

Minutes from virtual PPG meeting Tuesday May 18th, 2021 12.30

Attendees

Joan Fletcher (chair), Susan Smith (Practice Manager), Erica Cross (note taker), Barbara Pace, Sue Strangeway (SStr), Graham Ward, Karen Berry, Ruby Watson, Dr Barathan (GP), Gary Jenison, Asha Singh, George Hinson, Susan Wardlow

Apologies – Hilary Chester, Stuart Curwen

EC - welcomed everyone to the meeting as JF had problems dialling into the meeting

SS - invited AS/GH/GJ to the meeting to speak about their roles within the practice

AS - Introduced as the community link worker delivering patient support in a non-medical capacity looking at patient welfare. The Haltemprice team now have groups up and running e.g. bike library where bike hire is available as well as bike maintenance, walks around the area with different levels to try and encourage people to get active. Contact details to be sent to EC to circulate with PPG minutes

GJ - introduced as the health trainer who looks at needs 1:1 personal support, healthy lifestyles etc. It is a free service for over 18 years of age for 6-8 sessions, it is a nonclinical intervention and anyone from the practice can refer to this service.

BP - asked if the pain exercise groups were resuming

GH - responded that the funding has been stopped for this class, but he can signpost people to alternatives

BP - commented not great if you're over 80 and don't drive

GJ - can sent out a list of resources available practical support, exercises etc

GH - stated that there is community transport available

GH - introduced himself as a Mental Health wellbeing coach – a new service, there are 7 coaches across the PCN, it was set up by Humber and is still in the transformation phase but is the link between primary and secondary care. The service is aimed at low to moderate mental health to give low level support and get support quicker for people with panic, loneliness, stress, anxiety and sleep problems – referrals come from GPs and patients can have up to 8 sessions either via telephone or virtual, face to face will be starting soon. Asha, Gary and George work together and encourage client led sessions with clients setting their own goals. After 8 sessions they can refer up the service if necessary

SW – will send out contact details (see added after the meeting concluded)

JF – arrived at meeting and took over thanking EC for standing in

Previous meeting minutes agreed no amendments required

Practice Update

SS – Dr Key is now on maternity leave until March 2022, Dr Koshy has left, Dr Jefferson leaves in June. A new GP who will be working 3 days start date TBC. Julie Platts new admin started in Feb. An

advert is on NHS jobs for 2 admin staff and for a full-time advanced care practitioner. Amanda Goode is leaving.

There is a review of the telephone system from Humber IT and are looking into the promotion of the 111 service. SS stated some patients are using the 111 service but requested further promotion of the 111-service promotion by the PPG. The phones are busy with patients calling about Covid vaccinations. Patients need to contact the national booking system (not the surgery directly) to book their 2nd vaccination and patients will be able to book appointments for the community hall through the national system.

Friends and family test – April had 334 responses with 234 extremely likely to recommend the practice and 62 likely additionally there were positive comments about the staff.

Improving access – in April there were 101 improving access appointments and 43 push doctor appointments

The surgery facts and figures are now on the practice website, other staff from Humber are now supporting the practice i.e. different clinicians

SStr asked when face to face appointments will be resuming?

JB – working with the trust to formulate a plan, there is a telephone triage in place and there has been an increase in availability of face to face appointments if the clinician thinks it is necessary and there is capacity but it is changing all the time.

JF asked if this was the same for all the Humber practices as all have different demographics etc.

SW – explained that face to face appointments didn't stop during Covid – blood tests, HCA's appointment etc continued. A clinical telephone call is made first to see if there is a need for a patient to come into the surgery and then they would decide clinically if they need to be seen. We don't know what impact the Indian variant will have but face to face appointments never stopped.

JF asked whether there were as many GP appointments during the summer

SW stated that if patients need to be seen face to face there would be a full telephone consultation and then bring the patient in for a face to face consultation if there was a clinical need.

JB commented that face to face consultation does not always mean that it will be the same GP who has done the telephone consultation this is due to availability of appointments, but the total number of appointments remains the same. There has been an increase in availability to book the same GP that does the telephone consultation.

