

Meon Medical Centre - Meon Patient Group Meeting Wednesday 3rd November 2021

Present	Phil Maundrill Marilyn Phillips Tim Phillips Peter Seymour Mead Lesley Brown Andrew Skinner Jonathan Collins Caroline Weatherly Elizabeth Fleetwood Eilish Flambert Dr Karen Clarke Andrea Stevinson
Apologies	Lynn Milliken Pam Bowen Tina Balchin Kevin Balchin Rebecca Farthing Ian Clark Susan Clark Graham Woodhouse Rebecca Edie Kenneth Jackson
Subject	Discussion
Previous minutes	Action from last meeting was to issue a patient survey. This has been done and will be discussed at today's meeting.
Connect 4 Health	Ei F joined the PPG for the first time and explained her professional role working as a school nurse. EF and team support children in South Warks with a wide variety of issues: care plans for health conditions, healthy eating and weight loss, relationships, bullying, low self-esteem. Also safe guarding and linking up with drug and alcohol services.
Winter Plan	<p>KC talked about the Daily Mail campaign saying GPs are not seeing patients face to face. There have been instances of abuse nationally. We have had a record number of complaints at Meon. Still relatively low number (8) compared to usual 2 per annum- no trends identified and nothing to make us scared to come to work.</p> <p>Sajid Javid has presented a Winter Access Plan for the NHS with a £250 million fund so more people are seen face to face. Each Practice has to submit a plan. He wanted to name & shame the bottom 20%- none in South Warks CCG. GPs want the data to be anonymised. 'Surge' support to be used, a bank of locums that can be utilised at short notice. Likely to be 4 hour telephone sessions. KC feels that monitoring of face to face appts should not happen, and there is much value in telephone consultations. Patients are brought down to the surgery especially those with communication difficulties. All appointments slots are filled before 9am now that never used to happen.</p> <p>PM asked if E Consults have made access easier and meant earlier diagnosis. KC replied it does, but generally older people can't access it. Also many people use it for minor ailments that are self-limiting that can be resolved without intervention.</p> <p>Ei F Many elderly people feel low, tired, confused and isolated. Communication has improved but is mainly aimed at younger people. All generations have access points: Health Visitors for young Mums...Where is the support for the vulnerable elderly? They need reassurance that Meon Medical Centre is there for them</p> <p>KC agreed that many industries work for the tech savvy nowadays. ASt spoke about the role of the Social Prescriber, what she does and all the services she connects with. ASt will speak to Ei F separately and connect her with Social Prescriber.</p> <p>ASk asked why not more comms about these new roles. KC responded that there is one Social Prescriber, Health & Well Being Coach for 30,000 patients in the PCN. No scope for self-referrals at present. ASI said we are considering adding a section on our website about the PCN and additional roles.</p> <p>ASk also asked about the article KC wrote for St Swithin's news- an honest account- was there any response? KC: none at all. Discussed reach to other parts of catchment with articles in local media.</p>

	<p>LB asked if a 'named' GP still existed. KC advised that Dr Catherine Brock replaced Richard Woods Nov 2020. Patients not able to see who their GP is on the NHS app. No male GP at Meon- unable to advertise for one and all applicants female. Dr Brock is an outstanding GP.</p>
<p>Patient Survey Results</p>	<p>ASt went through survey results. There is a national annual GP survey: this year we had 129 responses and scored well above national & CCG level responses. For our own survey, there were 528 responses. Headlines results and ad hoc responses shared with PPG and staff already. This will be shared on website with development areas too, as follows:</p> <p>Staff rude/ unhelpful: We have recruited 2 dispensers and 3 receptionists this year who are all doing very well. All remain calm, professional and respectful and we have had no adverse feedback since they started. Support and feedback given to staff regularly.</p> <p>Privacy on reception: speaker and mike installed this week to improve communication. Patients offered a private room or print out if sensitive info discussed. Also care to be taken when answering phone on Reception to not divulge patient details.</p> <p>GPs not as pro-active following up test results: we accept that recent challenges have had an impact. We are also writing a Patient Charter to request patients take responsibility for their health and are not afraid to chase us for information if needed.</p> <p>Over 75s reviews: this have not been commissioned currently, KC informed that a frailty nurse is being recruited in the PCN with priority of care homes initially.</p> <p>Notice board and website need to be kept relevant and timely: Reception staff to review notice board regularly. Website: see below.</p> <p>Capacity to serve a growing population: there is scope for the premises to be extended but this will be a long term project. Current issue is the increase in consultations per patient rather than increase in size of patient list.</p> <p>Minor surgery clinic: not currently at Meon, patients are referred to Wellesbourne.</p> <p>Tel consultations: can we have a window of time? Staff now give an indicative 2 hour window although not guaranteed.</p> <p>ASk: good to hear that you listen and have taken the survey seriously and are commended for your approach. Best to keep the PPG at this sort of number so that it is not a whinge session and can achieve its purpose of improving the service. (30 would be unmanageable)</p> <p>JC commented that only 20% of survey respondents want to be kept informed via the website.</p>
<p>Practice website</p>	<p>TP feels the website is unclear and need to signpost things more clearly, be simple and easy to use. Also to communicate regularly how we are doing.</p> <p>PSM said he is not tech savvy and can contact and see GP whenever needed although never sure who he will speak to.</p> <p>PM responded that this is an unfair challenge as lots of time can be spent making own version of a website and it makes sense for others to maintain this.</p> <p>EFI feels the website is good with emphasis on health and well-being. Red banner off putting but anything that cuts down on enquiries is a good thing. ASI asked TP if he would be happy to discuss website ideas separately and will set up meeting for next week.</p>
<p>AOB</p>	<p>JC asked why he received no response when he asked what Practice plan was when 2 GPs had to self-isolate recently. PM said he did not respond to JC at the time as he questioned what level of issue needs to be published, that this was an everyday issue. Meon have their own way of dealing with challenges and that is sufficient. JC had to deal with 3 families asking what was happening at Meon. PM: it is the Practice's responsibility to answer to patients not the PPG. ASt commented that the 2 GPs worked from home, that a notice was published on the website but removed when the self-isolation finished. ASk reflected on the dilemma here, he is clear he is not a representative of Meon and not for him to speak on behalf of the Practice, 'we should not do your job for you.' KC commented that the communication pathway between Practice & PPG could be a useful future debate.</p>

	KC and ASt thanked everyone for their time and really worthwhile contributions.
Next meeting date	Wednesday 2 nd February 2022 at 5.30pm on Teams