



**The Tutbury Practice Patient Forum Minutes  
From the meeting held on  
Wednesday 17<sup>th</sup> November 2021 between 1pm and 3pm.  
in Tutbury Village Hall, Monk Street, Tutbury**

**1. Present.**

Patient Representation: SAR Deputy Chair, JB Secretary, BW, JJ, DN, ASS, DB

Practice Representative: RB, Practice Manager.

Social Prescriber: SD

**2. Introduction and Welcome.**

This was the third face-to-face meeting since March 2020 and followed the same strict protocol that had been put in place for the previous meetings.

The meeting was opened by the Deputy Chair, SAR, welcoming everybody present.

The Chair, JG, and AG are in isolation prior to AG going into hospital for a second operation that afternoon. The Secretary, JB, mentioned that they stay connected with the Chair and send best wishes to both her and AG regarding the current medical issue. Recently, they had celebrated their golden wedding anniversary, albeit celebrations restricted due to the situation. A gift in the form of a voucher for an afternoon tea for two had been delivered to them both from the Forum members. This was appreciated by the two and the Secretary, JB, read out a thank you message from them.

**3. Apologies for Absence.**

Apologies had been received from:

Patient Representation: JG Chair, AG, MB, ED, NFS, TSS, BC, RR

#### 4. Approval of the Minutes from the Meeting held on 15<sup>th</sup> September 2021.

There were no issues raised on the Minutes. Acceptance of the minutes was proposed by BW and seconded by JJ. The Minutes were then signed by the Deputy Chair, SAR, as being a true record of the proceedings.

#### 5. Action Log Update.

- ***Repair of the clock within the waiting room.***

The Secretary, JB, informed the members present that the clock had been cleaned, someone had come and found the fault then ordered the required part, (£25).

#### Update 31<sup>st</sup> October

**The clock was repaired on 12<sup>th</sup> October and is working. This action is now closed**

**There are no further outstanding actions.**

#### 6. Practice Update.

The Practice Manager, RB, gave the following information:

- **Registered Patient Numbers**

As of 1st November registered patient numbers stand at 8106, up slightly from September, (8093).

- **Staff and Prescription Requests**

At this present time we have two members of reception staff off ill and one member of staff on annual leave. We are asking other members of staff in on overtime however the telephones are non-stop, please bear with us if there are delays. At the present time, the surgery is behind with Prescriptions. This is due to staff shortages and increased demand on the telephone hence struggling to get prescriptions processed within 48 hours. At the beginning of the week we had extra staff processing prescriptions. However, each prescription we process must be checked and electronically signed by a GP, as you can appreciate this process is lengthy and impacts on the working day of the GP, they also still have patients to deal with, letters to review that come in from outside organisations, and test results to process. We are only able to send prescriptions to GPs to approve who are in on that day and last week in one afternoon we processed over two hundred prescriptions for 1 GP to sign. We must ensure that this process is safe and therefore are limited to the number of prescriptions we process at any one-time being dependant on how many GPs are in surgery that morning or afternoon. The surgery is currently recommending that patients order their repeat prescriptions up to 2 weeks before they are needed.

We have several staff self-isolating at the present time and are continuing to follow NHS guidelines on this.

Gabrielle (Phlebotomist) will be absent for 12 weeks from the beginning of December due to hand surgery. We have Dawn Meeson and Rachel Golding covering some of her shifts and Arwen & Laura are now qualified to conduct phlebotomy. We hope that Arwen and Laura will be able to cover some shifts however have to be mindful that this does not impact on their own workload, therefore, they will cover on the days they are not required in the back office to conduct cover and their own roles.

We have successfully recruited a new receptionist who started with us yesterday, Holly, she originates from the Hospitality industry and is used to a public facing role, we are sure she will be an excellent addition to the team.

Arwen has now reached the final of the young apprentice of the year awards, and we will attend a function at Uttoxeter racecourse on Thursday 18<sup>th</sup> November where a presentation and the winner of the award will be announced, fingers crossed.

- **Seasonal Flu**

After conducting 3 Saturday clinics, 15 daytime flu clinics and 2 evening clinics during the week to accommodate patients, we have vaccinated, or are due to vaccinate, a total of 1552 patients. There are still 380 over 65-year-old patients that are eligible and have not responded to the national campaign and 1086 under 65 years that have not responded to reminders or the national campaign.

*(381 Under 65's and 986 over sixty-fives vaccinated as at 11.11.21)*

The Secretary, JB, informed those present that he assisted the three Saturday clinics and without exception patients were very complimentary on the system used, the camaraderie of all the staff involved and how good it was to see and talk and see the GP's and Nurses.

