

THORPEWOOD MEDICAL GROUP

Dr R Hampsheir Dr S Ranasinghe Dr I Nnene Dr K Dawson
Dr A Prior Dr G Pattra-Baxter

PATIENT PARTICIPATION GROUP

Meeting, Wednesday 10th November 2021, 4.00pm

MINUTES

- 1) **Present:** TMG (Thorpewood Medical Group) Members: Andy Cutting (Practice Manager), Cat Staff (Operations Manager), Claire Penstone-Smith (Secretary);
Patient members: Mike Hidden, Wendy Howes, Ann Johnson, Bob Ledwidge, Tony Powell, Tony Turrell.

AC welcomed and introduced Cat Staff, Operations Manager to the meeting.

- 2) **Apologies:** Rosemary Lowe, Cheryl Peel, Rick Scotcher, Jean Turrell, Margaret Wooldridge; Sujata Vyas-Wakerley (Norwich PCN Patient Representative)
Resignation: Lesley Longmuir – Lesley's long-term commitment to the group was acknowledged and formally appreciated.
- 3) **Minutes of meeting 22nd September 2021** had been circulated and were accepted as a true record with the following additions:

*The issue of a long waiting time before a call is answered when telephoning the surgery, compared to Lionwood Surgery, was raised. **Action AC.***

*It was requested that if Thorpewood must cancel a patient appointment an alternative date and time be offered to the patient at the time. **Action AC.***

4) Matters Arising:

- a) **(6c) Open Letter:** AC had written an open letter for inclusion in November edition of Parish Life – the parish magazine for Thorpe St Andrew. It was noted the number of complaints had reduced slightly in recent weeks which may in part have been due to the explanation of the current situation at the surgery in this letter.
 - b) **Telephone system** (see above + also item 7c). AC & CS had visited Lionwood Surgery who confirmed that they can also have long waiting times for telephone callers to the surgery. On the times the PPG member from TMG phoned, they believed he was fortunate.
 - c) **Cancellation of appointments** (see above): The Operations Manager explained this was difficult because too many variables in rebooking appointments, for example appointment slots are not all identical in length, in particular for nursing staff appointments. In addition it was a common experience that the patient would call nearer to the re-allocated date and cancel, or just not attend.
- 5) **CQC (Care Quality Commission) Inspection – Wednesday 24th November**
Since the last PPG meeting, the surgery had been advised that CQC would be visiting on 24th November and was a follow-up on the last inspection which took place in February 2020. The process of the inspection began two weeks ago. The team have requested various documentation prior to the visit and 400 documents / protocols have been sent to them. An updated fire risk assessment has been undertaken and a new fire alarm system has been installed following actions requesting from the last visit. A sizeable number of medication audits have been undertaken and submitted. Staff have been requested to complete questionnaires. The team

have access to the clinical system in order to make various checks and will look at QOF (Quality Outcomes Framework). They will identify people they wish to speak to via Microsoft Teams prior to 24th Nov. The team have been given contact details of PPG members. Lesley informed AC that the team had spoken with her prior to this meeting.

On the day of the inspection there will be one or two inspectors who will walk around surgery and speak with staff. They will particularly be looking at infection control measures / storage of patient paper folders (Lloyd-George folders) / working of back office / health & safety / prescription control / displayed posters.

6) **Primary Care Networks (PCN)**

Clinical Commissioning Groups (CCGs) were set up as part of the reorganisation of the administration and funding of primary care. Following this Norfolk CCG was then divided into 22 Primary Care Networks each comprising a small number of GP practices who work closely together with other community, mental health, and social care staff to improve services for local people. Thorpewood is part of the East Norwich PCN for which funding has made the following clinical appointments possible, all of whom have been welcomed and have a good working relationship with the clinicians.

a) **Clinical Pharmacist / Pharmacy Technician**

Part-time clinical pharmacist and / or pharmacy technician, two days per week, to undertake medication audits and reviews which has enabled the completion of a backlog of work.

b) **Physician's Associate**

Currently working at the surgery four days / week will be decreasing to three days / week.

c) **Mental Health Nurse**

To start work at the surgery one session per week.

7) **Surgery Matters:**

a) **Zero Tolerance**

It was acknowledged that demands on primary care have increased considerably, patients' expectations are much higher, and emotions can be fraught. Sadly, this seems to be happening everywhere at the moment.

b) **Blood tests:** phlebotomist now working at the surgery x4 mornings per week, this has taken pressure off Health Care Assistants (HCA) appts. Booking online – once all appts have been booked the system does not give a message to the user to indicate this.

Blood test appointments cannot be booked unless they have been requested by a clinician. Not possible to book six months ahead because of too many work variables which may change.

c) **Diabetic Reviews:** More appts for reviews are now available with the opening up of more face-to-face appts at the surgery. The pharmacy technicians working at the surgery are also flagging up overdue reviews.

d) **Telephone system:** concerns raised by members. It was explained to members how the new system has been set up, why it was set up and how it operates currently. The telephone system is open from 8am – 6.30pm approximately 400 calls a day are received. CS explained how the telephones were staffed and responded to a number of questions from members about the system. The possibility of patients cancelling appointments without using the phone to be looked into. **Action AC.**

Members were made aware that the system alerting patients regarding COVID vaccinations was funded by Norfolk CCG. The Surgery is unable to use this system for Surgery work.

e) **Online access** – AC confirmed that the increased use of online access for patients to GP surgeries (via email. Footfall / E-consult) had been required by NHS England. When contact the surgery via these means patients may be signposted to other services if appropriate.

f) **Staffing.**

Jane Waters – Advanced Nurse Practitioner + Jakub Lato – Advanced Emergency Care Practitioner have recently been appointed.

Interviewing for a further GP to replace Dr Taramanis is being undertaken.

Currently 14 part-time receptionists employed. One is on long term sick leave and there can be up to two on annual leave at any one time. Interviews for two new reception staff are taking place shortly.

8) **E-consult:** - to be covered at the PPG Induction.

9) **Patient Access to Medical Records** – NHS Guidance is that patients are permitted to request “Detailed Coded Access”. This was introduced in 2015. The Surgery had granted Full Record Access incorrectly at that time. The PM was not going to go against NHS Guidance. Apologies were extended as a new drive from NHS Central on this had prompted the Surgery to take the action of making sure all patients with access, had the correct level of access. A communication would have appeased the odd patient who was aggrieved. The correct access enables patients to see their consultations and diagnosis. The Practice Manager has written to the Commissioners as the ability for patients to see letters has been taken away. The Surgery and PPG believe it would be beneficial and cost efficient for patients to see their hospital letters on line.

10) **Induction for PPG Members – Wednesday 8th December 3-5.30pm.**

Members agreed the need to understand how the surgery functions in order to help improve the patient experience and the patient / surgery relationship. The Induction Plan Agenda was agreed as distributed with the following amendments:

- a) CS would be leading the site tour and AC the meeting room.
- b) Observation of telephone room limited to a walk through only.
- c) Allied professionals allocated 5 min slots each to meet members.
- d) Final briefing with the Partners at the end of the afternoon to affirm how they acknowledge the PPG and to ask if they have any specific areas they would wish members to look at for the surgery.

Amended agenda attached.

11) **Any Other Business**

- a) **QOF** (Quality Outcomes Framework) – AC to explain at a future meeting
- b) **Recruitment of members for the PPG** – via the website or word of mouth.

12) **Date of Next Meeting – the Induction on 8th December will be treated as the next meeting.**