Minutes of the Patient Participation Group Meeting held in the Meeting Room at The Cottons

Medical Centre at 6.00 p.m. on Thursday 24th March, 2022

**Present:** Dr. H. Perera, Sam Adams (SA) Practice Manager, Helen Boto (HB) Chair, John Fryatt (JF) Vice-Chair, Janet Harper (JH) Secretary, Kate Dawson (KD), Ann Rooney (AR), Ann Robinson (AR),

Inga Bain (IB), Patience Brown (PB)

HB welcomed everyone to the first ‘face to face’ meeting of the PPG in two years. She introduced Dr. Perera, who had very kindly agreed to come along and would endeavour to attend meetings in future where possible in order to liaise between doctors and the PPG.

1. **Dr. Perera Introduction:**

Dr. Perera gave a short background covering his 24 year career in medicine. He had been a GP in Cambridgeshire for 16 years before coming to The Cottons in July 2020. Since joining he had recruited as Partners, Dr. Swati Negi, who was a long-standing East Northamptonshire doctor and

Dr. Adelaide Owusu, who was a doctor from another surgery in East Northamptonshire. Together with Dr. Peat this meant that the Practice now had four Partners and it was hoped that when Dr. Wendy Hakeem-Habeeb returned from maternity leave she would also take on a Partnership role.

The Partners were operating on a three-quarter time basis, as to undertake full-time in the current climate put an enormous pressure on them and often caused ‘burn out’. It had to be remembered, however, that all the doctors actually worked many more hours, logging-in on their computers during evening hours and catching up with admin work at weekends. The reasoning behind having so many Partners was that each would have a vested interest in the Practice being a success.

At a later date he thought that it would be beneficial to give the PPG a short overview of a day in the life of a GP, with the intention of giving an insight into the amount of administration and other clinical work undertaken besides actual appointments with patients.

Dr. Rotimi Oluniyi remained as a salaried GP.

The Cottons ideally needed another GP, however, and whilst every effort was being made to find one, it was an almost impossible task. The country in general was 4 – 5 thousand GPs short and those who were available in the main chose to work as Portfolio GPs, doing online work (such as Push Doctor) where appointments with patients were longer and the pressure was not so great. Their pay and fringe benefits were excellent and it was simply an easier life style.

Two nurses who had left have been replaced by two new nurses, one fresh from training and the other from Kettering Hospital.

Unfortunately two Nurse Practitioners had left and only one had been recruited, Nurse Lorraine Lewis, who was a very experienced Community Nurse. Her responsibilities were exclusively for housebound patients and the eight nursing and care homes for which the Practice was responsible. It should be noted that this number of homes was an incredibly high number for a Practice to cover and the remuneration for this in no way reflected the workload. By using Nurse Lewis in this way a great workload was lifted from GPs, although they were, of course, always available if she needed assistance and advice.

A full-time Reception Manager had joined, Mr. Paul Hobbs, whose background was Customer Service. Receptionists/Care Navigators filled a very difficult role, often suffering abuse. Their role was to steer patients to the relevant clinician and the questions they were required to ask were designed accordingly, as often it was not actually necessary for a patient to see a GP. Patients would notice that the Reception staff had been expanded to include male members.

Patients would be delighted to know that as from May/June telephone appointments were being further reduced and ‘face to face’ appointments would be increased. Doctors did appreciate patients concerns about telephone appointments and they also felt the need to physically see patients. He felt that for many the usefulness of telephone appointments was coming to an end.

Regarding flu vaccinations, the doctors were very keen to avoid giving them during the working day and were planning a number of Flu Vaccination Clinics at weekends when Partners could take turns to attend with nursing staff and so spread the workload.

PB asked if it was the intention to combine any Covid booster vaccination with the flu vaccination and Dr. Perera confirmed that this would be the plan, if at all possible.

Regarding leaflets lying about the Surgery, he felt that this was not generally desirable as they were handled by many and in the current climate this was to be avoided. Where necessary appropriate information/leaflets could be printed.