- **Staying Well Service**

The Practice Manager, RB, recently had a meeting with Charlotte Woodcock, Staying well Facilitator- Occupational Therapist, Staying Well Service, Midlands Partnership Foundation Trust. The service is targeting patients who are mild to moderately frail, with the aim to prevent patients in this cohort going into hospital. To use this service patients must be referred to it by their GP. The service has Nurses, Occupational Therapist, and Mental health Nurses working in the team and link in with the social prescriber. It was suggested that it may be of benefit for CW to attend

a Forum meeting to give a brief overview of the service. This was agreed by the members present.

- **Calls to the Practice**

There was a discussion around the Practice telephone system and the current number of calls that have been recorded. The following figures were given by RB

In October— 31,625 which is an average per working day of 1506

In September – 32,391 which is an average per working day of 1472

In August – 22,616 which is an average per working day of 1077, (holidays)

The figures recorded above are inclusive of calls in and calls out.

It puts into perspective on how busy the phones are and the issues in getting through to speak to someone. RB informed the members that she had recently met with the phone company and discussed a completely new system. This will involve more lines, will be “cloud based,” include new phones, mobile apps for the GP personal mobiles so costs are correctly allocated, options to change messages quickly, at the touch of a button, based on changes in circumstances. Currently awaiting costings and if approved by the partners will be installed during January 2022. This will hopefully improve the situation.

A question was asked around the telephone packages that the Clinical Commissioning Group have been offering surgeries. RB confirmed they had received information on these but there was a downside to the system proposed. Everything is OK with the proposed system until there is an error. When this happens, which it has, the entire system crashes for everyone linked in and phones out of action until resolved. It was viewed to be too big a risk to take, and the members present agreed.

Discussions also were held over the abuse, sometimes very cruel, the receptionists are still having to endure from some patients when they get through. The Forum members were again sorry to hear this. Although it was appreciated that some patients will feel frustrated, due to the difficulties in getting through to the receptionist, they strongly condone behaviour of this nature and would support any action taken by the surgery against repeat offenders.

Currently, telephone calls are recorded for training. If the abuse is “over the top” then a zero-tolerance letter is sent out to the patient concerned and the action that will be taken if such behaviour continues.

The Secretary, JB, gave examples of what has happens within other surgeries in East

Staffs. Trent Meadows, Stretton location closed for two days due to the abuse the staff received. This was reported by the Burton Mail. No patient was put at risk as calls were transferred to the main site in Branston. In addition another surgery had to call in the police to a patient verbally abusing staff. This resulted in the patient being taken off the practice list and moved to a surgery who takes in people of this nature. The Primary Care Network for East Staffordshire are currently looking into a letter that Practices can send to patients re the zero-tolerance policy therefore sending out a consistent message across the locality.

The Deputy Chair, SAR, asked if any training had been offered to the staff who are at the sharp end of this abuse? RB said that Conflict Aggression Training had been offered and arranged by the Clinical Commissioning Group. However, this will not take place until February 2022 and will mean sending staff to the Staffordshire Training Hub!

Another area being looked at includes the use of social media to get messages out to the public and RB is attending an online seminar the following day.

- **Cancer Audit Info**

Dr Ambrose has conducted a recent cancer audit based regarding referrals to secondary care. The audit found

(i). No diagnosis of cancer has been found via Emergency Admission

(ii). 280 Referrals processed April – October 21 of these:

Twenty-three new cancer patients were found

Eighteen of these were found via the 2week urgent cancer diagnosis referral system

Three were found by timely investigation e.g. a CT scan

Two through routine national screening, bowel and breast screening

This is a usual conversion rate for the Practice and has been around the same figure for the past 4 years.

Two Forum members highlighted the excellent diagnosis, and care being given to emphasis what the surgery audit had found.

- **External Intercom System**

Currently, access to the building is via the intercom system which is situated externally on the wall at the top of the stairs / ramp and has buttons for each of the two Practices, Tutbury and Dove River. Now we are approaching the winter this means that patients are standing queueing outside until let in. Sometimes people

could be as far down as the street whilst waiting their turn to contact their practice. Can anything be done to either provide a shelter for this area or speed up the process?

RB indicated that the topic of shelters had been investigated. The issue with this is- The costs are high, and this cost must be funded by the two practices so both have to be on board with cost.

However, the intercom system has been updated and includes camera for the receptionists to see the people standing outside. This assists in two ways.

(i). If for instance the queue is long, but nobody has pressed for Tutbury they can speak through the intercom and ask is anyone waiting for the Tutbury surgery and hence bringing them forward and into the building.

(ii). Allows the receptionists to see if any adverse weather conditions and if so try to get people safely into the building.

The Chair, SAR, thanked RB for a detailed report and the discussions that it had prompted. The Secretary, JB, said a lot of this should be put into a Forum Newsletter for patients and will start to put one together to circulate before the start of the festive season.

