

Minutes of PPG meeting on 05.10.21 at 2.30 pm, Cross Road Surgery

Present: Colin Huckle (Chairperson)
Tony Penn
Tomasia Sherwood
Geoffrey Pritchard
Jim Gammans (Dorset CCG)
Kirstie Purnell (Practice Manager)

1. Apologies:

Michael Lidstone (Secretary) and Hilary Lidstone
(Note – meeting was recorded on Zoom to enable Secretary to produce these minutes)

2. Approval of minutes of meeting held on 02.06.21

These were approved by Kirstie and seconded by Tony.

3. Matters arising

There were no matters arising.

4. Update on Covid-19 vaccination programme and winter flu vaccination

Colin and a few other people had volunteered to act as stewards at the winter flu vaccination clinic (for the 65 and over) at the surgery on 2 October. Kirstie expressed her appreciation of the volunteers helping out, especially as it was a wet day. Further winter flu clinics for the 50 - 64 age group to be carried out later in the month, and a final 'catch-up' session on 30 October.

Tony enquired why there were not more doctors at these clinics, and no checking of patients pulse rates as in previous years. Kirstie explained that since Covid, there was not the time or resources for this type of screening. However there has to be at least one doctor on the premises during vaccination sessions.

Tony expressed concern at the reduction of health services, including regular health checks and face to face consultations since the start of the pandemic. This matter was noted.

Kirstie reported that the Covid booster vaccinations started this week at local clinics. Vulnerable patients are given priority, and normally 6 months between

second and booster vaccinations. A number of elderly people had made enquiries before receiving an invitation.

Colin enquired if surgery staff are sent to Weymouth Community Hospital for these clinics. Kirstie replied that there had been a good response for requests for volunteers, and health centre managers have to spend one day a week at vaccination centres.

Jim reported that at another PPG meeting, patients had received invitations to mass vaccination centres at Yeovil and Bournemouth for example, assuming they are happy to travel long distances. In addition, patients are issued with invitations to local clinics via text or phone call. Both Colin and Kirstie felt it was confusing receiving invites on different days for different places, from the NHS, as well as health centres. Jim to raise this issue with PCN. He mentioned that many elderly people don't use texting. Tony mentioned that he had received an NHS invite for mass vaccination centre, but instead was able to visit a centre in Dorchester, far more convenient. Tomasa had an invitation to visit a local clinic in Chickerell.

5. Surgery update and newsletters

Kirstie reported that it had been a turbulent few months, given all the clinical team changes. Dr Bordbar did not wish to remain as a partner, leaving Dr Usher as the sole partner. The CCG do not allow this arrangement, as if a sole partner is off sick, leaves, etc, there is no partner to keep the practice running. Nationally there is a shortage of GP's which makes recruitment difficult.

In response to an advert Dr Clayton who has worked as a resilient GP for a group of practices, approached Cross Road Surgery offering to work as a partner. This was warmly welcomed and he started on 1 September. Dr Steve Clayton is from Stalbridge where he was a single partner for many years, and with a wealth of experience, will be an asset to the surgery.

Also last week a much needed female doctor was appointed, Dr Harriet Quast who will take up her post next January; currently she is a locum GP in Yeovil. She will support the current 2 partners. Kirstie mentioned that the surgery is hoping to interview another doctor this Friday. Over the previous few months, employing a locum GP and advance nurse practitioner has enabled the surgery to function.

Dr Dowling who has not worked at the surgery for some time, has decided to retire from general practice, and will be greatly missed. Also Dr Stone had decided to move to another surgery in Weymouth, and left at the end of July.

Kirstie informed the group of the number of sessions each GP did in a week, a session being a morning or afternoon. If all goes to plan regarding additional staffing, a more normal service could be provided. Tony enquired if there would be more face to face consultations with GPs in future. Kirstie re-

iterated the problem in recruiting GPs, and later in year, the possibility of employing additional support staff, such as physiotherapists, advance nurse practitioners and mental health nurses; it may be more appropriate for patients to be dealt with by these specialist medical support staff. Tony enquired if the surgery had been affected by the shortage of glass vials for blood tests as reported on the national news. Kirstie explained that as we are a small surgery, we have been less affected, but nationally the situation is improving. Also Tony received a letter from DCH for a blood test, which involved travelling to Dorchester, rather than having it done in Weymouth. Kirstie explained that blood tests at the surgery are normally for secondary care, rather than for primary or acute care which would be done at a hospital. Jim referred to the national decline of face to face GP appointments – in response Kirstie mentioned that since August, there have been more of these appointments, reflecting the preferred choice of most patients surveyed. However there still have to be restrictions on then number of patients in the waiting room and face masks are required. Members of the PPG were in favour of this move. The current triage system which reception staff undertake, does have its problems, especially as they are not medically trained.

Colin mentioned about the 'lengthy' recorded messages on the surgery phone before speaking to a human being. Kirstie will review this system.

e-consult is still not available at the moment, as the system was abused by a few patients e-mailing trivial questions/messages for GPs. Jim mentioned that some practices have removed e-consult from their systems altogether. Kirstie did mention that e-consult is useful for working people who cannot attend the surgery during normal hours, though it currently appears the potential problems outweigh the benefits. Jim mentioned that this is one way patients can interact digitally, especially since the start of Covid, but it can take up a lot of staff time. Other electronic systems such as e-mail, SMS, newsletters, on-line booking, repeat prescriptions and test results all help.

6. Patient Experience Action Group

Tony reported that since the last PPG meeting, a patient survey showed that 88% preferred a telephone phone booking system offering face to face appointments. There are 8 people in the patient experience action group, with first meeting being on 6 May 2021 and then meeting on a weekly basis until August. Jim will put forward various proposals from the working group to the PCN which may benefit the experience of patients accessing and using health services in Weymouth and Portland areas. The report of the patient experience survey (last Nov/Dec) identified 3 main areas for further discussion, namely Communication, Accessibility and Technology. The aim is

for the PCN, PPG reps and surgery managers to jointly working together, on how to improve quality and accessibility of GP services for patients. A list of proposals will be presented to the PCN for further discussion. Next week, Colin, Jim and Tony to have a look at these proposals, which include more collaborative working, improved updating of patient records, and other new ways of working (both digital and manual), for benefit of patients and the surgery.

Tony asked Jim how the proposed national Integrated Care System due to replace the Primary Care Network, will affect the provision of health services for patients. Jim explained that the ICS will integrate the current health services, care services and volunteer services, with joined up thinking, sharing of information, etc, - hopefully it will become an integrated system. Tony expressed concern that in his view, there has been a lot of bureaucracy over the last few years, and was wondering if the ICS really will improve matters. Colin mentioned that the merging of medical and care services under one umbrella must be a good thing, including the need for back-up services for elderly patients discharged from hospital.

7. Any other business

Kirstie mentioned that an Autumn 2021 patient newsletter had been produced in collaboration with the PPG. She was grateful for Tomasa's input in providing relevant mental health information at the end of the newsletter.

8. Date of next meeting

This will probably be in February 2022, on a date to be agreed with the Chairperson. The intention is to have meetings in Feb, Jun and Oct each year.