



BUCKDEN & LITTLE PAXTON SURGERIES PATIENT'S ASSOCIATION

Minutes of the Meeting held on Tuesday 19 July 2022 on Zoom

Present:

Michelle Carroll	Practice Manager
Elizabeth Clarke	Little Paxton Representative
Rob Gardiner	Buckden/Chair
Loraine Hilton	Buckden/Secretary
Christine Lawrence	Buckden
Judy Mayes	Other Villages Representative
Jean Matheson	Little Paxton Representative
Hilary Moorbey	Offord Cluny Representative
Dr Chris Newark	GP Partner
Janine Newby-Robson	Offord Darcy Representative
Liam Small	Brampton Representative
Sheena Wilkinson	Buckden/Treasurer

1. Apologies for Absence
Marjorie on holiday.
2. Minutes of Meeting of 10 May 2022
Agreed as a true record with exception of error on P2 'The Practice opening hours were extending to 6.30 pm to 8.00 am... should read 8.00pm.
3. Matters Arising
None
4. Financial Report
In April the balance was £1,833.82. Since then the only income was £105 at the coffee morning. Spent £300 on June/July draw. One more draw £1,438.82 petty cash £7.34 balance.
Decision: Kate Bywater to audit the books again. Carried unanimously.
5. Sub Group – PPG
The sub group met on 21 June and produced a draft action plan. Thanks to everyone on the sub group. They decided to review the objectives and focus on the short term ones. These were emailed to members earlier.
 - 5.1. Logo - John Childs developed the original logo. The price is about £90. Liz to contact to see if he can amend the existing logo to read Patient Participation Group (PPG) instead of redoing the whole thing.
Action: EC to contact JC and double check the wording to be Patient Participation Group.
 - 5.2. Recruit member from a more diverse background and also from a younger demographic. There is the opportunity to put flyers in the Roundabout magazine
Action: RG will try and get an article into the Roundabout before AGM. RG to send copy to JM for Little Paxton Village News.
Profile individual members in the newsletter about what we are doing.
Similar to article for AGM and idiots guide to a PPG and how do you get involved etc.
Notice Boards all posts need to be laminated.
 - 5.3. Villages population breakdown is now a longer term objective.
 - 5.4. Patient Survey
JuM is happy to interview a small number of people, there may be bias if we only survey people attending appointment. We need to know objectives in the longer term where we want to work with a survey. Agreed PPG should be set up and running before embarking on this work.
 - 5.5. Visibility of PPG
Possibility of soundbite videos. Involve public to make them realise we are interested in patients and want to help them. Monthly quarterly support meetings. Would require a room and peer support. HM has found zoom group has worked well for diabetes support.

The website has not been changed yet.

Action: It would be useful if the committee could look at the website.

5.6. Trying to get someone from NAPP to come and talk but no response to date.

6. Practice News

6.1. AccuRx – online triage service (see 6.9 below)

6.2. Flu and covid vaccinations will be combined and issued at the same time in joint clinics, logistics are in progress.

6.3. Staffing – Sharon Libby (Respiratory Nurse) has retired. She will continue to do some virtual asthma and COPD reviews.

Michelle Carroll (Practice Manager) has resigned and leaves end August. Senior receptionist Sarah Cosbey will take on more responsibilities with contracts, facilities and day to day management. Lauren Farmer (Management Support) will do HR, QA and complaints. Claire Thompson (Management Support) will do IT.

Dr Lameris has another job and will work for a private menopause clinic. The private sector pays a lot more for fewer patients. She will continue to work for the surgery working one clinic each month inserting coils and implants for patients.

6.4. Solar panels and heating. The practice still has old storage heaters and these are inefficient. There is a large south facing roof and the heating system is being changed to be more energy efficient and cooler in summer. Nothing can be done at Little Paxton.

6.5. Phone lines – an agreement has been signed, waiting on change over date

6.6. The GP registrars Dr Verma And Dr Jawed have both passed their exams and will start working as GPs on 1 August. They may work with us going forward.

6.7. Patient survey results are out. Results are available on a website www.gp-patient.co.uk. This is useful to compare practices. Satisfaction has dropped but we are above national average with everything.