## **7. COVID Vaccinations**

The vaccinations are progressing very well, and the centre has increased in the number of vaccinations. Mainly doing the booster vaccines but also second vaccines and some firsts. Done sessions at Uttoxeter Race course and deFerrers Academy. As the new football season has started new arrangements have been made to take account of when the centre is required for supporters and other community activities. A year has passed since the vaccinations started and the camaraderie between the volunteers, vaccinators and technical teams is fantastic. The centre is not on the National booking system, but appointments for Pirelli can be made following the link that patients receive via their surgeries.

Following information sent out from the NHS people think they can have their booster 5months after their second vaccine. This is incorrect. What it means is that people can start to book for their 6month booster after 5months has passed. Of course this may change in the future and if cases of infection continue to increase. The vaccination bulletins are still being circulated widely by the Secretary, JB.

## **8. Forum Quiz Night.**

The Secretary, JB, indicated that the first Forum quiz night since January 2020 was held on Friday 22nd October. This was at the Tutbury Club, High Street, Tutbury. Unfortunately due to several reasons, including COVID, there were only fifteen people who took part. However, a good night was had by those present and a profit of £40 was made on the night.

Due to COVID infection rates on the increase there will be no further quiz nights until Friday 28<sup>th</sup> January 2022. However, this date will be reviewed due to the COVID restrictions in place at that time.

## **9. Presentation on GP Access**

The presentation was the same one that had been shown at the Staffordshire & Stoke-on-Trent CCGs Primary Care Commissioning Committee Meetings in Common, South on Thursday 28<sup>th</sup> October and to the East Staffordshire District Patient Engagement Group meeting that same day in the evening.

The full slide presentation was given and is shown below. It has also been sent to all District Group members after the meeting with the request for any further questions for RE to be sent to the Vice Chair, JB.

The presentation to the District Group was given by-  
Ruth Emery,

The same presentation was due to be shown to the Forum members present at today's meeting but there were projector issues which prevented this happening. In place of this the full presentation is shown below along with the various questions that were raised at the District Group.

The slides are shown below-

# General Practice Access Plan

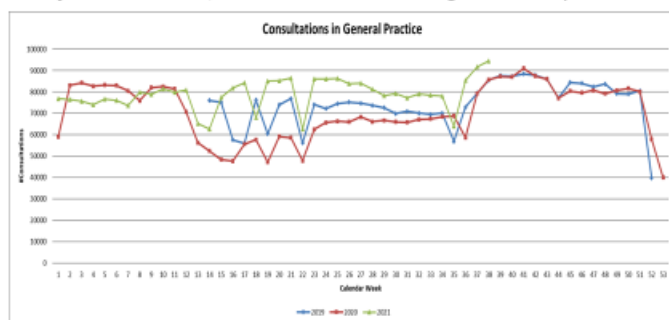
## Staffordshire and Stoke -on-Trent

### 1<sup>st</sup> October 2021

## Context



- All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times.
- Since the COVID pandemic in March 2020, GP practices have remained open and delivering appointments in a different way operating a total triage model of remote consultations alongside face to face following triage and where clinically appropriate. This model was in line with the NHS England Standard Operating Procedure and was to ensure that patients were still receiving safe access to general practice whilst protecting staff and the public in terms of the risk of infection.
- Consultations during this time has been variable and currently in comparison to the same time last year and the previous year before that, consultation rates are higher since April 2021.



	Consultations				
	2019	2020	2021	2019 to 2020 variance	2019 to 2021 variance
May	309,605	223,896	325,337	-28%	5%
June	296,676	290,345	374,185	-2%	26%
July	336,205	302,590	353,368	-10%	5%
August	291,956	272,173	330,831	-7%	13%

#### August 2021 highlights

- 13% year on year growth in SSOT
- 38,875 additional consultations between Aug 2019 – Aug 2021



## Key drivers



- Pent up demand
- Patients are used to same day emergency appointments during lockdown and are not prepared to wait for a few days for an appointment
- Social distancing in the waiting room and PPE donning and doffing have reduced capacity
- 111/DNS handover problems in the afternoon when all capacity used
- Due to the backlogs, patients think going to A&E will promote them up the list for investigations such as bloods and x-ray, even surgery
- Variability among practices, particularly in deprived and diverse communities
- Lack of communication around the role of other health professionals as people tend to want to see the GP
- Longer waits on the phone due to the large volume of vaccine queries
- Duplication from total triage

## Key activities that have taken place in September 2021



- Public survey to gain views and experiences of access to general practice is ongoing
- National GP ;patient survey presented at September's PCCC committees and actions aligned to this plan
- Community Pharmacy Consultation Service progress – continue to encourage engagement and sign up to service.
- Attendance at Staffordshire Councillors meeting on 6/9/21 to discuss access concerns and the access action plan.
- Responses to MP letters in regard to general practice access issues ongoing
- Quality visit agenda being developed and will support access conversations

# Detailed action plan for general practice access

## Updated 1<sup>st</sup> October 2021



Action Area No.	Action Area
1	Communications
2	Access Improvement Programme (Time for care)
3	Record keeping
4	Digital solutions
5	Quality, variation and resilience
6	Training and development
7	Workload initiatives