Dr. Perera emphasised that he viewed the PPG as a body with whom doctors could collaborate in order to improve services at the Practice and receive feedback from patients. It was not, however, a platform for complaints. There was a process for complaints and he acknowledged that in some cases complaints were justified. He felt the success of an organisation rested on having capable, efficient staff, with whom there was a good relationship.

HB thanked Dr. Perera for joining the meeting and being so open and communicative.

1. **Apologies for Absence:**

Jenny Randall, Gwen Cooper, Mary Mannion, Sue Wathen, Ruth Stokes

1. **Minutes of Last Meeting:**

These were accepted as a true record of the meeting held on 27th January, 2022 by Zoom.

1. **Practice Manager’s Report:**

SA reported that the number of patients now stood at 10,285. There had been 84 DNAs in the last month and overall there had been 3,504 appointments. 2,061 of these had been with GPs and 1,758 had been ‘face to face’. It should also be noted that 1,329 of these had been same day appointments.

The new telephone system was cloud based with everyone having their own line, which enabled SA to see how many calls were queuing and when Reception was inundated there was the ability to redirect calls to other members of staff. In the last four weeks there had been just under 20,000 inbound calls.

There had been 3 complaints in the last quarter, mainly relating to communication problems and these complaints had been resolved.

Two clinical systems were used by hospitals, clinics and doctors, either System 1 or EMIS and as from 20th June 2022 the Practice would be using System 1 in an effort to come into line. It was possible that initially there might be a few teething problems, but ultimately it was hoped that sharing of information would be easier. These systems are funded by the CCG.

SA drew attention to the fact that the Practice had a new website, which the meeting felt was a great improvement.

Push Doctor was proving to be useful with 187 appointments being taken up last month. There were approximately 20 GPs who could log into our system and they would have access to the patient’s notes and could prescribe medication but not make referrals. This is an extra service the Practice has paid for to provide further appointments to patients to help while further recruitment is ongoing. SA also referred to the Hub (Harborough Fields Surgery, Rushden) which is another service provided by PCN (Primary Care Network) that The Cottons and another 8 surgeries are included in over East Northamptonshire. Each surgery is provided with further GP/Nurse/Paramedic appointments via this service. At times patients may also be offered this service.

A request had been made regarding the Annual Medication Review date appearing when a patient logged in to order a repeat prescription. SA had approached Patient Access who had said that it would be necessary to talk to EMIS, who deliver our current clinical system. The problem had then been raised with EMIS, who also could not solve it. They had now informed SA that the problem had been referred to a higher level.

HB highlighted an issue with a patient who had booked a double appointment with a specific doctor and when the time came had not been able to speak to the named doctor. SA said that he was aware of the case referred to. The Patient had booked an online appointment which they thought was with a female doctor, but had in fact been booked with Dr. Perera. The appointment had been moved to a female student doctor who was overseen by Dr. Perera.

HB referred to earlier meetings when SA had said that patients 70 years and older were able to have ‘face to face’ appointments with GPs and said that this was not being adhered to by Receptionists/Care Navigators and patients were being told that this was not possible. SA made a note of this problem and undertook to speak to the Reception Manager.

AR made the point that patients could only telephone and book an appointment on the day and bookings for later appointments, perhaps for a week or two in advance could not be made. SA replied that these appointments could be booked online. PB pointed out that some patients who did not have computers could not do this and in any case many older patients found using computers difficult. SA understood this and would talk further with the Partners on how we could adapt going forward.

Regarding the 4th booster Covid vaccination SA confirmed that certain patients were eligible for vaccination already, but vaccinations had to be 180 days (6 months) from the date of the 3rd booster and were being administered locally at Nene Valley Surgery and Harborough Fields as well as other centres. The Practice would be delivering vaccines to our patients as soon as they were able and vaccine stock was available. As Dr. Perera had said, it was hoped that boosters could be given at the same time as flu vaccines, but this did depend on availability, which was not in the control of the Practice.

HB said that in the past the PPG had held raffles at flu clinics, but this did not seem appropriate or possible if there were to be quite a number of clinics run. The PPG could, however, conduct a Survey, but the doctors would have to decide what questions they wanted asked patients.

