

Latham House Medical Practice Patient Reference Group

MINUTES OF MEETING

Meeting	LHMP PRG	Date	4 August 2022
		Time	10:30hrs
Location Zoom Meetings			
Present			
Jane Horn (JH) (Chair)		Peter Roffey (PR)	
Angie Phillips (AP) (LHMP representative)		Tad Stenzel (TS)	
Mike Kitching (MK) (Secretary)		Nishita Andrea Ganatra (NAG)	
Paul Crosbie (PC) (Practice Manager - LHMP)		Matt Riley (CEO – LHMP)	

ITEM	DISCUSSION	ACTION
1.	<p>Apologies and Welcome</p> <p>a) Apologies were received from Malise Graham and Michelle Howard.</p>	
2.	<p>Welcome to Paul Crosbie</p> <p>a) PC introduced himself to the meeting and described his career progression through Sport, retail, Early Years followed by nine years in Primary Care.</p> <p>a. He has worked in both excellent and challenging practices.</p> <p>b) Currently finding his feet and his early impressions are:</p> <p>a. Great practice.</p> <p>b. Dedicated staff, going above and beyond.</p> <p>c. This dedication is not necessarily seen by the wider public.</p> <p>c) Looking to make Melton and the surrounding area an attractive place to work.</p> <p>d) Have already met with Alicia Kearns, our local MP, following concerns raised by patients.</p> <p>a. It was a very positive meeting, with the raised concerns already having been resolved.</p> <p>b. AK is working on Dementia Care, to make Rutland a centre of excellence.</p> <p>c. AK listened to all the concerns raised by the practice.</p> <p>e) PC likes the list basis of the practice, with all patients having a nominated GP.</p> <p>f) Some of the GPs who have left are having a career break.</p> <p>a. Others live some way away and the commuting is too much.</p> <p>b. Prospective GPs can dictate their own working patterns now,</p> <p>c. The practice is looking at innovative ways of attractive people, including remote working.</p> <p>g) Recruitment of other staff is difficult and agency rates are not feasible for the practice.</p> <p>a. Recruiting people with potential and a good fit for the team.</p> <p>b. Q. Are HCAs still understrength (from April minutes)? A. HCAs are at full strength.</p> <p>i. However, Covid and the clinical regulations around it mean that staff that test positive have to be off work for a minimum of 6 days.</p> <p>c. Q. Would GPs saying that they would only work three days be acceptable in other areas? A. The NHS is a strange beast, and we are competing against other practices.</p>	

	<p>d. Q. Why the high rate for agency staff? A. Basically, too many vacancies and not enough takers.</p> <p>i. A member mentioned their own experience as a contractor (not NHS) where the rates reflect the shortage of staff with a required skill.</p> <p>ii. PC restated that the practice is constantly recruiting.</p> <p>e. PC feels that the PRG can be whatever they want to be.</p> <p>f. The members thanked PC for his introduction.</p> <p>Welcome to Matt Riley.</p> <p>a. MR started at the practice when he qualified, as a salaried GP.</p> <p>a. He has been a partner for the last five years and was elected CEO this year.</p> <p>b. He is concentrating on making staff feel wanted and valued.</p> <p>c. The focus is on recruitment and attempting to ensure that the practice is fully staffed.</p> <p>a. The practice is using golden handshakes, a recruitment agency and internal NHS Jobs Boards.</p> <p>d. Q. As this is a large practice, where are we with more buildings and a second surgery? A. Dr Atkinson is still the lead on these projects.</p> <p>a. The second surgery wasn't mentioned by the MP in the meeting.</p> <p>b. The Practice stated that the lack of available staff would impact any further expansion.</p> <p>c. Q. Was the fact that a large practice can offer more services? A. Yes, the point was made but he wasn't sure that it was taken on board.</p> <p>e. A member felt that the free for all with agency workers needs to be addressed. MR suggested that they write to their MP.</p> <p>f. The members thanked MR for taking the time to talk to them.</p>	
3.	Minutes of the Meeting of 9th June 2022	
	a) The minutes of the last meeting were accepted as a true and accurate record of the meeting.	
4.	Matters Arising – Action List	
	<p>a) June meeting – point 1 - Matters arising – Kate Hunter farewell - This will be included in the minutes of the April meeting – completed.</p> <p>b) June meeting – point 2 - Matters arising – Care in the community and what provision for end of life – on the agenda of the October meeting – completed.</p> <p>Following actions from the April meeting</p> <p>c) 3.a - Chairs Report – Healthwatch visit - It was agreed to invite Healthwatch to one of our meetings, once the report had been received and reviewed – ongoing.</p> <p>d) 3.b - Practice update - Can the hospital be used more? - Although the Hospital comes under Secondary Care and the Practice is Primary Care it was agreed to investigate what services were available at the hospital. AP would email MG to see if information was available at Melton Borough Council – ongoing.</p> <p>e) 3.d - Any other business – full committee - AP, JH and MK to have a meeting with a view to presenting a way forward to a future PRG meeting – ongoing.</p> <p>f) 3.f.e - Matters Arising – Action List - Should the PRG rerun the survey that we used to run annually – Investigate – ongoing</p> <p>g) 5.d.a - Chairs Report - There's still no communication on Community Hubs - Ask for more information at the next joint PPG meeting – ongoing.</p>	<p>JH</p> <p>MG</p> <p>JH/AP/</p> <p>MK</p> <p>MK</p>
5.	Items for Any Other Business	
	a) None.	
6.	Chairs Report	
	a) The chair welcomed NAG to the meeting as a new member.	

