

NORTH LEEDS MEDICAL PRACTICE PPG MEETING MINUTES
HELD ON TUE, 9th FEBRUARY 2021, AT 7:00PM, REMOTELY, VIA ZOOM

ATTENDEES

Beverley Kite	Chair
Diana Oakes	Vice-Chair
Philip Elphick	Vice Chair
Peter Kite	
Mudasar Din	
Nigel Leahey	
Malachy Doherty	
Debbie Beirne	
David Harris	
Rosemarie Harris	
Bernie Wilson	
Nirmala Gallia	

APOLOGIES

Mary Sheridan
Yolande Sowerby
Jaqui Williams Durkin
Julia Harrow

AGENDA

1. **Leeds Caring Hands - update & changes**
2. **NAPP (National Association of Patient Participation) new conversation platform to share ideas with other PPGs**
3. **New Practice Manager**
4. **Reply to PPG Chair's letter to the Practice Partners**
5. **E-consult update**
6. **Any other business**

1. Leeds Caring Hands - update & changes

Beverley provided an update on Leeds Caring Hands.

Peter Khoo has asked to step down as Chair, but will stay on as a Trustee. However, eventually he would like to go on a sabbatical, travelling. In the interim, as no one else stepped up, Beverley has agreed to take over as Leeds Caring Hands Chair. It makes sense as she is already a Trustee and a signatory at the bank. But she stated that she wouldn't want it to be permanent, for various reasons, such as a need for a fresh pair of eyes and new ideas, as well as other more personal reasons, such as age, health etc. which mean she may not always be able to do everything and both roles. Beverley mentioned that Ismail, who works for the Police, had expressed an interest. She then asked for a show of hands to check whether everyone was OK with her being the Leeds Caring Hands Chairperson in the interim. This was accepted with an unanimous show of hands.

Beverley updated on the new group chats on both Zoom and WhatsApp, stating the groups are both very successful, with a lot of chats going on and users really enjoying them, as a replacement for the Activity Group we used to have. Beverley paid tribute to Philomena's

work in moderating the WhatsApp group, and ensuring the appropriateness of what is posted.

Beverley then updated on the Christmas gifts and how well they were received by the York Street Health Practice which deals mostly with homeless patients, and the Migrants Association (PAFRAS). Beverley explained that she collected the wrapped gifts from those who volunteered to donate them and she delivered them to both organisations.

Beverley said the only thing she was slightly disappointed about was the Loneliness Chat Line, as we only had six calls, which was very little compared to what we were expecting.

We discussed why that may be, and it was pointed out that the first SMS that was sent out to publicise the Chat line did not specify it was from North Leeds Medical Practice. It may be that not realising this was an SMS from the surgery made people ignore it or not trust it.

Unfortunately the second SMS seems to not have reached everyone. A few people around the virtual table also said they had not received it. Beverley is discussing with the practice how we can go forth with the chat line in the future.

2. NAPP (National Association of Patient Participation) new conversation platform to share ideas with other PPGs

Beverley asked Diana to update again about us being asked to share how we successfully continued to meet virtually and also to share with the NAPP our 'Zoom for beginners' tutorial and our Guidelines for the Loneliness Chats. These were praised and shared with other PPGs.

Beverley also updated that there's a new community platform at NAPP for which a password and email is needed and that she would send on the password and email to use. **UPDATED after the meeting** - we have now been made aware that you can only have 10 people from each practice on there, so Beverley has therefore decided against sharing the password(s) until she has looked into it a bit more. Diana and Philip have been registered there now, together with Beverley.

Beverley was also asked to provide feedback on the proposed new logo for NAPP.

3. Practice Manager

The process of recruiting a new **Practice Manager** (PM) continues, following the departure of **Michael Hart**, who was with us for 11 months, with the partners stating they are now one or two weeks away from bringing someone on board.

Beverley had written to the practice about a few things, including asking about Michael's replacement, and who will attend the PPG meetings on the practice's behalf now that Michael has left. Beverley reminded us that the Practice has had 4 PMs and one admin person since the PPG started 10 years ago.

Beverley also gave us the sad news that one of the former PMs of the Practice, **Jordan Huggins**, has sadly passed away, aged about 30.

4. Reply to PPG Chair's letter to the Practice Partners

Beverley said she also mentioned to the Practice in her letter that a suggestion was made by patients that may be a good idea to have a full- or part-time deputy PM, to cover for holidays and sickness absence and share the load. Other surgeries often have deputies.

