**Minutes of PPG Zoom Meeting held at 6.00 p.m. on Thursday, 11th November, 2021**

**Present:** Helen Boto (HB) Chair, John Fryatt (JF) Vice Chair, Jenny Randall (JR) Treasurer,

Janet Harper (JH) Secretary, Catherine Aldridge (CA), Gwen Cooper (GC), Ann Rooney (AR),

Kate Dawson (KD), Mary Mannion (MM), Barrie Harper (BH), Stephen Rogers (SR)

**Apologies for Absence**: Sam Adams – Practice Manager, Sue Wathen, Tony Boto

HB welcomed everyone and reported that unfortunately Mr. Sam Adams, Practice Manager, was unable to attend, but he had sent a report which she would read to the meeting.

1. **Minutes of Last Meeting**:

These Minutes covered the AGM and the general meeting that followed. Both were taken as a true record of events.

**2&3. Practice Manager’s Report and Report from the Chair**:

HB proceeded to read the report from SA:

At the beginning of September 2021 the situation at The Cottons, with regard to doctors, was as below:-

Dr. S. Fernando (Senior Partner) Full Time

Dr. N. Peat (Partner) Full Time

Dr. H. Perera (Partner) Full Time

Dr. T. Fernando salaried GP - 3 days a week

Dr. W. Hakeem Habeeb salaried GP - 3 days a week

Dr. T. Oluniyi salaried GP - 3 days a week

Dr. L. Costa Rocha – in training GP

During the month of September Dr. Peat contracted Covid and was absent for a period of time.

Dr. Habeeb went on maternity leave at the end of the month and happily has since had a healthy baby boy.

At the end of the month both Doctors Fernando also contracted Covid.

At the beginning of October Dr. Perera had to return to Sri Lanka due to a family member sadly being very seriously ill, but just before he left there was an unfortunate disagreement between the partnership concerning how to take the Practice forward and as this could not be resolved

Dr. S. Fernando decided to leave with immediate effect, his wife, Dr. Tina Fernando,following suit.

At the same time 3 nurses caught flu and went off sick.

Therefore, as we entered October the situation was that the Practice was minus 4 doctors and 3 nurses.

Obviously, locum doctors had to be recruited, but this was very difficult in the present climate and the problems were exacerbated when, for example, one afternoon at 3.00 p.m. two locums scheduled to join the team the following day pulled out. On this occasion SA did manage to find alternative cover. It also has to be remembered that locum doctors do not complete the administration paperwork thatregular GPs are required to do and this has to be passed over to the permanent doctors, who were regularly working at the surgery until late at night in order to keep pace with paperwork.

In general, probably owing to negative press, it is becoming extremely difficult to recruit doctors, nurses and also reception/admin staff.

On the positive side, as from 1st January, 2022,a new partner, Dr. S. Negi, would be joining The Cottons. Dr. Negi has been filling inas a locum and will continue to provide some cover over the next two months before joining on a permanent basis.

Also, Dr. Hirsch, who is currently working every Tuesday, will be increasing to 2 days each week, with the possibility of a further increase to 3 days a week. Dr. McGarity, who had previously retired from the Practice, has also returned to assist.

The Cottons are advertising for a full-time salaried GP, but as stated previously, it is not an easy task to recruit GPs.

Patients may find the new facility, Push Doctor, a useful addition. This service has a pool of available doctors and it allows patients to register and book an appointment time with a doctor. They can then have a face to face video consultation using their smart device. The doctor will, of course, not be from their own Practice, but this is a free service and if a patient cannot get an appointment with their own Surgery in what they consider to be a reasonable time, then it could be a useful alternative. Reception can give more information on Push Doctor or this link will explain more fully <https://www.pushdoctor.co.uk/how-it-works>

With regard to the nursing staff, Nurse Catherine Millerchip has left to pursue a change of career and we have a new nurse, Kayleigh Barratt.

Hopefully, the above goes some way to explaining what has been happening at the Practice over the last couple of months and illustrates how difficult it has been for the staff. Following SAs text message to patients in October giving some explanation of events, the staff would like to thank those who sent messages of support and even delivered chocolates and biscuits to boost morale.

As of 8th November, 2021, there were10,287 patients on The Cottons list.There have been 3 complaints during the last quarter, all relating to the lack of appointments. However, once the situation was explained, those complaining did accept that the problems were understandable.

Patients have been concerned regarding problems with Lloyds pharmacy next door to the Surgery and also in Raunds town square. The Practice have contacted Lloyds management and asked for clarification, but at the present time have not received a reply. Lloyds is not part of The CottonsPractice andit, therefore, has no control or influence over the pharmacy.