7. Practice Update

a) MP Meeting

- a. Recently our MP got in touch following concerns raised by constituents regarding wait times to see a GP. We invited Alicia to visit the Practice and meeting with the senior leadership team to discuss. The meeting was productive. We explained the challenges regarding recruitment, retention and a range of the challenges facing Primary care. Alicia's focus areas are Young people and health, Mental health – specifically suicide and access to healthcare for Ukrainian families (cultural differences).
- b. Alicia gave a quick soundbite about the visit on her social media pages which was positive to LHMP, reminded patients that face to face meetings or online consults are patient choice and explained the recruitment challenges, even called out for people to recommend medical professionals to get in touch!

b) GP Recruitment

- a. Recruitment of clinical staff remains a challenge with some roles achieving no applicants.
- b. We continue to look at how to utilize other clinical professionals appropriately within the Practice, with adverts out for additional Pharmacists, Paramedics and ANPs, but also exploring how we can make the GP job at LHMP more attractive to both retain and recruit great members of the GP team.

c) New Recruits to the LHMP Team

- Lesley Berry has joined Sarah Culpan's team as a Nurse Care Co-Ordinator.
- Ellie Partridge and Alex Edwards have joined as Medical Administrators to provide us with referral and IT support.
- Charlotte Colk and Sarah McGreal have joined our HCA team.
- Jess Skene, Diabetes Specialist Nurse, will be working alongside Angela Stubbs.
- On the 2nd of August, we will be welcoming Suzie Matthews who joins us as a Paramedic.
- Ankit Chawla locum will also be returning to the Practice as our IAC GP starting on 3rd August.
- We also have Louise Hewson, Cassie Gemmell, Ellie Watson and Dragana Miskovic will be helping us during the summer period! You might not see Dragana around the building however, as she is working remotely!

d) Latest update for Primary care

e) Enhanced Access: Improving Access to general practice

- a. General practice is the bedrock of the NHS. The NHS has always relied on its resilience. Its importance and value have once again been demonstrated during the pandemic response. GP surgeries, through primary care networks (PCNs), have shouldered the lion's share of the COVID-19 vaccination programme alongside their existing workload. In 2021, they also provided more appointments nationally for patients than in the equivalent period before the pandemic.
- b. Most practices provide accessible, high-quality care.
- c. Taking England as a whole, patient satisfaction with general practice at the beginning of 2021 held up remarkably well. Based on data from 850,000 patients, the independent GP Patient Survey 2021 showed increases in:
 - overall patient satisfaction with general practice
 - patient satisfaction in being able to make an appointment
 - and patient satisfaction with the appointment times offered.
- d. A reversal of recent trends, these results are objective testimony to the dedication and professionalism of the vast majority of GPs and their multidisciplinary practice teams, including practice managers and receptionists. They reflect how well the majority of practices have been able to adapt and innovate during the pandemic, maintaining and improving access, including using

remote appointments. For many patients, remote consultations can often be more convenient.

e. **Primary care networks in England now prepare to understand what new 'enhanced access' model of care their patients want and staff can commit to.**

f. The NHS target is to implement enhanced access by Oct 2022.

f) **Practice key messages: Recent Communications to patients**

- NHS Better Health
- Recruitment
- Reminder of the cancellation number to call if you no longer need your appointment – this is to continue to target DNA's (did not attend's - wasted appointments)
- Introducing new clinical roles:



g) Integrated Care Boards have replaced CCGs (Clinical Commissioning Group).

h) **Enhanced Hours.**

- The practice surveyed all staff regarding providing enhanced hours.
- It has been agreed that this will be Thursday evening and all day Saturday.

i) **Q. Missed appointments, what is the policy? A.** The emphasis is on allowing patients to cancel.

- If patients miss three consecutive appointments, then a phone call takes place.
- Most have mental health issues.
- Q. Is removing a patient from the practice an option? A.** No, because where else is there?
- The practice only removes violent patients.
- Each patient is treated as an individual case.

j) Phoning into the practice has improved due to increased bandwidth.

k) Research suggests that publishing DNA figures (did not attend) normalises it.

- This is being reviewed by PC.

l) Social Media is being used to publicise the roles within the practice to highlight the professionals you can see other than a GP. Posters are underway in production.

8.	Standing Items (if not already covered) <ul style="list-style-type: none"> a) Smoothing Patient Flow. <ul style="list-style-type: none"> a. See phone improvements above. b) Optimisation of Space. <ul style="list-style-type: none"> a. Invite Sally Greaves to a future meeting to provide an update. 	AP
9.	Secretary's Report <ul style="list-style-type: none"> a) It was agreed to start the 2003 meetings in February – Dates to be published. 	MK
10	Any Other Business <ul style="list-style-type: none"> a) PPG meetings. <ul style="list-style-type: none"> a. NAG will forward the minutes of the last PPG meeting to members. b. The next meeting is on the 25th August and NAG will be attending. b) COVID-19. <ul style="list-style-type: none"> a. It was stressed the Covid is still around, despite messaging to the contrary. b. The current variants are acting in strange ways c. Current vaccinations are no guarantee that you won't catch it and the impact can be quite severe. 	NAG
11	Date, Time & Location of Next Meeting Next PRG meeting, 6 th October 2022, 10:30. All meetings are currently ZOOM meetings. Meetings 2022 1st December Proposed 2023 meetings 2 nd February 6 th April 1 st June 3 rd August 5 th October 7 th December	