6.8. Patient access to patient records is due to go ahead on 1 Nov on the NHS app.

6.9. There is a new triage system. This was put in place to try and reduce waiting times on the phone, there were issues with emailing inappropriately; to try and be more efficient; to enable doctors to prioritise appointments where necessary. The triage system is open from 7am to 5pm on weekdays only. The triage form is useful because there is more targeted information, re expectations and desired outcomes. The information goes to the GP who decides on options eg phone call, face to face, routine appointment, semi-urgent, or administrative. The triage system has been more effective at getting the problem sorted in one go. The waiting time for a routine appointment since 6 June has reduced from 3½ weeks to 1½ weeks. Lots of enquiries were from people who wanted something that did not need an appointment. After going through the triage notification, if there are any unfilled urgent appointments, we can put routine issues into urgent slots. Negative findings – frequently all of the urgent appointments are being used up by early to mid-afternoon and all of the duty doctors appointments have gone; if you request an appointment out of hours, the system redirects patients to 111 NHS or 999 or tomorrow. If the patient is receiving palliative care or in a care home, a home visit is requested. The triage system is switched off at weekends because practices were overwhelmed on Mondays. This becomes stressful for GPs and mistakes happen. The system has started with restricted access and will open up further in due course if that proves necessary. There may be a need to revisit the message on the out of hours notification. The surgery pays for the 111 service to be available.

6.10. Dispensing machine - The new solar panels and heating system will be prioritised over the dispensing machine.

6.11. Accredited as a research practice for the next two years. We are invited to participate in certain studies.

7. Research Projects

Signed up a new research study ATTACK (aspirin therapy to reduce thrombotic events in chronic kidney

disease) Does aspirin reduce heart attacks and strokes in chronic kidney disease. The project starts in September.

8. Extended Access

As a PCN, we have to put on services at the weekend. What do patients want. We have to have one Dr on site. Non GP appointments. A bonus to have appointments out of hours.

9. Equipment Purchases

None at present

10. Events

10.1. AGM 20 September 2022 - Natalie and Mina will do presentation. Would like responses about subject matter. Natalie will need the use of a projector. School have confirmed we can use their facility at no charge. They wants further details asap.

10.2. Clinic/Coffee Morning 15 October 2022 to coincide with flu and covid jab day. Little Paxton and Buckden scout huts are both booked 15th October. Flu day has grown to be 5,500 vaccinations so this will take a number of days. Only doing coffee for 15th October.

10.3. Coffee mornings – Friday 9th December at Methodist Church room.

11. Cambridgeshire NHS.

No Governor Bulletin provided by Trust this month, which may be sign of something.

CQC Report has now been received by Trust, but as yet has not been released to Governors.

One of the main issues at present is bed occupancy, which is currently 97-100%+, which is directly linked to patient flow through hospitals. For example, there are patients fit to be discharged, but there is no capacity in social care available to cope with them. This then has a knock on effect, further down the 'pipeline', which results in admitted patients being nursed in corridors on trolleys and queues of ambulances at the front door, unable to handover patients to hospital staff. The East of England ambulance Service is on a black alert, the highest state of alert.

The pay award to staff is due to be announced imminently, with this likely to be 4-5%. However, only 3% will be fully funded, the rest having to be paid out of existing budgets, and this could result in cuts to services.

Within the Trust, another big issue is recruitment and retention of staff. There are large numbers of vacancies in medical and nursing workforce. Health Care Assistants are leaving as they can earn more at local supermarkets as shelf fillers. Covid-19 is no longer the main cause of absence/sickness for staff, and has been replaced by staff reporting depression, stress, burn out.

12. Any Other Business

12.1. Contact details

Action: All to update LH with details, LH to distribute updated list.

12.2. Car Scheme – down to 9 drivers with FiD, really struggling. Peter cannot deal with any other appointments other than medical or dental.

12.3. Exercise class has started and doing very well with 20+ attending. Run with One Leisure.

13. Date of Next Meeting – AGM 20th September. Will talk via email before then.

Minutes compiled by Loraine Hilton

Input from Dr Newark and Rob Gardiner