BP asked if there was any communication regarding the 2nd dose of vaccine

SS – replied that all patients need to be self-booked now via the national database

GW – stated that he wasn't not sure that SW answered the question about why the trust treats all practices the same?

SW stated that every practice is different, every patient is different and a telephone consultation with a clinician who will decide

JF asked if there were any rules on demographics

JB responded stating it was not up to the reception staff to decide who is to be seen face to face, there are many logistics to be considered when bringing patients into the practice – e.g. waiting room capacity etc. As a group they are trying to come up with a team approach.

SS – Telephone or video consultations are fine for some patients, but it is based on a clinical assessment

JF asked if there were any further developments following Cllr Hemmerman`s comments on Facebook

SW – Humber are dealing with this situation directly and with all the relevant parties. Patient concerns need to be in a written format and a full investigation and response will be given by Humber.

JF – reported a comment by a patient – could the holding music be a little more cheerful and asked the length of time it takes to speak to a receptionist?

GW asked what the average wait time currently is?

SS – stated that she didn`t have the average wait time data available. 7423 calls were answered in April, need to be mindful this is only a small part of what we do. We are extremely busy, and patients should be using other routes, calls are increasing, we are doing our best, we do have other jobs to do.

GW – stated that he appreciates that they have other jobs to do however, the average patient`s yard stick is how they feel, how long they must wait for a call to be answered. At his mother`s surgery with similar demographics on average there is a 2-minute wait for a call to be answered – why is it different at Market Weighton? He stated that he couldn`t understand why we can`t see an improvement and as far as patients are concerned it`s all about perception.

SS – stated the surgery is having a meeting with IT which is a large piece of work to look at the setup of the phones etc. Asked for help from the PPG to help get the message out to patients for the 111 service. The engage consult sees about 500 patients per month and there is a need to promote the online services more and to try and change perception by promoting more online services

GW - asked why is it different at different surgeries? And stated it wasn`t a criticism but need to understand what the aims of the practice are and why their performance is different?

SStr- stated that it`s alright promoting online but not always suitable for older people who don`t have that facility. 111 is not the person to ring if you are ill you ring the GP surgery as you want to see a GP

SS – stated that if you ring 111 you will be clinically triaged and directed in an appropriate way, there are other clinicians apart from GPs

JF – asked if the practice were suggesting ringing 111 than ring the surgery

SS - stated that 111 provide urgent medical help with 24/7 contact

SW - stated that if you ring 111 today, they could make an appointment at MW surgery

JF - asked are you suggesting ringing 111 rather than your own surgery?

SW - stated it is an option, if you ring 111, they direct you to the best place.

RW – commented that on ringing 111 if you need to get to an urgent treatment centre not everyone can do that

SW – responded - it's up to you to take clinical advice, they would decide what is the best service for you – the NHS is very complex.

RW – replied that many don't have transport

SW – asked if Beverley lift still in circulation?

RW – stated that if it is an emergency do you suffer in silence and do Beverley lift work at the weekend?

SW – responded 111 would decide and if an ambulance was appropriate it would be arranged

SS – stated that it is about choice there are other options available all we can do is give people choice and options

RW – stated the choice of a face to face appointment is difficult to get

SS – stated that we are continuing with telephone consultations and the clinician can then decide.

RW – stated that doctors and patients may not agree

GJ - stated we can help with planned appointments – Asha can support community transport

SW - we want to work with non-Humber practices re the telephones and work with ideas

EC - stated that before coming to MW 3 years ago was a patient at The Ridings and never had a problem with getting through to the surgery but had not received the same experience with MW although it may have changed at The Ridings.

GW - gave his mother's practice details for SW to contact

SW - we need to speak to other practices and learn

JF - asked how many FTE GP's

SS - Didn't know the answer (added information after the minutes)

JF - reported that a patient had received a text message from the surgery regarding confirmation of a telephone appointment with the nurse practitioner, it turned out it was face to face appointment and so was missed.

BP - asked if the practice routinely send out service updates? It took a patient took 1.5 hours to get through to the surgery.