At the present time The Cottons is completing its care home Covid booster vaccination programme, butit is hoped that it will be understood that in the current situationthe surgery do not have the staff to run booster vaccination clinics, whilst trying to maintain general appointments. The CCG (Clinical Commissioning Group) have sent out the statement below and requested that it be communicated to patients:

**“” You will be invited for your Covid Booster Vaccination when it is due. Please do not contact your GP Practice as they are unable to book the Booster until your invite letter which will detail ‘How to Book’. For further information regarding local drop in sessions please go to**Coronavirus vaccination in Northamptonshire – Countywide services. **“”**

Regarding flu vaccinations, the clinics have now finished and were very successful. However, if anyone thinks they are eligible for a flu jab, which they have not yet had, would they please contact the surgery as these are now being given during normal surgery hours.

The Practice is also in the early stages of recruiting a paramedic to work with the team and the new partner is very keen to restart the GP registrar programme, which will obviously result in another GP to assist with the workload.

SA added that he was always conscious of the problems regarding phone lines and appointments and would be looking into improving these areas once the immediate problems were rectified.

He remained optimistic about the future and the direction in which the Practice was heading and wished to emphasise that they would all be striving to improve, always with their priority being the wellbeing of patients.

HB reported that the PPG had arranged for organisations such as Serve, Fire and Rescue, Mind etc. to attend the flu clinics in September in order to talk to patients attending and remind them of the help on offer locally, but as the first two clinics had been cancelled and put back to later dates it was felt unfair to ask these organisations to spend hours in the car park, as they could not have access to the inside surgery, in probably inclement weather. This idea was therefore cancelled and also the PPG decided that bearing in mind the ages of PPG volunteers who would be outside for hours directing patientsto the clinics, they would also not be maintaining a presence.

HB also highlighted a problem that SA had brought to her attention, where there had been 40 requests for acute appointments one morning and no staff to deal with patients. This dreadful situation had regrettably resulted in patients being advised to ring 111.

SW, who had been unable to attend the meeting, had sent in a list of concerns which had been raised with her by patients.

Obviously, SA was not at the meeting to reply, but HB had spoken to him earlier and raised these points:

The first, was the inability to get appointments. SA was well aware of this and was working to improve access.

The second, concerned lack of privacy when at the Reception Desk and being asked personal details concerning ailments when others could easily overhear. SA suggested that any patient could ask for a pencil and paper and communicate their answers to questions in this way.

The third was that a certain doctor was difficult to understand on the telephone. SA suggested that if this was the case the patient should request the doctor concerned to pick up the receiver and not use ‘hands free’. This usually made things clearer and easier to understand.

SW had also reported that complaints had been made about one particular doctor being offhand and rude, but this could not be addressed as the doctor was not named.

JF commented that it would seem the staff were doing their best to deal with an extremely difficult situation and were striving to return to normality.

HB had raised with SA the fact that patients had highlighted how difficult it was to geta face-to-face appointment. SA said that if anyone was over the age of 70 years, they were entitled to ask for a face-to-face appointment and should be given one. Every effort was being made to increase the availability of this type of appointment, but with a shortage of doctors it was extremely difficult.

Regarding Push Doctor, HB had looked into the steps involved. Firstly, it appeared a patient had to register, then enter their surgery name and at this point Push Doctor acknowledge that the surgery was registered for the service. There appeared to be a pool of doctors available and a patient makes an appointment, having downloaded the app from the App Store/Google PlayStore, and then speaks to a doctor about their problem. JH mentioned that in order to prescribe effectively and safely the doctor would have to have access to the patient’s history and BH said that as you could log in with your NHS number, it would seem that the doctor would be able to see all records. HB confirmed that she would clarify this point with SA.

**4. Treasurer’s Report:**

JR reported that finally the necessary documentation had been completed to the satisfaction of the Bank and she was now officially Treasurer. No activity had taken place on the account and the balance was as before at £491.24.

JR added that she had been trying to obtain a Debit card for the account, as the previous Treasurer had had, and had been sent a set of forms. It appeared that a record had to be provided that the PPG were in agreement that she should be given a Debit card.It was therefore recorded that this PPG meeting on 11th November, 2021, had unanimously agreed that Jenny Randall (Treasurer) should be given a Debit card for The Cottons Patient Participation Group account.

At this point the Zoom time ended and members redialled into the meeting.

JF reported that during Covid LPEG meetings had been suspended. The CCG had now decided not to bring LPEG back in the same form. It’s role in future would be to gather information from PPGs in its area, regarding health services and how they affect PPGs, and then present this to the CCG. At the present time this reorganisation was in the pipeline and confirmation of exactly how this would work was yet to be given.

**5. Any Other Business:**

There was no other business.

**6. Date of Next Meeting:**

HB reported that SA had informed her that the next PPG meeting could be at the Practice and there would not be a limit on the number attending. SA had also suggested that he invite a Partner to attend and the meeting thought that this was excellent news. The two dates proposed were 20th and 27th January, 2022 and HB suggested that members pencil in these dates and we would comply with whichever date was most convenient for the Partner and SA. Notification of the chosen date would be sent out later.

HB thanked everyone for attending and wished them a Happy Christmas.

These minutes have been recorded for accuracy purposes only.