

Colchester Medical Practice Patient Participation Group

Minutes of the Annual General Meeting and meeting on 9th January 2023

Present: Jennifer Smith (PH) : Alan Murrells (SE) : Ken Jones (SE) : Julie Litherland (CG) : Peter Dennis (PH) : Howard Gardner (WR) : Paul Larkin (PH)
Chairperson : Ann Larkin (PH)
Ex officio : Richard Miller, Business Manager for Colchester Medical Practice

Apologies Russell Watterson (WR)

- 1 Jenny Johnson was introduced, she is one of the Research Nurses working for Suffolk and North East Essex. She came with a series of slides explaining the history of and the work they do. She started by saying that the first research was inadvertently led by King Nebuchadnezzar who stated that his army should be fed only on meat and good wine. However, some of the younger blooded royals said that they would like vegetables too, so the king agreed to that. As it turned out, those who had vegetables with their diet were healthier than those eating meat and drinking good wine. This was therefore the first randomised controlled trial.
James Lind ran a randomised trial with the army. Scurvy was prevalent among soldiers and he trialled different foods with different groups to see what was proved to be the best cure. Those given oranges and lemons in their diet were cured of their scurvy. However, these being expensive foods meant that the soldiers were rarely supplied with citrus fruits in their diet.
Jenny works with primary care (GP surgeries) as well as secondary care (hospitals) and therapies, such as physiotherapists – all within the NHS. The group works within the NHS.
Patients are now offered to participate in research and this is all done to a high specification. Patients who would be suitable for a trial are contacted by their own GP practices, even if the letterhead says something different, asking if they would like to participate in a given trial. No information of patients' identities is sent to them, patients supply as much or as little detail about themselves if they choose to join a trial. Most GP offered trials are observational studies. Interventional studies are more often offered by hospitals.
Colchester Medical Practice is one of the leading participants of such studies. They have a good uptake and provide much valuable input. A lot of people want to give something back to the NHS and this is one way that can be achieved. Colchester Medical Practice has details on its website on what trials are ongoing and how patients can participate.
- 2 Dr Cook, an executive GP Partner working at Shrub End Surgery was introduced.
- 3 Annual General Meeting
 - a PL read a report on the first year of our Patient Participation Group; a copy is attached.
 - b There being no other nominations, and both PL and AL were happy to continue, they were unanimously elected as Chairperson and Secretary for a further year.
 - c The constitution was accepted with two minor alterations: the first paragraph was to be removed.

Item 9, under Meetings should have its last sentence removed
There being no other changes, the constitution will stand until further
amendment is deemed necessary.

- 4 Minutes of the last meeting were agreed and signed by the Chairman.
- 5 Colchester Medical Practice is very oversubscribed and numbers are increasing very much at Shrub End and Wimpole Road practices. This is not sustainable and will burn out GPs and practices will become unsafe to patients. The Practice has been advertising for two new GPs for a year now, with no success. The Practice has therefore decided to apply to the ICB to formerly close its lists to new patients for 12 months. They are due to be giving their decision during this week. This means that no new patients will be accepted onto the surgeries' lists, although a new baby will automatically be accepted, someone marrying and the partner will be accepted.
For information, the BMA advises that GP surgeries should have 2000 patients per GP. Colchester Medical Practice has 3000 patients per GP. Further growth is not sustainable. GPs are already stretched and are reaching burn out, or retiring early. For the health of the Practice this is considered the best option. If the ICB do not approve closing lists to new patients, the Practice will close its books off its own back.
There was some concern at this news and members were particularly concerned that someone moving into an area could not see their "local" GP. RM explained that there is a large overlap of surgeries' boundaries so everyone would find a Practice nearby to where they live.
There was concern that patients only have a ten minute appointment and can only mention one problem at any given visit, when if someone has three issues that would necessitate them making three visits. This cannot be cost effective for surgery or patient. AM and HD both felt that the sign saying "one appointment, one issue" was off-putting and insulting to patients. **RM has agreed to take this back to an internal meeting and will report back at the next meeting.**
RM explained that with open access, which patients like, there has to be a limit to the time a patient can be allotted. Sometimes patients will only need three minutes, others twelve, or twenty, or longer. There has to be a cut off to "share" the allotted time for patients where GPs will not have to work longer than their four hours. PL said that open access is there for acute problems in the main, if patients have an ongoing condition they can make an appointment to see a GP. RM stated that currently appointments can be booked within one to two weeks. AM asked could patients have a telephone triage? This did not work well, as during covid, most patients need to be seen.
The majority of GPs work three days a week, but they normally work for 40-45hours a week. After a surgery, each GP has to write their letters, look at results that have been returned, read letters that have followed hospital visits as well as carrying out home visits for housebound patients..
Without a change to the working of the Practice, the system will break. GPs are being overworked, causing many to leave to locum, one GP left to work as a GP at the Garrison, others are leaving medicine altogether.
The PPG are in favour of closing the Practice lists.
- 6 PL and AL attended the Integrated Care Board Liaison Group and PL submitted a written report to the PPG prior to the meeting. One issue picked up was the fact

