**Minutes from Formal PPG meeting Wednesday 11th August 2021**

**Time: 6pm to 8pm**

**Location: via Zoom**

**Attendees**

* Mary Northeast
* Simon Ward
* John Loots
* Janet
* Joy Deadman
* David Murray
* Chris Rayner
* Pauline Nelson
* Ann Hibberd
* Caroline Atkinson
* Carol Smyth
* Karon Hodgson
* Carol Lake
* Barbara
* Colin Godfrey
* Kalyan Datter
* Jane May (Practice Manager)
* Claire Osborne (Assistant Practice Manager)

**Apologies**

* Sheelagh Birchell

**AGENDA**

1. Practice Manager Report
2. Feedback from CQC
3. Ezy Analytics
4. PPG feedback
5. Get well campaign

**Practice Managers Report (Jane May)**

**Reception & Call waiting times**

* Telephone call waiting times have increased due to increased patient demand and reduced number of reception staff. Reduced staff due to holidays and leave.
* Ongoing efforts to recruit and replace lost staff.
* Member of the reception team promoted to be new reception manager. She is responsible for 30-35 reception staff.
* Appointed 3 new senior receptionists.
* Initiative for reception staff to be more proactive and get a higher rate of 1st time resolution to patient problems.
* “**Be Kind & Respectful To Each Other**” materials to be put up in public facing areas.

**GP numbers**

* Post covid 2 GP’s retired, having had delayed retirement or were helping out.
* 2 GP’s moving out of town centre into rural practice (Perception is that rural practice is less pressured than a busy town centre practice).
* There is a lot of pressure on GPs across the whole NHS system.

**Admin Staff**

* Admin staff numbers remain fairly static.

**Multi-skilled teams**

* Cross training different teams so they can share workloads
* E.g. data entry team cross trained and can help man the reception phones during the busy periods of 8am to 10am

**Team of Teams**

* This approach has been “soft launched” so staff can get used to working this way.
* A new “Care Coordinator” role supports the Team of Teams.
* It has been mentioned in the June newsletter but not heavily communicated to patients.

**Patient feedback and reviews:**

* Best and most visible way is to leave feedback via Google cghpartnership
* Feedback can be left on the CGH website (About us or on website).
* Future option may include installation of iPads by entrance/exists so that patients can leave feedback
* Also looking into QR codes that patients could scan to be taken directly to an electronic feedback form.

**Booking appointments by phone and on-line.**

* It is no longer mandatory to complete and eConsult to make an appointment.
* Appointments can still be made by phone, the reception staff will fill in an eLite on patients behalf whilst they are on the phone,
* There are two teams working in parallel to answer phones and process eConsults.
* Face to Face appointments are offered when deemed clinically necessary.
* Due to level of clinical risk, practice still continues to turn off eConsult at night and weekends
* This is a growing trend across other practices and not just CGH.
* Work in progress to look at how more “out of hours” support can be provided.

**Face to Face & Video Appointments**

* Face to face appointments are made when clinically necessary.
* Covid is still a risk so need for face to face appointments need assessing on a patient by patient basis.
* Secure video calls can be offered to patients as appropriate/where necessary.
* Experience to date is that there is a low take up of video appointments
* Group proposed communication to patients to make them aware of the ability to have secure video appointments – something for next PPG newsletter?
* Jane took action to put a reminder in the internal “Friday flyer” to remind clinicians and reception team of the need to be mindful of patients who have accessibility needs e.g. deaf/hard of hearing, who would benefit from a face to face appointments because they lip read or similar.

**Breast Pilot**

* CGH has been chosen as the only Primary Care Network (PCN) to run this pilot scheme.
* Enables women > 30 with a suspected breast lump to be referred directly to the Breast Pilot and offered an appointment on the same day.
* Only open to those who were born a woman.

**Migration to DocMan10**

* Practice is introducing new software (DocMan 10 – [www.docman.com/docman10](http://www.docman.com/docman10))
* It will enable hospital to send documents electronically to the surgery which will be transferred automatically into the EMIS system.
* This will save a large amount of admin time since there will no longer need time consuming manual collation and re-keying of information.
* Currently when information is sent from the hospital it currently takes around 2 hours per patient for the data entry team to gather documents and emails to collate and store on the practice shared drive.
* Migration to DocMan10 should reduce this data entry time significantly.
* Currently a backlog in documents so the practice has doubled the admin resources to process documents and clear this backlog.