## Action area 1 - Communications



Action	Target date	Responsible	Notes
<p>Patient information and education campaign and listening to feedback:</p> <ul style="list-style-type: none"> <li>Share help us to help you campaign</li> <li>Share NHSE access toolkit</li> <li>Develop local toolkit with materials and messages to raise awareness of extended workforce – this will include: <ul style="list-style-type: none"> <li>Poster</li> <li>Newsletter text to go VCSE and parish councils</li> <li>“How it is vs. how it could be” case studies</li> <li>Targeted narrative around care navigation</li> <li>Animation showing extended workforce roles</li> </ul> </li> <li>Develop local materials to show the real picture, including: <ul style="list-style-type: none"> <li>Infographic showing appointment data vs pre-pandemic</li> <li>“Thank you” message, to also include facts and figures</li> <li>Animation to show “a day in the life of” GP receptionists and care navigation</li> </ul> </li> <li>Develop local messages about alternatives to general practice</li> <li>Explore options for a paid-for campaign, including online and traditional media</li> <li>Develop social media support including a masterclass on communicating with patients via these channels</li> <li>Develop on-digital material to supplement social media/digital messaging</li> <li>Online Survey to gather patient feedback</li> <li>Review existing feedback from patients via Healthwatch, NHSE desktop review, listening events</li> <li>Collating soft intelligence via social media messages</li> </ul>	Ongoing until end of March 2022 Initially	Communications/ Primary Care	<ul style="list-style-type: none"> <li>NHSE campaigns and toolkits circulated and promoted</li> <li>Communications toolkit produced for practices and patient groups and circulated</li> <li>Discussions ongoing in regards to measuring how the local messages are working</li> <li>Continued attendance at Patient District Groups and Patient Boards</li> <li>A public survey is currently live for patients to document their current experiences of general practice.</li> <li>Meeting took place 16/09/21 with practice managers in north to discuss issues/campaign</li> <li>Meeting took place 6/10/21 between Primary Care Team and Communications to discuss the communications campaign further to refine based on feedback</li> <li>Continue to build in feedback (collating themes and trends) from Healthwatch, social media, public survey, listening events to refine messages and to support targeted work with practices</li> <li>Supporting regional campaign to support general practice – particularly around abuse for staff</li> </ul>
Staff abuse campaign – continue to refine	Ongoing	Primary Care / Communications/ NHS England and Improvement	<ul style="list-style-type: none"> <li>Continue to refine and update – this will feed into the above section.</li> <li>Local campaign assets shared with regional NHSE colleagues</li> <li>Supporting regional campaign</li> </ul>

## Action area 2 – Access Improvement Programme (Time for Care)



- Programme to target practices with greatest access challenges
- Build understanding of demand, make best use of workforce, implement new pathways as appropriate, strengthen and expand onward referrals to other services, implement change and measure impact
- Funding attached to support
- Outside of CCG control and influence – this is being fully led via the Time for Care Team

Action	Target date	Responsible	Notes
CCGs to promote the Access Improvement Programme to practices	Ongoing until end of March 2022 initially	Primary Care	<ul style="list-style-type: none"> <li>• 11 practices currently engaged.</li> <li>• Primary Care team are in close contact with Time for Care and targeting practices that may benefit from the programme</li> <li>• Access checklist will highlight the programme to practices</li> </ul>
Gather outcomes of the Access Improvement Programme when available	Ongoing	Primary Care	Ongoing as this progresses
Share learning from the Access Improvement Programme when available	Ongoing	Primary Care	Ongoing as this progresses

## Action area 3 – Record keeping



Action	Target date	Responsible	Notes
Develop an access audit checklist as a supportive and appreciative enquiry mechanism.	Oct- Dec 2021	Primary Care	<p>110 responses received and individual action plans for those practices have been shared in September. Those practices that have not responded are being encouraged to engage with the audit. Primary Care team to work with practices on the actions.</p> <p>Themes from the checklist actions to be pulled together and fed back to October PCCCs.</p>