that we need younger representation on our PPG. This was felt to be very difficult. Younger people are not necessarily interested in their health. The only time they access their GP services is when they have a problem. Many people are too busy to join in. AM suggested that we have a good mix of patients on our PPG since the majority of patients visiting GPs are in the older echelon of society. The only other point mentioned was that the ICB would like to receive copies of our meeting minutes so that they can see if there is an issue which is raised on many PPGs. RM said they could access our minutes from the website.

- 7 PL reported that there seemed to be as problem with accessing further prescriptions for people on the six month batch order once the six months was up. He has been having problems and someone he knows also has problems. RM stated that as this seemed an issue relating to PL, this should be dealt with privately.
- 8 PD asked what was the use of the new building at Parsons Heath Surgery. RM explained it is a health and wellbeing hub, for use by the whole of the Practice, separate from acute medicine. There are lots of new roles:
health and well-being coaches, dealing with weight loss or stop smoking
Specialist Nurse for cancer care
A childrens' and young persons' counsellor, providing emotional and mental health support
There is a Physiotherapist based there
A Mental health Nurse is coming
A childrens' mental health nurse
All four surgeries refer into the hub, it is used for complementary health.
The health and wellbeing coach would have a telephone appointment first, to ascertain which service would best suit the patient. The patient would then be invited to an hour appointment.
Why do we need this, couldn't the money be better spent on the services we already have and need? RM explained this was different money. It has been given to surgeries to boost complementary health services. Any money we spend on these extra services will be assessed in March 2024 and will become permanent. So, the idea is to get as many complementary care specialists as we can, thus ensuring we receive this money in the future.
RM said that in most cases patients are be able to access these services themselves without a visit to the GP first.
- 9 Suggestion box
Dr Cook replied to the suggestion the PPG received regarding the consideration of a specialist couch that would assist with patients who have repeated smears because of the position of their womb. These specialist couches/chairs cost upwards of £2500 and this is a large cost when considered with the number of patients who have to have a repeated smear test. RM said this equated to less than 1%. The Practice would have to invest in four of these couches, one for each surgery. It would then have to be placed in one room and the patient seeing their GP or Nurse would not necessarily be in the same room as the couch. Dr Cook said that she is particularly experienced at dealing with these patients and if someone has to have a repeated test then she is the person who deals with the retest at Shrub End. There will be GPs who can do this at other

surgeries. It would be advised that patients can ask to have an alert on their notes that having a smear taken is difficult.

Regarding having to wait in a long queue for an appointment, RM stated that open access is available from 8.00am until 10.00am. The queue is usually in place from 7.30am or before. Once that initial queue has been dealt with there is very little queue after that.

RM explained that there is a new booklet available that has been texted or emailed to many patients and posted to the 3500 who don't have either facility, titled Winter Wellbeing Guide. This gives tips on how to keep well, in spirit, mind and body; explains open access; advises on how to make the most of your appointment; physiotherapy service; self-care; social prescribing; health and wellbeing coaching; cancer care nurse. This booklet explains to patients how to best access their surgery and what it offers.

One patient had difficulty explaining and understanding the Receptionist and this has caused offence. This patient is hard of hearing and it was explained that it is best to let someone at the surgery know if you have communication difficulties. This can then be highlighted on a patient's notes, hopefully to avoid a repeat difficulty. Contact the surgery supervisor when you visit.

- 10 Does the surgery have a hearing loop? RM stated there is a hearing loop. Does the Practice use sign language? RM said no, but the Practice has access to interpreters. They do not work at the surgery and patients would have to book an appointment and ask that an interpreter be present. Similarly, there are interpreters who help with foreign languages. Again, the patient would have to state this need when they made their appointment. RM said that the need for interpreters is fairly low.

RM stated the Practice is employing a Digital and Transformational Lead. He is due to start in February 2023 and his first job is to transform the use of the overhead screens. They will be used for surgery notices, such as only seeing the GP with one complaint; local issues and information; explaining the PPG; explaining the ICB; local advertisements, such as the deaf notices that AM wishes to promote. This gentleman is very experienced in GP practice, in IT and many other areas. He should be a big asset to our Practice.

- 11 **We next meet on Monday 3rd April 2023**, at 6.00pm at Parsons Heath Surgery. Following meetings will be on 3rd July, 2nd October and 8th January.

Signed

Chairman

Date