Beverley also wrote to the Practice about the **E-consult** (see previous minutes for discussions around the inefficiency of this service). Beverley reminded everyone of the issues she had with it and **Diana** also related the bad experience she had with it when trying to book an appointment for her husband, David, who had a bad ear infection and went in circles, with E-consult telling her to ring 111 and 111 telling her to ring the surgery, which she couldn't do because the recorded message told her they were too busy and cut her off. She rang 111 again and the person on the phone was able to book her a telephone consultation with the GP directly from their end. Diana was told the GP would ring between 9:40-9:50am or maybe 15-20 mins later than that, but the call didn't come until 4 hours later. However, Diana wanted to praise the care received afterwards from Dr James Robin, who rang David as promised twice more and once of his own accord to let David know the results from the lab had arrived and change his antibiotic, and refer him to an ENT specialist.

Beverley picked up on Diana's point, saying she also mentioned to the practice the calls not being answered and the patients needing to keep ringing through the day. Beverley also received comments about the triage calls as patients having to work couldn't always take the doctor's call as they were coming at a difficult time. Some being reprimanded for taking a personal call. .

The other issue she was passed from patients was why are there mostly locum doctors on the triage calls. There appear to be plenty of salaried GPs at the Practice, so why are mostly locums on the triage calls, particularly as fewer scheduled appointments than pre covid times. Beverley read us out the reply – see scanned image of the letter below:

Harrogate Road Surgery
Surgery

355 Harrogate Road

Leeds

LS17 6PZ

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Tel: 0113 2680066

Email: northleeds.medicalpractice@nhs.uk

Milan Street

2-4 Milan Street

Leeds

LS8 5JW

Tel: 0113 2490998

28th January 2021

Dear Beverley,

Thank you for your letter. I do hope you are keeping well in these strange unprecedented times. Since the start of the pandemic we have had to manage great change and we have prioritised safety of our patients and of our staff.

As you recognise we are in a difficult situation at the moment with managing the pandemic response and getting the vaccine to our patients. This has been rolled out at speed and it requires a lot of logistical, administration and clinical time. There has been no additional capacity to provide this so it requires staff to give even more at a time when they have already been working with extremely high demand.

I will try to answer your questions.

Michael Hart has taken up a position in another practice, I'm sure you would join us to wish him well. We swiftly started the recruitment process and are hoping to select the successful candidate in the next 1-2 weeks. There is likely to be a notice period that the candidate would have to give to their current employer. We are supported by senior staff who are experienced and of course the partners retain responsibility.

E-consult does have safety details included so anything requiring urgent action, it will ask patients to seek emergency help dependent on the answers put in. As Michael alluded it is controlled by E-consult not ourselves.

The e-consult system does allow patients to contact the doctor at their most convenient time so overall it is improving access for those patients who can access it. It is best suited to non-urgent consultations as we aim to respond by the end of the next working day.

On occasion when the phone-lines are at capacity it will not allow any more patients to wait.

This will happen at the busiest times. Unfortunately this has not been exclusive to our surgery, if it is urgent, patients may have to try again after a short time. We have not reduced the number of staff answering calls and indeed have put extra things in place for staff to continue working safely with social distancing.

Triage calls for routine queries finish at 3.30. In the past we used to finish telephone triage at midday. Everyday there is a doctor on each site until 6pm to see and speak to emergency patients who cannot clinically wait until the next day. I am sure you are aware of the additional administration that clinical staff do that also needs to be completed.

We are like the rest of the public also dealing with staff needing to isolate or even sadly affected with covid-19 which also impacts on staff levels .

Currently we are limited with capacity and cannot attend a Zoom meeting, however I have tried to provide a full answer to the points you have raised.

Do let us know if there are any PPG members who would like to volunteer to assist with the Covid vaccination programme which is currently taking place from Alwoodley Medical centre with our staff and at East Park for our Milan Street patients. Appreciate it may be difficult currently due to government guidelines .

I hope the next PPG meeting is able to go ahead virtually. We will not be attending this time. In the future we will be in a position to send a representative.

Kind Regards

Dr Nadia Anderson
GP Partner
North Leeds Medical Practice.

Partners

Dr M Purewal, Dr M Julier., Dr M Ruiz-Huertas, Dr N Anderson

5. E-consult update

See the update on E-consult under previous section. Beverley has managed to secure contact details for the developers of E-consult, to provide feedback.