## Action area 4 – Digital Solutions



Action	Target date	Responsible	Notes
Support practices to re-examine delivery models considering the productivity around telephone triage then face to face which may be impacting capacity – link to GP appointment guidance	Ongoing until end of March 2022 and beyond	Primary Care/ Digital team	<ul style="list-style-type: none"> <li>Links to the digital work with practices underway</li> <li>Digital First scheme will look at for example: modes of consultation, communications, online presence, signposting, record access and online repeat prescribing through a training and support approach based on the emerging online services toolkit.</li> <li>AiP programme may also support with new models of delivery</li> </ul>
Improved communication and utilisation of digital support methods for appointments and prescriptions including patient access, EPS and NHS APP	Ongoing	Comm-unications	<ul style="list-style-type: none"> <li>Include as part of the communications messages</li> </ul>
Mapping of appointment slots to the national guidance (PCN Impact and Investment Fund 2021/22)	Oct 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> <li>Review data from NHSE to ensure mapping of appointment slots as per the national guidance (Validate results at practice and PCN level to authorise PCN payment by 30/10/21. Summary of achievement to be provided to NHSE by 15/11/21.)</li> </ul>
Number of online consultations on or after 1/10/21 per 1000 registered patients (PCN IIF 2021/22)	Oct 2021	Digital Team	<ul style="list-style-type: none"> <li>Review practice level information</li> <li>Work with practices and communications to support use of online consultations</li> <li>Return to be completed to NHSE by 18/10/21 on NHS111 direct booking and Extended Access</li> </ul>
Spot check of general practice websites	Oct – Dec 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> <li>A spot check of websites will take place to ensure messages are clear in relation to access and appointments and individualised feedback provided to practices by the primary care team with learning and areas of good practise shared across all practices.</li> </ul>

## Action area 5 – Quality, variation and resilience



Action	Target date	Responsible	Notes
Develop Quality & Engagement visit programme with practices	October – March 22	Primary Care	<ul style="list-style-type: none"> <li>Agenda and supporting data in development</li> <li>Programme of quality visits will be starting in October 2021</li> <li>Themes and trends to be identified on an ongoing basis including shared learning and innovative ideas</li> </ul>
Targeted approach with practices regarding access taking into account and utilising data and intelligence as follows: <ul style="list-style-type: none"> <li>Consultation data</li> <li>Soft intelligence</li> <li>Patient survey results</li> </ul> Link discussions with the Quarterly Quality dashboard reviews	March 2022	Primary Care	<ul style="list-style-type: none"> <li>Targeted approach to practices with low patient satisfaction to support and equally review practices with high patient satisfaction to share learning and potential peer support (link to quality visits and discuss at dashboard reviews)</li> </ul>
Reduction in Type 1 A&E attendances for minor conditions (PCN Impact and Investment Fund 2021/22)	31 <sup>st</sup> March 2022	Primary Care/ ICS	<ul style="list-style-type: none"> <li>Analyse &amp; discuss implications of data for Type 1 A&amp;E attendances for minor conditions with the local ICS &amp; plan to reduce.</li> </ul>
Support practices to review resilience and business continuity plans	Ongoing	Primary Care/Digital Team	<ul style="list-style-type: none"> <li>Plans were reviewed during Covid – to support practices and PCNs revisit these as part of practice check in's and quality visit agenda</li> </ul>
Workforce absence reporting in place	Ongoing	Primary Care Team	<ul style="list-style-type: none"> <li>Absence reporting re-commenced by practices to monitor impact of easing of lockdown restrictions from 19/7/21.</li> </ul>

## Action area 5 – Quality, variation and resilience (Continued)

Action	Target date	Responsible	Notes
National GP patient survey results to be analysed and work with practices as a result	Ongoing work in 2021/22	Primary Care/ Data team	<ul style="list-style-type: none"> <li>Results for key questions analysed (Completed)</li> <li>To engage with practices re. actions via quality visits and targeted work.</li> <li>Present results to PCCC (Sep-21) (Completed)</li> <li>Triangulate results and link practices to Access Improvement Programme (Oct-21)</li> <li>Contact those practices with lowest scores for telephone access to consider support and available options (Oct-21).</li> <li>Share learning/best practice from those with the best scores.</li> </ul>
Identify from patient survey results patient groups experiencing health inequalities in experience of access (PCN IIF 21/22)	31st March 2022	Primary Care/ Communications Team	<ul style="list-style-type: none"> <li>Develop and implement a plan to improve experience of access for identified groups.</li> <li>Monitor IIF Indicator in relation to the patient survey requirement regarding identifying patient groups experiencing Health Inequalities</li> </ul>
Work with practices on PPG engagement <ul style="list-style-type: none"> <li>Circulate PPG toolkit development by Communications Team</li> <li>Stocktake of PPGs</li> <li>Identify any further support</li> <li>To be included as part of quality visits and practice check ins</li> </ul>	Ongoing	Primary Care/ Communications Team	<ul style="list-style-type: none"> <li>Toolkit sent and this is highlighted in the access audit checklist.</li> <li>Stocktake underway</li> <li>PPG webinar being developed for the North Staffs and Stoke practices to take place in Autumn 2021</li> </ul>

