

MAJOR OAK MEDICAL PRACTICE

Virtual PPG Meeting Minutes

09.09. 2021

Present:

Celia Flinton – CF (Acting Chair)
Clive Parkin – CP (Acting Vice Chair)
Celia Hemstock – CH (Secretary)
Chrissie Ayre - CA
Sam Troop – ST (Student member)
Emily Freeman – ET (Student member)
Pauline Logan - PL
Maria Aylott - MA
Jacquie Mikhail – JM (Practice Manager)
Lynn Pyatt – LP (Administrator)
Dr. Gopi.

Meeting began 13.05p.m. Meeting closed 14.40 p.m.

1. Apologies – None.
2. Minutes of previous meeting held on 01.07.21 – Agreed.
3. Matters Arising from 01.07.21 – JM to send PPG members a copy of the revised DNA policy.
4. Road Map to Normality/Surgery Patients.

CP told us that patients are questioning why the surgery is not returning to normality (pre-Covid.) MA is also aware of some community dissent regarding GP surgeries as people know that Dentists and Opticians are seeing patients. JM said that there are no plans at present to return to pre-covid practices in GP surgeries. Public Health England's Infection Prevention (IPC) guidelines remain in place in hospitals, and GP surgeries. Staff, patients and visitors are expected to continue to follow social distancing rules when visiting care settings and use face coverings, masks and other personal protection equipment (see NHS website) It is still the rule that only 4 or 5 patients can be in the waiting room at the same time, but the Health room next door also has some seats. Also, the number of available appointments has been increased and the ability to meet requests for face to face consultations has increased by 40%. Online booking is still not available as patients have to be screened due to Covid. The amount of home visits by GPs has also increased when safe to do so. GP telephone consultations have been a success.

5. Patient Feedback/Facebook Comments/Complaints Protocol/DNA. When asked who deals with any complaints against Dr. Mikhail, JM said that protocol dictates that either another GP or NHS England will consider clinical complaints, and an administrator would deal with non-clinical ones. CP referred to some negative comments regarding the practice on social media, JM is aware of these, she said at least one of those stems from an old complaint and is inaccurate. CP suggested that the practice use social media to rebut inaccurate and negative comments. Dr. G said the practice is constantly striving to improve, and some criticism of the practice can be taken very personally by members of staff not even involved. He feels that the practice is transparent, and that all staff have moral and ethical obligations to each other and most importantly to their patients. He felt that some complainants were making unethical comments on open platforms which anyone can see. He is considering joining a particular local Facebook platform and asked for the PPG's opinion on this. He asked ST if the practice Facebook page could be made interactive to allow comment and reply from registered patients. ST felt that this would require constant vigilance and practice staff will not have time for this. CP said that all organisations should welcome constructive criticism, but where misinformation and inaccurate comments are posted every organisation should be free and able to refute those and put factual information out in reply. MA agreed that the PPG and the practice can help patients better understand the pressures and constraints all practices are

currently under. CP proposed a closed group to work on this issue in particular. This and Dr. G joining the community Facebook platform were agreed. ET agreed to set up a WhatsApp group for those PPG members happy to join one.

The figures for Did Not Attend appointments (DNA) for July are as follows ; - GPs 3, Nurses, Clinical Pharmacist and Physiotherapist 31 a total of 34, with 7.5 hours clinical hours wasted. For August :- GPs 5, Nurses, Clinical Pharmacist and Physio 34, a total of 39, 8.5 hours wasted. DNA figures are rising again, CP asked if any patients have been cautioned, JM said that the worst offenders are mothers with children, the children are safeguarded and cannot be removed from the practice.

7. Other Reports – None.

8. Action points – A large canvas of the Major Oak Tree has been purchased by the PPG and donated to the practice to help make the walls look more cheerful and decorative for all our patients now that health posters are no longer necessary. CH asked if ST an EF would be happy to remain on the PPG as student members for the foreseeable future as now doesn't seem to be the time to approach school sixth forms for new recruits. This can be reviewed in 2022. They agreed and will join us or contribute when studies allow. They are both members of the WhatsApp working group.

9. A.O.B. In regard to her proposal to meet at the surgery, CH suggested that as some PPG members are not happy to meet at the surgery at present due to shielding vulnerable relatives, perhaps we could alternate between virtual meetings and surgery meetings in an attempt not to discriminate. ST said he feels that virtual meetings are no longer working and are ineffective and is keen to meet at the surgery for each meeting. PL said she is a front-line health worker and that parts of the NHS have started to meet face to face again where safe to do so. JM and Dr. G said that it can be organised for some members to join the surgery meeting virtually. CA told us that online banking is now available for the PPG account and that due to the trouble she has had with that bank they have provided £40.00 compensation which will be added to the PPG fund.

9. Date of Next Meeting - WEDNESDAY 13th October 2021 at 1.00 p.m. AT THE SURGERY for those happy to attend. VIRTUALLY for those not.