

# LGMC Patient Participation Group

## Minutes of Meeting 28.7.21

### 1. Present:

Victoria Hetherington	Partner/ACP
Sarah Robb	Practice Manager
John Tresadern	Chair
Mick Murray	PPG
Will Astill	PPG
Lesley Durran	PPG
Elaine Cox	PPG
Peter Barker	PPG
Sue Burfoot	PPG
Bob Faithhorn	PPG
Peter Hartill	PPG
Hilary Essen	PPG

2. **Apologies:** Robyn Hughes, Adam Heppenstall (Not attending as teenager due to Covid situation), Frank Dickens (Frank not attending due to health issues and will henceforth be a corresponding member).

3. **Welcome:** Welcome all and especially new participants viz: Ms V.Hetherington, Sarah Robb, Bob Faithhorn and Will Astill

4. **Presentation: Ms V. Hetherington, The impact of Covid 19 on the Practice and Partners' vision for the future.** Handout diagram 'LGMC Operational Structure' was made available for reference.

**4.1 The impact of Covid** Lockdown saw big changes in the organization of the surgery and in its procedures. The Practice became a red hub and as such was open to treat Covid patients. This required special arrangements and the lower ground floor was reconfigured as a sterile unit for us, Darley Dale and Imperial Road and used to triage patients who, potentially, had Covid 19. Also the Practice stored PPE and Oxygen. All routine monitoring was suspended. Nurses' and Healthcare assistants' urgent clinics were adapted with acute patients coming in. At one point the surgery lost 65% of staff due to risk assessments. The situation was improved in June as risk assessed staff returned with changes in reception and phone arrangements to reduce footfall. In the Covid vaccination campaign Pfizer vaccine was only available at Newholme but our area was the first in the East Midlands to vaccinate care homes and has hit all targets above national levels. Despite all this work, threats to staff were posted on the door and by telephone and texts to mobiles.

**4.2 The current situation** Operations are now back to normal with a walk in surgery, and weekly checks for care homes have been maintained. and Learning Disability units. Currently there has been a big surge the Delta variant locally. We are ready to take part in the booster programme, with vaccine ordered providing there are no problems with storage but no firm plans yet. There have been a number of staff changes. Dr Bathgate has fully retired and Dr Lingard is now working Part time. A new salaried GP will take up post at the end of October. We are now a training practice with registrars in training to

become GP's. Sue Sheridan has joined as a diabetic speciality nurse. Rebekah Lea has left and Sarah Robb and Emily Foster-Twigg are now Practice Manager and Deputy Manager respectively. Sister Arnold has retired. The Practice has had its problems but can now report that it is 'in a good place'.

## **5. Open floor:**

**5.1 Medical records** Hilary Essen questioned patients' medical records storage and said she couldn't find them online and was guided back to online instructions. [ACTION: PPG to check] This led to further discussion about medical records. The Practice is working for a blanket opt out in the Government move for all records to be accessible to a wide range of health agencies. The deadline to opt out from this plan has been put back to September. There has been an increase in requests for access to medical records data but not all can be shared even if patient wishes information on personal records to be available. There is no shared access with hospitals and there is still an issue with services operating on different IT systems.

**5.2 External services** Bob Faithorn asked the availability of links with other services such as those pre Covid and this was picked up by Jenny Powell who highlighted issues with obtaining treatment at the Whitworth Urgent Treatment Centre (UTC) although it was noted that waiting times at UTC's can be checked online. This highlighted the need to publicise where different health issues are to be treated – UTC or surgery. [ACTION: JT and SR]

**5.3 Challenges and opportunities for the Practice** Ms Hetherington expanded on positives and concerns as the Practice moves forward. Increased use of digital working such as video and photographs help consultations and reception has a list of symptoms they can book in to face to face appointments. But it can still take 6 days to respond to routine calls and longer if the relevant GP is part time. Basic problem is that Primary Care is underfunded. New organizational arrangements are now being implemented where the Practice is a member of networks aimed at making more services available areas such as for mental health. One is the Primary Care Network (PCN) which deals with 90,000 patients in an area stretching from Ashbourne to Eyam and Tideswell which is a huge area and is creating functional issues. As a result we are also linked with Darley Dale and Imperial Road in a 'Neighbourhood' network. Against this background Ms Hetherington stressed the need to protect the long established model for primary care with the Practice and the PPG working together both to protect the Practice from unfair criticism to spread news of good work such as the palliative care group now established, and to promote new working to re-educate patients in self-care and to foster community projects. Elaine Cox and Peter Hartill called for practical examples of steps to take and pressures to identify. [ACTION: The Practice and PPG] Ms Hetherington proposed a monthly meeting between her and the Chair for mutual catch up and proposals

**5.4** On behalf of the PPG, Mick Murray offered thanks for all the work of the Practice during the Covid emergency.

Meeting Ended 20.30 hrs

**Date of next meeting, Wednesday 29 September 7.00 pm**

SR and JT, July 2021