact the surgery not post anonymously.

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- C.B Yes it can be frustrating.
- D.F It was important not to enter into a public debate.
- C.B It could be possible to get a Facebook Page with comments turned off.

07.09 Open forum to discuss Surgery improvements and any patients concerns.

- C.B Had received advice about Flu Vaccines.
- D.H Over 50's have now been added.
- C.B Waiting guidance on stock allocation. Hoping for a rollout in November.
- D.H Appreciated the logistical challenges, also those going to Tesco have been blocked due to latex allergies. This can cause issues as Pharmacies get stock first in some issues and this can affect surgery funding.
- L.H Boots can't get over 50's according to the news.
- C.B There are two types of Vaccines, stock is controlled centrally the surgery hope to get them ASAP.
- D.F Wants the systems to work ASAP, Covid-19 has increased demand causing issues. The doors of the surgery need to be open with access to prescriptions, Nurses and GP's.
- C.B We took over on the 1st April 2020 and the pandemic has been awful. They have finally got Anna the new GP and a happy for home visits if needed. Everyone is working really hard.
- D.F Expressed concerns over lack of two doctors.
- C.B Feedback is welcome good or bad, not everyone will like the GP'but her quality of care is excellent.
- A.M Asked about face mask exemptions after being challenged despite showing his inhaler.
- C.B Only one patients had requested a letter so far but the surgery is happy to write letters who those who request them with a valid medical condition.
- D.F A disability card is a national problem.
- C.B There will be no charge if a doctors letter is needed. She also stated that patients could now book appointments for the future and not just on the day. The surgery want to resolve current issues and then look into providing enhanced services such as minor surgery. Dr Anna needs to update current skills for this.

07.10 Agenda Item requests for the next meeting.

To discuss a Carer's forum, Appointment System and review GP and NP model.

07.11 To discuss date of next meeting.

Date of Next Meeting:

25th November 2020 at 700 P.M