The discussion turned to volunteering for helping with vaccines at the two centres where vaccination takes place for the patients of Harrogate Road Surgery and Milan St, which are Alwoodley Medical Centre and East Park respectively. Debbie explained that she had volunteered and was contacted by the NLMP to ask if she agreed to her details being passed on to Alwoodley Medical Centre.

David and Rosemary Harris then talked about the complaint they lodged with the Practice about the system of keeping people waiting outside (with example of a heavily pregnant lady having waited outside for 15 minutes in the rain) and speaking into the Interphone and how this could be worse for spreading Covid than having people inside, as particles of saliva could be transferred to the interphone and then when someone else speaks into it those could be bounced back to another person. The response from the Practice stated that it is cleaned once an hour but David and Rosemary suggested for it to be cleaned more often than that and questioned why are we the only practice with locked door policy, giving as an example Alwoodley Medical Centre, where patients are allowed inside. **Beverley** wondered if it's because it's a much bigger place.

The subject of the car parking rules came up again with some of the members not being aware that the car parking registering was only suspended for a short while and that now it is back in place. Members of the PPG raised this as an infection risk as patients have to touch the screen and despite a sanitiser being placed next to it not everyone uses it.

Mudasar asked if we ever had a GP attending these PPG meetings. Beverley explained that yes, we used to have the GPs attending, they used to take it in turns with the Practice Manager always in attendance as well.. This was discouraged by one PM who didn't feel it was necessary for GP's to be always there when he was in attendance. The PPG did ask that they attend when it was thought appropriate by the PPG for them to do so.

Debbie said that she had noticed a reluctance on the part of the GPs to attend these meetings, and highlighted that we only want to help the practice achieve its aims to be the best they can be for the patients and that you would think the GPs would be happy to see how we can help them meet that aim. She also stated that everything we achieved as a PPG, we achieved due to Beverley's tireless work and personality.

Beverley responded by saying that it had always been her aim to establish and maintain good relationships and gain cooperation with the practice but on occasions she felt that she could have been perhaps more direct over some issues. Always difficult as the practice do have stresses and difficulties themselves which we as a PPG are not always aware of and therefore important to be able to have a good relationship with each other to create that balance.

It was disappointing that the Practice had not sent anyone to this meeting as Beverley had actually asked the practice to choose a date and time for the meeting to suit when someone from the Practice could have attended. Beverley wrote back to the practice in response to their above letter, but had not heard anything back as of the day of the meeting (9 Feb).

6. Any other business

David also added that patients are being admonished for standing in the small entrance hall to the practice and Diana wanted to check if maybe this was because of the Pharmacy's

system of asking people to come in through the pharmacy outside door but leaving the pharmacy through the door that opens into the small hallways they share with the practice.

Bernie stated she didn't understand the reason of social distancing the Practice quoted in their reply to David and Rosemary's complaint, as they could just signpost it better and gave examples of multiple other places that are successfully enforcing it.

David reiterated that no other surgery has a locked door policy, and **Rosemary** gave Alwoodley Medical Centre as an example, praising their logistics and brilliant organisation.

Beverley returned to the issues we are having with the Loneliness Chat Lines. She stated she mentioned a suggestion to the practice but it may not happen due to cost and resource required & confidentiality issues.. She said it occurred to her that older people – exactly those we are targeting with the chat lines, may not know how to retrieve a text message, or may not even have a mobile. Beverley said she could compose the letter, have it verified by the practice, supply envelopes, stamps and put in the envelopes just requiring the labels putting on the envelopes. Has suggested this could be done out of hours by a staff member if anyone is willing to do this & could be paid for by the funding money., Awaiting for a response from the practice to this suggestion. We cannot pay from the PPG funding as didn't fit the criteria but could from the other funding source.

Beverley said they could at least identify those patients with just landlines recorded and who are 65+ etc.

Debbie then stated that the Practice needs to tell us then what **is** feasible.

Malachy added that actually text messages can be sent also to landlines, depending on provider, an automated service rings your landline and reads out to you the text message and who sent it.

Nirmala also agreed that it would be really good to focus on something in written form for older people (e.g. flyer, letter, etc.).

Beverley closed the meeting asking if anyone had anything else to raise and stating that she will be in touch with the date and time of the next meeting.

*Typed by Diana Oakes
16.02.2021*