She added that there was still money from previous raffles that could be used by the Surgery if they decided on something that was needed.

HB drew attention to the fact that that day she had checked online and there were no GP appointments for a month. SA replied that there were a certain number of appointments which had to be given to online booking, but the problem was that the minute they were made available they were snapped up.

JF remarked that many members had concerns that whereas in the past on Patient Access you could see in detail your consultations and letters sent, now it was only a very brief outline. SA replied that this was due to a CCG instruction at the beginning of the pandemic because patients were seeing recommendations and medications before they could be actioned. As from next month the detailed information would again be displayed and would continue to be added in the future. However, there was still no date for allowing display of historic information.

JF raised several points which were basically about communication. He drew attention to the fact that in his own case, after seeing a Consultant a prescription for him had been arranged, but he was unaware of this fact and had only found out when going to the pharmacy for another matter. It would be helpful if, in such circumstances, the patient could be informed of what had taken place.

He also mentioned that when looking at his own information online, he saw that a consultation had taken place and the words ‘statins declined’ were recorded on his notes. He had not, however, had an appointment on the day stated for the consultation, nor had statins ever been mentioned. He asked what could be done about this obvious mistake. SA said that it would seem to be that a mistake had been made and he would rectify this.

JF also raised the point of prescription items being marked as ‘rejected’ with no reason for rejection. SA said there should be somewhere for the doctor to put in an explanatory note and he would investigate.

It was agreed that these points were communication issues, and that it was an ongoing task to improve this area.

1. **Report from Chair:**

HB reported that most things had been covered already in the meeting.

She reiterated that the PPG needed to know what the Practice wanted to ask patients if they wanted a Survey conducted.

JH asked if only one Nurse Practitioner had been recruited, and she was exclusively for housebound and Care Home/Nursing Home patients, what happened to ordinary patients who did not need to see a GP, but could have been dealt with by a Nurse Practitioner? SA replied that Sandra Cox, who had been at the Practice for many years was a Nurse Practitioner and also one of the staff who had left was providing cover for one day a week.

SA added that the international GP, Dr. Ligia Costa Rocha, would be fully fledged and operational in the Summer, which would make more appointments available. Dr. Negi was also keen to take on Registrars, which had been Dr. Shah’s role when she had been with The Cottons.

In time it was also planned to create two more Consultation Rooms at either end of the extension and a connecting corridor between the old building and the new extension.

Extra appointments were also available through our PCN (Primary Care Network) of 9 local surgeries. These were at the Hub Practice at Harborough Fields and were available with a GP, Paediatric Nurse, or Paramedic and were until 8 p.m. weekdays and on Saturdays until 12 noon. The Cottons were entitled to only a small number of appointments as availability had to be shared with the other 8 Practices in our PCN.

If an appointment was not available at The Cottons on the day one was requested, then if one was available at the Hub it should be offered, also Push Doctor should be mentioned. Registering with Push Doctor was simple and the website was [www.pushdoctor.co.uk](http://www.pushdoctor.co.uk)

The Practice aimed to have 4 GPs working on any one day and it had to be remembered that these GPs had to complete all the additional administration work as Locums did not undertake this. There were also still staff absences due to Covid to be overcome.

1. **Report from ENPA (East Northants PPG Association):**

JF recapped that this association had replaced LPEG, which had been abolished by the CCG.

The objective of the new independent group was to represent problems that PPGs in their district were experiencing and take them forward to the CCG. There would be questionnaires circulating requesting people’s thoughts and opinions. The next meeting of ENPA was due on

7th April, 2022.

1. **Any Other Business:**

JF highlighted a patient who had many complex medical needs and who saw many different doctors, each time having to recap his problems. SA agreed that in a case such as this a note should be put on the patient’s details and every effort should be made for him to see the same doctor in order to promote continuity of care.

1. **Date of Next Meeting:**

It was agreed that the next general PPG meeting would be at 6.00 p.m. in the Meeting Room on Thursday, 19th May, 2022. The AGM, which would be very short, was set for 6.00 p.m. in the Meeting Room on Thursday 23rd June, 2022.

These Minutes have been recorded for accuracy purposes only.