## Action area 6 – Training and development

Action	Target date	Responsible	Notes
Training for receptionists to support call handling and challenging patients	Oct - Dec 2021	Primary Care	<ul style="list-style-type: none"> <li>Target date changed to reflect the ongoing work and analysis</li> <li>A series of conflict resolution and de-escalation training sessions is being offered to staff by the Staffordshire Training Hub – 174 places available and majority have been taken up with very few DNAs (1 or 2 at the most)</li> </ul>
Examine resilience training and dealing with challenging patients training	October 2021	Primary Care	<ul style="list-style-type: none"> <li>Resilience training for practice managers has been taking place</li> <li>Target date changed to reflect the ongoing work and analysis</li> </ul>
Utilise the outcomes of the receptionist survey to identify any further training and development that may be required	October 2021	Primary Care	<ul style="list-style-type: none"> <li>Target date changed to reflect the ongoing work and analysis</li> </ul>
Demand and Capacity modular sessions for practices and PCNs (Regional event) using MS Teams.	September 2021	Region	Complete - Series has been designed to help participants gain a deeper and practical understanding of what demand and capacity are and consequent issues that occur. Information can be used to better manage services and how it can aid in designing more robust needs-based services at a practice and Primary Care Network level. (4 dates in September fully booked, additional dates being considered and dates to be confirmed).
Reinvigorate care navigation	Oct – Dec 2021	Primary Care	<ul style="list-style-type: none"> <li>planning for a reinvigoration of care navigation and active signposting – plan currently being put into place across the 3 PBPs.</li> </ul>

# Action area 7 – Workload



Action	Target date	Responsible	Notes
Reinvigorate care navigation and active signposting	Ongoing	Primary Care	• Package of support in place for care navigation and active signposting as part of GPFV (final year funding was 2020/21)
GP referral to community pharmacists scheme to be developed	Ongoing until end of March 2022 initially	Primary Care/ LPC	• Working with the LPC to develop this referral service • Commission digital solution to support referral process and care navigation/active signposting • Summary of practice status by CCG is shown below (24 Engaged & 17 Ready) • Promotional comms being developed and myth buster to be shared via the GP Bulletin (Oct-21)
Delivery of the plan to increase referrals via community pharmacy consultation Service (PCN IIF 2021/22)	31 <sup>st</sup> March 2022	Primary Care / LPC	• Work collaboratively with community pharmacy to increase referrals and monitor success.

CCG	Stage 1	Stage 2	Stage 3	% stage 2 or 3
Cannock Chase	17	0	6	26
North Staffs	21	5	4	30
Stoke-on-Trent	24	14	3	40
Staffs and Surrounds	7	4	3	50
East Staffs	0	0	0	0
South East Staffs and Sealdon Peninsula	24	1	1	8

Practice status	Definition	What to do at this stage
<b>1. Pre-engagement</b>	<ul style="list-style-type: none"> <li>Practice may be one of the following:                             <ul style="list-style-type: none"> <li>Advised they are not participating</li> <li>Closeout of the referral pathway</li> <li>No engagement with regional project team to date</li> <li>Intend to start working on the pathway in the next few months but no immediate action.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Communicate how the referral pathway can help the practice (clinical improvements), so they understand the reasons to participate. Check in to see if position has changed.</li> </ul>
<b>2. Engaged</b>	<ul style="list-style-type: none"> <li>Engaged, want to get started.</li> <li>Working with regional team.</li> <li>Making plans.</li> <li>Establishing the skills needed to make referrals.</li> </ul>	<ul style="list-style-type: none"> <li>Provide support.</li> <li>Facilitate engagement activity with others who will help them in PCN.</li> <li>Address any challenges they may have.</li> </ul>
<b>3. Ready</b>	<ul style="list-style-type: none"> <li>The pathway is enabled, and the practice is ready to make referrals.</li> <li>IT systems are ready.</li> <li>Training complete.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure referral are identified in national reporting.</li> <li>Monitor success.</li> <li>Continue to making referrals.</li> </ul>

Across the Midlands Region there are 212 GP Practices referring to the CPCS. This has seen over **9709** referrals made. More active practices and more service spread to active pharmacies (591) than any other region. Weekly referrals are at their highest ever level (621) (Regional update: up to 27/09/21)

## How will we know we are making progress?



- Primary care data sets from ICS, ICP down to clinician level
- Website to 'house' the data sets which can be easily accessible to clinicians, practices, PCNs and ICPs and kept up to date
- A comprehensive educational suite to support clinicians with development and keeping up to date.

### Example 360 report



- 3 year trends
- Practice, PCN, CCG, England benchmarking
- Demographics
- 61 indicators



## Completed Actions



Action
Communications general practice access project group in place
General practice access communications plan in place
Communications general practice access working group in place with general practice and patient representatives to develop and deliver key actions
Review solutions around telephones due to the increased use of telephone consultations
Social Media Training Webinars
To work with practices on the new GP appointment classification guidance

Below are the questions asked by the District Group members present.

