

Notes of Virtual PPG Meeting – 20th April 2022

Attendees	Ian Gutteridge, Stella Gutteridge, Richard English, Penny Hipkin, Kathy Foley, Malcolm Powell, Colin Johnston, Julia Bateson, Chris Acton (Primary Care Partnership)				
Apologies	Karen Goult, Rachel Seakins, Pat Simpson Theresa Banks, Jane Chase, Ann Lemmon				
Welcome	IG welcomed attendees and thanked them for their time in attending the meeting.				
Minutes	The minutes of the previous meeting were taken as read				
Matters Arising	KF advised attendees that the Mjog messaging issue had been resolved. Simon Temple had spoken to member Richard English about the messages that he had received, and this had helped him to identify the problem.				
Note:	<p>RE has confirmed that the messaging is now working as it should with links being to the correct NHS system</p> <p>KF had investigated the issue regarding blood test results as highlighted by IG at the last meeting. She was unable to identify what had happened in the instance raised but advised the meeting that patients should receive a text message advising them that their results are available to view online or alternatively that patients could contact the surgery to be told of the results.</p> <p>MP raised a query as some patients might not receive the text. JB suggested that a number of messaging services (such as WhatsApp) show a notification that the message has been read and the surgery system could incorporate this.</p> <p>KF advised that due to the volumes involved it would not be possible to individually contact each patient by telephone to make sure that results had been communicated each time.</p>				
Treasurer	<p>SG reported the balances remained as previously reported. IG reminded the meeting of the figures: -</p> <table><tr><td>Reserve account</td><td>£ 72.99</td></tr><tr><td>Current account</td><td>£676.72</td></tr></table>	Reserve account	£ 72.99	Current account	£676.72
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Practice Update	<p>KF advised the meeting that:</p> <p>The workload remains high.</p> <p>The new GP (Dr Kalil) starts in May and he will be working four days per week.</p> <p>Dr Wordsworth is working for the practice as a locum and will be joining the team on a permanent basis (2 days per week). He has other commitments now, but it is hoped that he will be able to increase his hours over time.</p> <p>Admin staff continue to be recruited and advertisements are still out.</p>				

The new GP contract has been circulated and the practice is looking into its requirements and how these can be met.

The PCN (Primary Care Network) is growing and widening its activities. The practice is looking to help patients by developing a new strategy so that tests can be offered at the same time (Example blood tests and BP) to save repeat visits.

Two staff are currently away from work due to COVID

Face to face appointments are available and telephone and video consultations are available too. PH asked how many consultations done in each category. KF advised that they generally split into thirds.

There was some discussion around the type of appointments that are needed, and members felt that whilst some need to be face to face, telephone and video consultations are also suitable for some patients and situations.

IG asked whether all appointments are continuing to be arranged by phone and KF confirmed that they are currently, but it is hoped that online appointments for some services, where feasible will be made available again in the future.

Note:

(RE has confirmed that he has been advised separately that appointments, other than those with GP's can be booked online).

The practice is now targeted with offering appointments within two weeks and this target is being met.

The practice is also able to use the Livi (telephone) GP consultation service. This is currently being funded by the CCG and gives extra capacity to patients that are happy with and suitable for remote consultations. It was noted that this service is advertised to the public at a cost of some £39.99 per appointment. (Referrals to Livi through the practice do not involve direct cost to the patient).

PH mentioned that she had very good interaction with the practice recently. A very good response and her needs were met very well. She thanked the staff for the attention received.

For balance MP mentioned that his recent contact had not been satisfactory, and he felt that his issue had not been handled very well. KF took the details and will look into the issue that could help in identifying training or other needs. MP reported that despite the initial problems he had eventually seen Dr Wordsworth and he is very happy with the attention received.

New Build

Chris Action said that he wanted to check in with members and asked whether the group was up to speed with developments. IG summarised the update given by KF at the last meeting (See minutes) and CA agreed that this was a good summary of the situation.

CA mentioned that the tender document is ready and that a long list of potential contractors had been made. He asked whether members had any

knowledge of / connection with Carter Construction as he was aware of their capacity to handle large builds. It was noted that they are presently involved with some work at the QE. At present three companies have said that they will tender for the contract.

VCA asked whether any members could suggest other suitable contractors and members agreed to think and advise IG should any possibilities come to mind. (MP suggested Lovells as they have built a large number of properties locally recently).

CA advised that the budget is being seriously affected by inflation in the construction industry and whereas initially it was thought that a cost of £1950 per square metre would be sufficient it now looks like the cost will be £3,000 plus per square metre.

It is still hoped that tenders will be in by the end of May and builders will be on site by August / September.

There is one challenge as part of the process is to get a figure from the district valuer. This is a necessary service for publicly funded contracts and the works is done by a surveyor funded by the CCG. The valuer that has been appointed has, so far failed to provide the necessary figure and this is putting the project at risk.

Members agreed that this is an issue that is of great concern. A discussion ensued as to the best way that members might be able to help move things on. The outcome of the discussions was that members agreed that IG should write to the local MP (James Wild) copying in the CEO of the CCG to see if this might assist.

IG said that he would draft a letter and circulate it to attendees for approval.

CA thanked members for their help and said he would catch up in a month or two.

QE Update

PH advised the meeting:

The hospital is opening a new eye unit in mid May

A new electronic prescribing system is in use following receipt of funding. This allows staff to order drugs electronically and allows access to blood test results. It is felt this will speed up and improve the service to patients and achieve greater efficiencies for staff and the hospital.

A new cancer care patient system has been introduced that is run by non-clinical staff. It centres on assisting patients financially, with relationships and their general wellbeing.

There are 100 + patients in hospital with COVID.

IG asked whether the hospital had any thoughts about the number of patients & continuing deaths set against the general advice that the current variant is less severe and the vaccination programme has been so successful.

PH said that most patients have other serious conditions, and some come in with these and then test positive for COVID. It is felt that a lot of people that have sadly passed away are dying with COVID rather than from COVID.

It is possible that visiting may be allowed on a restricted basis soon.

Masks will still have to be worn

There are still problems with a lack of beds and with discharging patients.

These issues are being addressed and a new “hospital at home” initiative has been launched in conjunction with Homelink Health Ltd. This initiative allows patients to be discharged home where previously they would have had to stay in hospital to receive the treatment / care needed.

Staff are still exhausted and the challenges in the A & E dept remain with some patients turning up at the department saying that they can't get a GP appointment and for very minor issues.

The hospital now triages all arriving patients and refer some to the onsite GPO service. Rather than taking them in to A & E. This is saving around twenty-five patient attendances daily.

KF flagged that there is still a lack of cooperation from the hospital in terms of utilising spare capacity for various services and procedures in the community. As an example, SJMP has capacity in the endoscopy unit that could be used to reduce waiting times for these important diagnostic procedures. There are other examples too. She has been in touch with senior management at the hospital without success.

RE suggested that the PPG should contact the hospital highlighting its concerns about this as failure to use all local services could have a serious impact on patients.

PH agreed to email senior staff (including the CEO) at the hospital as part of her report highlighting these concerns and asking for greater cooperation between secondary and primary care services. She will send a draft to IG for comment initially.

The meeting thanked Penny for taking this on.

AOB

None

There being no other business the meeting closed at 19.20.