

HEACHAM GROUP PRACTICE PATIENTS' PARTICIPATION GROUP

PUBLIC MEETING

18 JANUARY 2023 7:00 p.m.

ST MARY'S CHURCH, HEACHAM

Bob Carrick, chairman of the PPG, welcomed everyone (approx.. 80) to the meeting on a cold night and introduced Doctors Clifton, Clitheroe and Terry, the Practice Manager Lucy Woodall and PPG committee members.

Minutes of the last public meeting had been circulated to those who had provided email addresses and it was to be hoped that this list will be expanded and attendees were urged to add their details if not already included. Minutes of the September public meeting are available on the Group Practice website. A copy of the PPG newsletter was made available to all; it is proposed to produce such a document on a quarterly basis and there is ongoing discussion on the best way for newsletters to be circulated.

Mr Steve Lloyd, a consultant assisting surgery staff with addressing points made by the Care Quality Commission in its report was then invited to give an update on that inspection report. The report following a March 2022 inspection had rated the practice as 'Inadequate' and, clearly, there was some anxiety as to what was meant by that and what was being done about it. An action plan had been produced and the CQC carried out a further inspection on 29 November – its report being published in the week prior to the public meeting. Overall, the practice was seen to have improved and was moved out of special measures with the revised rating 'Requires Improvement'. Significant improvements had been made which, of course, need to be sustained. Mr Lloyd shared some details.

The Care Quality Commission report on Heacham Group Practice can be seen in detail on its website and also a short cut to it via the Practice website.

Dr Clifton expanded on some areas where concerns had been noted and where 'Requirement Notices' had been issued. He explained that the CQC carried out a forensic examination of data and a concern about safe prescribing related to sleeping tablets for just four patients, acknowledging that there should be zero concerns. The concern that the management of the risk of legionella had been addressed immediately and there was no risk or danger to patients. The initial report found that the practice did not ensure that all audits were wholly effective. This was frustrating as there were regular audits but a coding issue regarding safeguarding had been found. The CQC has to be informed by the end of January what steps have been taken to address any issues and a further inspection is anticipated in twelve months' time.

The CQC report also noted areas where the practice should continue to develop. As Dr Terry said, these are issues that make a difference to patients. Heacham Group Practice was comparable to most practices in the area in its management of such matters as cervical screening. The take-up of such routine examinations had been adversely affected by the pandemic. It was possible that weekday screening appointments for working age patients were inconvenient and the possibility of Saturday screening was a possible way of increasing take up.

The complaints procedure was being reviewed. The practice is being proactive in promoting health checks for those aged 40 to 74 and had invested in additional equipment and trained more staff and recruited additional members of staff so that such checks will not impact on other work. The appointments procedure is being reviewed; there is an extensive list of patients to

prioritise. It is known that there is a strong preference for face to face appointments in the Heacham Practice.

The telephone system is being updated but it seems technical issues are slowing progress. The practice website is also being reviewed as there is some dissatisfaction with the present site. The Practice will continue to work with the Patients' Participation Group (PPG) for mutual benefit.

Questions were invited from the floor. A questioner asked about appointments and whether there is any possibility of increasing patient/doctor hours. In answer, Dr Clifton explained that, although the area was attractive to the majority of patients and to him, the same could not be said for most young doctors who preferred an urban area. Instead, other health professionals had been recruited and he introduced Ms Alex Harcourt who, as a nurse practitioner, will be able on a daily basis to see those with acute illnesses and is qualified to prescribe.

Dr Terry stated that the number of appointments will increase and through the centrally funded Primary Care Network there will be once a week access to the services of two paramedics, a physiotherapist, a matron, social prescriber and health and wellbeing coach. Two new receptionists are also being employed.

When asked about the possibility of making an advanced appointment with a particular G.P. it was explained that this system had been discontinued about a year ago as a waiting time extending to six to eight weeks was unrealistic. The same day care triage model had been introduced as a way of coping with workload problems and avoiding a backlog. It is not satisfactory for all appointment spaces to be filled early in the day. An attempt will be made to ensure continuity with certain patients who have long-term health problems.

A newcomer to the area thanked the practice for its work but queried the fact that long-term medication was only prescribed on a monthly basis and not three monthly as in the practice from which she came. This is a Norfolk system by which the G.P.s have to abide with some exceptions e.g. H.R.T., holidays.

The difficulties faced by patients accessing Boots, the Heacham pharmacy were discussed. Borough Councillor Terry Parish had discussed the difficulties with Boots management and there had seemed to have been some improvement for a while but the Surgery has daily contact, often concerning problems and the impact on patients. The small dispensary within the surgery is not permitted to dispense medication to patients in Heacham because of the proximity of Boots, the established pharmacy.

Mrs Esmé Corner recommended the reading of the latest 32 page CQC evidence report which showed how the practice was dealing with the findings of the March 2022 inspection and applauded its commitment to improve. It is hoped that there were sufficient medical staff to continue with improvements.

Bob Carrick, the chairman of the PPG, referred to the PPG's achievements so far as shown on the back of the newsletter. As far as 2023 is concerned, there is a particular need to be more inclusive with involvement of the younger element of the patient population of the PPG, to work with the Primary Care Network and to investigate further the workings of the Integrated Care System. Also, for the longer term, one of the aims of the PPG is to work with both practice and patients to improve care based on specific needs in our villages. The PPG has also joined the

National Association of Patient Participation (NAPP) which will enable us to learn from the experience of others.

In answer to a question from the floor about a patient's ability to view their own medical records it was explained that, although a huge amount of preparation had been undertaken to prepare for this, it is not possible at present. The situation is the same on a national level. There remains some anxiety over the safety of such a system. Dr Clifton is of the opinion that, once safety concerns have been ironed out, medical records will be made available to an individual for scrutiny.

One questioner suggested that 'health care had stopped' during the pandemic and wondered whether any work had been done to prepare for a similar event. Dr Clifton refuted the claim that there had been a cessation of health care; it had clearly been a very difficult time with everyone unprepared initially. The practice had followed the national guidelines issued weekly and had spent a huge amount of time in vaccinating people locally and thus preventing excessive loss of life. The health service will be better prepared for any future event of such magnitude.

Eric Langford of the P.P.G. reminded those present that the Group existed to provide a sounding board and to act as liaison between practice and patients to raise awareness of matters of common concern.

In a draw from names of those present at the meeting Pat Males won a tea for two generously donated by the Rose and Crown, Snettisham.

Before closing the meeting the chairman thanked those from St Mary's Church who had allowed use of the building and prepared it for the meeting and to all those who had attended.