1. Is the Q doctor system still in operation?

**RE this will investigate and report back**

2. Are PPGs being involved in GP Quality visits?

**RE indicated this topic was discussed earlier that very day.**

***Can you keep us in the loop regarding this, please Ruth?***

3. Discussion on the role of the Care Navigators

**RE agreed that the patient has the final say and has the right to say- "thank you but no I wish to speak directly with a GP"**

4. Changes in the way GPs now work

Loss of GP services, e.g. ear wax removal now must pay someone

Lack of continuity, change of GP or nurse means they don't have the same knowledge of the patient

GPs tend to work part-time although achieve their contract hours

Tried for 5 days to get an appointment without success

**RE will send a written response to the comments raised above**

5. Issue raised concerning a patient who had mental health issues who unfortunately was awkward at their GP surgery causing the police to attend. Was taken off the surgery books and moved to one at Cannock!

**RE If police called, the reallocation system comes into play. Couldn't understand transfer to Cannock when one is in Burton?**

6. 5 days to get through to a GP. Was at one-time number 30 in the queue and when down to number 1 was cut off

**RE If patients are concerned, they are not getting the right service they should put in a complaint to the surgery.**

7. Can we have more information about the Physician Associates, how appointed, who decides on which GP surgery they go to, can they move between surgeries i.e. "shared" and where they work now within East Staffs?

**RE these people are trained at Keele University, they are clinicians not fully qualified GPs. The PCN decides how many are required and where they go to. Demand for them is high.**

8. Fully in favour to be kind to receptionists. However, sometimes when you contact the surgery the receptionists can be very curt and come over hard and cold. Also had the opposite and passed on thanks to the Practice Manager to pass onto the receptionists.

**RE At times, it can be frustrating for both receptionists and patients. Training is in place for receptionists. There are cases that receptionists are now leaving the job, some after 20years of service, because of the abuse and threats. In two cases the police had to be called.**

All the above questions have been sent to RE via email and where necessary responses will be circulated when received.

After RE had left there were further discussions and comments on the topic, and these included:

- There is inconsistency across GP Surgeries.
- The contract GPs have with Clinical Commissioning Groups doesn't define, in detail, responsibilities.
- They are individual businesses.
- Examples of good practice were given.
- Some practices had employed Associate Physicians before the Primary Care Network was formed.
- Unfortunately, there is not a national debate on this topic which is needed. After training a lot of medics do not want to go into general practice as a partner. They want a salaried position and set hours.
- Statistics show that for every five people that go into general practice only two are remaining there after 5years.



- It's the same situation with Nurses.
- Housing and population growth are severely adding to the issues.
- It is a sad fact that the enthusiasm of 18–20-year-olds, having the initial passion to join the profession, but once trained soon lose the passion due to the extreme pressures.

## **10. Feedback from East Staffordshire Clinical Commissioning Group, (CCG), Primary Care Committee, and the East Staffordshire CCG Patient Board.**

The Forum Secretary, JB, who is the Vice Chair of the East and South East Staffs CCG, Patient Board and East Staffordshire District Patient Engagement Group, gave the following verbal feedback on the above:

### **(i). East Staffs CCG**

There has been no further meeting, where the public can attend, since the 6 CCGs AGM that was held in September. The next meeting will be on Thursday 25<sup>th</sup> November and details on how to take part will be sent out.

### **(ii). The South East Primary Care Commissioning Committee**

As discussed in Agenda item 9 the last meeting was held on Thursday 28<sup>th</sup> October. The next meeting will be on Thursday 25<sup>th</sup> November and details on how to take part will be sent out.

### **(iii). The East and South East Staffordshire CCG Patient Board.**

The last meeting was held on 7<sup>th</sup> of October with the usual full agenda that included the normal standard items and presentations from MPFT services and from Queen's Hospital on the Outwoods Development. Regular update given on the progress of the new Integrated Care Partnership that is planned to take over from the 6 CCGs in April 2022. Agenda also covered patient access to GP surgeries, patient stories, and Board members updates. There was no meeting held in November.

## **11. East Staffordshire District Patient Engagement Group**

Meetings via zoom continue to be held every six weeks and the usual agenda items, which include patient stories, vaccination update, CCG and PPG updates the group have discussions on the current "Access to GPs" issues and updates of the new Integrated Care System. Any urgent issues are escalated up to the Patient Board for discussion and further actions if necessary.

The next meeting is on December 9<sup>th</sup>. Our speakers at these meeting are James Flitham and Richard Williams from Support Staffordshire. Apart from doing work on health inequalities within Burton, Tamworth and Lichfield they are wanting to discuss the role of Patient Participation Groups in these areas and where this can be

enhanced. Below is a paper they have put together and has been sent to the District Group members. If after reading this you have any comments / views etc you would like raised, can you please send them to the Secretary, JB, before the 9<sup>th</sup> of December. The toolbox mentioned below will be sent out with the draft minutes.

## **Healthy Communities / South East Place Base Partnership - Building on the work of Support Staffordshire Community Officers**

### **Background:**

Patient Participation Groups (PPG's) have been required for each GP practice since 2015. A useful Toolkit document (attached) has been produced with some support available from its author, the local CCG's, via their Communication and Engagement team.

