

Notes on Price's Mill Patient Participation Group (PPG) Meeting 11.00 on 5th May 2022 on Zoom

1. **Present.** Stewart King(chair), Marilyn Miles (secretary), Angie Spooner, Maggie Rogers, Suzi Colley, Dr Andrew Sampson, Paul and Betty Young, Jennifer Skillen, Maggie Bryant
2. **Apologies** Richard Easthope, Mike Kelly (NTC representative). On 1st July Richard contacted Marilyn to say he wished to step down from the PPG
3. **Notes of previous meeting 16th September 2021.** Accepted.
4. **Matters arising not covered by the agenda**
 - a. Stewart King had contacted the local MP Siobhan Bailey about league tables in relation to face-to-face meetings with GPs. He also raised the assisted dying bill - a personal concern at the time. Unfortunately her response had been mostly about that and not about the main item.
5. The piece prepared by Stewart King on 4th May for this meeting is in appendix 1.
6. **Updates from Price's Mill**
 - a. **Staffing.** Since September Dr M Yerburgh has retired and 2 new partners arrived. Dr Alison Morris had come from Wiltshire and Dr Clare Kingswood who had trained with price's mill had also join the practice as partners. Nurse Karen Brown had retired and the new one is due to start in two weeks. Dr Meikle is now back from long-term sick but was doing fewer sessions than previously
 - b. There is now a three week wait for a routine GP appointment – last month it was four weeks and the aim is for two weeks – but patients will always be seen on the day if they need is urgent. This is a typical wait time across the country although there is a wider range for patients being able to see their preferred GP face-to-face on their first appointment
 - c. Demand is still very high – the highest Suzi Colley has ever known – and higher than the last meeting. Not only is the demand for requests for appointments higher but also this has additional administration and there are also queries to deal with. The patient list has stayed stable at 9200. This obviously has an impact on the surgery. Dr Malins recently met with the MP about the waiting list for seeing consultants in secondary care
 - d. The Gloucester hospitals have recognised this problem and have now set up a separate patient line where queries can be dealt with. Sometimes a referral is not triaged for two months after referral and if patients are not aware of this it causes extra anxiety.
 - e. The surgery is holding interviews soon for additional reception hours.
 - f. Feedback from friends and family reviews are good – there have been some complaints but no increase. Generally that the practice team is working well but there is no doubt they feel overwhelmed.
 - g. The new website is encouraging patients to use an email system rather than ring the surgery but this is taking time to bed in. There is a need to tweak some aspects of the website e.g. some of the forms.
 - h. The CQC is not expected to come for a bit. They have changed their system of inspections and they're now done on a random basis. Practices are expected to send monthly certain information and if any of these results indicate a change

this could trigger an inspection. Practices are given feedback on these monthly returns. Inspection could also be triggered if there was a safety concern.

- i. Shortages of medication for example HRT. Dr Sampson said that intermittent changes in demand and supply were not unusual and doctors will prescribe very much in mind of stock levels. The fact there is no full-time pharmacist at Lloyds and they take longer to answer phone is a problem. There is no hotline available between the surgery and the pharmacy. There is a pharmacy advice website which doctors can use to track out of stock medications. Supply of low stock medications sometimes takes time to rectify
 - j. Covid vaccinations. Those 12 years old and others eligible have been invited to booking at the Beeches Green clinics which will run for another two or three weeks. All eligible patients have been offered a spring booster. Recently a number of staff have been off in isolation but this has now eased. They have been able to maintain infection control at the surgery so these cases are likely to be from community transmission rather than from within the surgery.
 - k. Social distancing requirements have been removed but the convention to wear face masks will still remain and clinicians will use PPE as required. Five patients in Stroud have been diagnosed with Covid in the last 24 hours and on the whole they are mild. However self-testing is not as great so is not surprising. There have been no deaths from Covid for many months.
 - l. Angie Spooner asked about level of missed appointments and Suzie said that they were about the same. They still send reminders and confirmation at the time of appointment.
 - m. Jennifer Skillen question did not hear
 - n. Paul Young not hear question.
 - o. Paul asked whether it would be possible for those under 75 who lived in Woodchester Valley Village could have vaccinations as there was a lot of mixing within the village between those who were older. The PCN is not able to override NHS England criteria so the practice has no room for manoeuvre.
 - p. Betty Young asked about the long delay between verbal communication given by the hospital at the time of an appointment and written confirmation to the patient and the surgery. This sometimes does not happen at all or is very late. Jennifer Skillen who sits on personalised care committee as an expert by experience said the lack of the ability to set up electronic prescriptions in secondary care was an additional complication
- 7. Stroud & Berkeley Vale network group** . Jennifer Skillen attended. she said the highlight was the suggestion that PPG should publicise where local cPADs were located
- 8. County PPG meeting.** Stewart King attended. Main item was integrated care system. They have set up citizen panels and overall aim is to reduce health inequalities. The CCG is trialling a survey that PPGs can use and will be available at the end of April. The next county meeting was 20th of May
- 9. Pharmacy services at Lloyds.** Stuart King has tried to speak to the manager at Lloyds in Nailsworth without success. Jennifer Skillen has emailed the CEO of Lloyds. In the past she has been in touch with the regional manager and for about a year this was better. However, this line of communication seems to have come to a