**Support from Operose**

* Operose has been providing resources and funds to help with staff shortages
* Lots of recruitment activity to recruit staff across the board
* Operose invested to pay for a part time contract role to help support Jane deal with the number of complaints that come in.
* Working closely to improve links with Pharmacists who can provide advice to patients
* Operose has a Central hub of admin/reception resources that are based remotely and can be used by Operose practices up and down the country.
* CGH users the Operose Central Hub to fill roles where there are staff shortages or illness e.g. extra remote reception staff when required
* This is proving very useful since it can take many months to recruit staff to fill a vacancy.

**Bereavement Protocol**

* Focus to date has been on the internal “back office” processes for bereavement, as opposed to the patient facing processes.
* Jane to report back at next meeting on progress of the “front end” patient facing aspects of bereavement protocol.

**Covid update**

* There is a National enhanced service which is looking at pathways into secondary care (hospital waiting)
* CGH have committed to be part of this National Enhanced Service.
* Wave 3 covid vaccinations drawing to a close, moving on to booster with flu jabs

**Booster Jabs**

* Flu vacs should be available w/c 6th September.
* Planning to link up flu and covid vaccinations for the over 65s
* Combined available probably available from end of September.
* Under 65’s vaccinations to be available at GP surgery.
* Jameson house is a locality who will be offering booster vaccination.
* Volunteers will still be needed, and people can offer their help through BVA and RVS.

**Long Covid**

* Discussion about organisations in the area that provide support for people suffering with Long Covid, breathlessness etc
* Aquadrome gym has staff that have been “covid trained2 via a company called CORS?
* British Lung Foundation – run two exercise sessions each week
* £3 a session
* Mondays from 3:00 to 4:00
* Wednesday from 11:15 to 12:15
* Popley Fields Community Centre RG24 9AE on

**Feedback after Care Quality Commission (CQC) re-inspection**

* The re-inspection was focussed on the three areas of deficiency that were identified in the 2019 inspection.
  + Safeguarding - make sure our policy reflected the training level that staff had
  + Legionella - needed to evidence that we were taking action to mitigate any risks
  + High risk drug monitoring - needed to evidence what action we were taking and have a robust process in place.
* Re-inspection took place 18th, 19th, 20, 21st , 22nd and 23rd July 2021
* Most days were via remote Teams meetings but face to face on 22nd July when inspector spent the day at the practice.
* Inspector also interview chair of the PPG on 18th July.
* Practice prepared hard, at least 3 months of effort was spent preparing prior to the inspection.
* Initial feedback looks promising.
* All previously identified breaches had been dealt with and no new breeches were identified.
* Hopeful that will get a “Good” rating from CQC.
* CQC report is expected to be ready for public review at the end of October.

**EzAnalytics** [Home | EZ Analytics](https://www.ezanalytics.co.uk/)

* Claire Osborne gave a short presentation on the Ez analytic system.
* Provides practice with a visual dashboard to view and analyse clinical performance
* Takes data from the clinical systems.
* Gives visual analysis of data that has not been possible before.
* Allows practice staff to prioritise where to focus their efforts.
* Example diabetic score is under the national average.
* Dashboard of numbers can be viewed by multiple surgeries across Operose.
* Allows slice and dice/compare and contrast analysis across practices.

**Mental Health provision**

* Practice has seen a large increase in Mental Health issues. This is a national trend.
* There are some new provisions coming down the line to improve mental health services
* Expect to see them rolled out in the next 6 months.

**Turnaround Projects**

* Discussion about how the PPG can help the practice.
* Take notice of patient preferences for phone calls – what number to call patients on.
* Jane to send reminder to all clinicians.
* Giving a more precise appointment time – e.g. early morning, later afternoon.
* Not easy to give very precise time slots due to GPs variation each day.
* Jane will continue to look at this area and report back at the next meeting.

**Proposed date for next formal PPG meeting**

* Wednesday 13th October 6pm - 8pm