The activity of PPGs in general in the South East footprint is at a low base and has the potential to engage better with patients and recruit more volunteers and increase proactivity, in line with the aims of the Toolkit and with some dedicated additional support.

Only 2 PPGs are currently members of Support Staffordshire in the area, from a potential total of around thirty. There are some well supported and effective PPG groups some of whom would be willing to share their experience with others. Two Patient Engagement groups exist, one for East Staffs and one for Lichfield & Tamworth. Each run-in separate ways with different support.

Potential actions:

Identify the current level of activity in all three localities (including the two district forums to which PPG's can send representatives).

Identify those practices that don't have a PPG and offer to discuss this gap with them.

Identify those practices with a PPG that could be more effective and offer to meet and discuss support options with them.

Identify the PPGs that are doing well and support their development as well as encourage them to network and mentor other PPG's.

To connect the PPG's and Practices to the local voluntary sector offer.

Engage with GP practices and PCN to support the growth of the PPG network.

Meeting agreed priorities, work with PPGs at all levels of their development to facilitate and encourage activities such as:

Walking groups

Place Of Welcome type coffee mornings/drop ins

Virtual meetings

Volunteer recruitment

Other social action or community development goals

Help to amplify and build confidence of the patient voice

Support Staffordshire staff that could be involved include - Locality Officers, Community Officers, Volunteering Officer and Social Prescribing Link Workers.

## **12. National Association for Patient Participation, NAPP**

At the last meeting there was a discussion regarding the changes with NAPP and that information is not as forthcoming as in the past. The Deputy Chair, SAR, and Secretary, JB, had signed up to the Patients Association which sends out weekly newsletters. There is no cost to join whereas NAPP is £40 per year. It was agreed in September that the Secretary will start sending the information from the Patients Association and a decision regarding future registration will be taken at the November meeting.

The members present agreed that we should continue with the Patients Association and not renew our N.A.P.P registration when it becomes due in January 2022. It was felt that if the situation changed with N.A.P.P we could always renew the membership.

## **13. East Staffordshire and Surrounds Diabetes UK Patient Network.**

The next meeting is on Thursday 25<sup>th</sup> November between 2.30pm and 4.30pm. This is a different time to the usual evening times due to the availability of the speaker. The Chair, JB, has sent invitations to everybody include the Forum members. It is planned to work with the Staffs County Council to raise Diabetes awareness and other Health issues within the BAME communities within Burton

JB gave an update regarding the 1,000,000-step challenge he did for Diabetes UK throughout July, August and September. The target achieved was 1,580,459 steps.

In addition, JB also informed those present that Sally, (Faulkner), a colleague with Type 1 diabetes and a member of the diabetes UK patient network also signed up for the challenge and achieved a grand total of 1,593,422 steps.

## **14. Any Other Business**

(i). Two members asked for clarification on how to get access to their medical records on the NHS App. Both had signed up for Patient Access, but this will not allow access to medical records. Following a discussion on the topic RB agreed to speak to FC on the topic and the Secretary, JB, will investigate the forms to use.

(ii). 2022 Meeting Dates. The Secretary, JB, handed out the proposed dates based on the usual bi-monthly meetings. The dates and details are as shown below-

## **Tutbury Practice Patient Forum Meeting Dates 2022**

Wednesday	January 12th	1.00pm – 3.00pm
Wednesday	March 9th	1.00pm – 3.00pm
Wednesday	May 18th	1.00pm – 3.00pm
Wednesday	July 13th	1.00pm – 3.00pm
Wednesday	September 14th	1.00pm – 3.00pm
Wednesday	November 16th	1.00pm – 3.00pm

The meetings will be held in:

**The Tutbury Village Hall, Monk Street, Tutbury**

If due to COVID-19 there are restrictions preventing face-to-face meetings, they will be held virtually via Zoom. These will be on the same days as above, but the times will move to 6.30pm – 8.30pm.

Pre-registration will be required via a link sent by the Secretary.

Any patient registered with the Tutbury Practice can attend the meetings, either face-to-face or virtual.

**For further information please contact the Secretary John Bridges on Mobile number 07590379892, Email [bridgesjohn763@gmail.com](mailto:bridgesjohn763@gmail.com)**

### **15. Date of the Next Meeting**

The next meeting will take place on Wednesday 12th January 2022. Dependant on the COVID restrictions the meeting will again be face-face and in the main hall of the Tutbury Village Hall which will give sufficient social distancing and air flow.

If this does take place the meeting will be between 1pm and 3pm. The final decision will be taken nearer the time, but the room has been reserved.

The meeting will start with the Annual General Meeting and Election of Officers to serve for 2022. The nomination papers for the positions of Chair, Deputy Chair and Secretary will be sent out with these draft minutes.

The meeting was then closed by the Deputy Chair, SAR, who thanked all members for their contributions to the discussions at the meeting. As this was the last meeting of 2021 the Deputy Chair wished everyone and their families a happy and safe festive season.