full stop. She has written again last week. An asset management company bought Lloyds in early April. They have had huge losses in recent years. They acquired Echo an online pharmacy company a couple of years ago. The local branch will now close permanently for lunch. The surgery has contacted the area managers over the years but despite their feedback nothing seems to change. The manager at the Old Market branch feels they do not get the support they need. When the surgery send electronic prescription, once downloaded they don't seem to be able to deal with them. Patient can get a barcode which might help. Lloyds have a new system software and are currently working with both systems. Jonathan Duckworth has offered to go in and review their processes as he has worked in retail in the past but this offer was turned down. The practice has looked at having a pharmacy at the surgery but this is not viable as the costs were too great. The NHS does a five yearly review of pharmacy services and the last time it was done was before the George Street branch closed. Subsequent to the meeting, Marilyn sent round the most recent survey and all are encouraged to complete it. Paul Young says that was Woodchester Valley Village have signed up to a paid delivery service so all the medications get sent delivered to the central point. They had been offered the Echo service but they felt as it was dependent on the post and the chosen system was more unreliable. We agreed to watch this space closely

10. Any other business.

- a. **NAPP.** Stuart reminded us that our membership had expired. The surgery agreed to pay the subscription. Stuart feels we could use the services of NAPP more than we do
- b. Stuart asked about the new GP contract – the current one ends in 2024. The BMA view is that the new contract does not address increase demand and workload. The changes have not been agreed by negotiation team of BMA. Price's Mill is in agreement with the BMA view. In terms of finances, the income has increased by 3% but this does not reflect the recent cost of living increases and inflation. Staff have had 2.1% increase in pay – individual practices and independent contractors can choose what they pay their staff.
- c. Enhanced access this is part of the new requirements. Practices are required to have an early morning and evening GP appointments up to 8pm and some Saturdays from 9 am to 5 pm. Our local PCN – Stroud Health – is working together on providing this service as it is nonsensical for all surgeries to open for extra hours when there is little or no demand. In addition more money is being transferred to the PCNs rather than directly to practices. Suzi said that if more hours are needed in the contract this is difficult as there is no extra money and all services are being provided with the existing workforce. The CCG is looking at local demand for PCN e.g. Saturday afternoon surgeries when there is no x-ray or lab services. Angie asked about how handover worked if “extra hours” appointment were with a different practice within the PCN. Dr Sampson said that they try to ensure a patient is seen by the right person the first time round.

11. Future meetings. We have three meetings a year and have benefited by having a GP and Suzi Colley at each meeting. Feedback has always been good but we realise that we are not necessarily reaching a diverse group of patients. Stewart suggested that we

invite members of local groups e.g. play group to send representative. Jennifer praised the practice Facebook page but recognises that not everybody has access to the Internet nor wishes to use it. Her previous practice had a blog. She wondered whether some basic information about the PPG could be printed off, laminated and perhaps put on the noticeboard and on the coffee table in the waiting room. Maybe the minutes of the PPG could be kept in a folder for people to browse when in the waiting room. Because of Covid there is less paper and leaflets for browsing. Agreed that Jennifer and Stewart would get together to look at things. There was a suggestion that we could have a question about the PPG every time someone fills in the friends and family test questionnaire. There may be other ways of canvassing opinion. Suzi said that in the new contract there being us to add 1 free text questions in the FFT. Jennifer offered to analyse any free text answers on behalf of the practice.

12. Date of next meeting to be held in September date and time to be negotiated nearer the date

Appendix 1

Thoughts from Stewart King on Price's Mill PPG – 4th May 2022

- into the views of those who use the practice
- organising health promotion events
- regular communication with the patients registered with the GP practice

We logged some important points at our last meeting:

- PPGs work in different ways across the county. This reflects the fact that practices work in different ways and the relationship between practice and PPG varies too. There is no standard 'best practice' model
- It is important that PPG communications:
 - Supplement those of the practice otherwise we risk creating confusion
 - Never stray into areas that could be construed as expressing a medical view
- Our overall current position is a healthy one in many ways:
 - Feedback from patients (ref. the 2021 GP survey) is very positive
 - The PPG has benefited from Marilyn's connections and visibility
 - Complaints are low
- Communications from the practice, especially via Facebook, are excellent
- But there are some challenges:
 - The PPG is not very representative of the patient group as a whole e.g. age profile
 - The PPG is Nailsworth-centric and 40% (??) of patients do not live in the town
 - Communications are over-reliant on Facebook??
 - There is certainly more that we *could* do

A Proposal for discussion

My suggestion is that we aim to have 3 levels of participation in the PPG

- A 'core group' that meets regularly with the practice
- An advisory group, mainly of voluntary bodies. I am not envisaging this as a group that would normally need to meet but which we routinely 'prod' for feedback so that health issues feature in the items they consult and communicate with their members on.

- A wider group of patients to whom we circulate information and updates

I am intending to set up a PPG email address to which more than one person can have access. I don't favour a PPG newsletter. As a rule I think we should be directing people to the practice website and FB and we do have Nailsworth News.

Development of Price's Mill – some thoughts for discussion

Following the discussion at our last meeting I thought it might be helpful to put a few thoughts on paper.

As a further reminder, GP practices are required to have a PPG whose role includes:

- being a critical friend to the practice
- advising the practice on the patient perspective and providing insight into the responsiveness and quality of services
- encouraging patients to take greater responsibility for their own and their family's health
- carrying out research

Marilyn Miles 21st July 2022