SS – stated she would need more information

BP - stated it was for a coil fitting

SS – stated that Dr Mathias left in Feb and all patients affected were contacted and the situation explained

BP - stated the patient never received the information and rang the surgery and was told service was no longer available

SS – responded that they must have slipped through the net

GW – asked a question around urgent clinic referral as a Market Weighton patient got to the x-ray department at Beverley Urgent care centre they found the type of Xray requested couldn't be done there. He also added the comment that both George and Gary stated that there are more staff at the Ridings surgery and asked how was that the case and why did they have more staff?

SW - stated that regarding staffing levels another 2 members of staff have been advertised for

JF - asked was that as a replacement or in addition to

SS - stated that NHS service finder is available for clinicians to use

GW - stated it was specific type of Xray that couldn't be done at Beverley

SS - responded by saying NHS finder does tell what services are available

JF - asked how long it takes for treatment received at urgent care centre to appear on patient records as she was concerned there appeared to be a gap?

SS - stated a few days as the letters go to a centralised Humber team then to the practice.

BP - asked if the practice has a linked profile regarding access facilities etc.

SS - didn't know but would find out

SS responded to GW stating she had looked on NHS service finder and it held incorrect information regarding the type of x-rays performed at Beverley

Meeting closed at 13.50

Next meeting Tuesday 24th August at 12.30 via Teams

AGM November 2nd at 6pm - to be held at the Market Weighton Surgery waiting room

Additional information sent via email after the meeting from Sue Wardlow

Following the PPG meeting yesterday and the discussion about using 111, please could you add to the minutes and refer to the CCG website Choose well section. This is the information that was posted out to all Market Weighton residents some time ago and the poster on the section explains that we know that finding the right place to go when you become ill or are injured can be confusing. This section of the website explains our new urgent treatment services and is just one of the ways we want to help you choose well and stay well in the East Riding of Yorkshire.

By selecting the right service for your illness or injury, you're not only looking after your health but using NHS services responsibly.

[Choose Well — East Riding of Yorkshire Clinical Commissioning Group
\(eastridingofyorkshireccg.nhs.uk\)](http://eastridingofyorkshireccg.nhs.uk)

Also please could we add to the minutes that if patients are wanting to access physio Direct, Community Nursing, Sexual Health Clinics or urgent Dental Care please redial 01482 247111. These services are provided by CHCP and patients can call them direct. Further information can be found on

[City Health Care Partnership \(chcpic.org.uk\)](http://chcpic.org.uk)

Please could we also promote the Pharmacy scheme?

[Pharmacy — East Riding of Yorkshire Clinical Commissioning Group \(eastridingofyorkshireccg.nhs.uk\)](http://eastridingofyorkshireccg.nhs.uk)

You can talk to your pharmacist in confidence, even about the most personal symptoms without an appointment. Many pharmacies now have a consultation area where you can discuss health concerns in private.

Some of the services available from your local pharmacy include help for:

- Sore throats
- Coughs, colds and flu
- Tummy troubles
- Aches and pains
- Red eyes
- Sleeping problems
- Athlete's foot
- Mouth ulcers
- Constipation and diarrhoea
- Earache
- Cystitis
- Teething

It would be great if the PPG could promote these and the CCG website choose well is great. If patients know where to go first time this would reduce our telephone calls into the practice too as many calls we answer are then sign posted to the correct services as above.

I have asked Sue to organise a meeting with you and the PPG to look at the telephone set up and options again.

I also note that you asked for the GP FTE at Market Weighton. The Market Weighton team is a team of multi skilled professionals. The practice has advanced nurse prescribers, pharmacists, health care assistants, practice nurses, community workers including mental health and GP's. The practice is also part of the PCN which have recruited pharmacists and a paramedic to support care homes.

As we are part of the Humber Trust we also promote cross working and have GPs and advanced care practitioners working in Market Weighton from other practices. We also have an additional team of 16 GPs who work in all our practices to cover sickness and holidays.

It seems we are still trying to compare the number of employed GPs to the number of employed GPs in the old surgery. I do not feel that we are comparing like for like and feel we need to better understand the skills of the new workforce and also understand cross working and PCN working. Is this something the PPG can promote?

