

Notes of informal meeting via Zoom between CCG and PPG

13 August 2020

Present:

Amanda Murrell,
Communications & Engagement Manager, Bedfordshire, Luton & MK CCG (AM)
Elspeth Woods, Secretary, Redhouse Surgery PPG (EW)
Sandra Reed, Secretary, Hilltops Medical Centre PPG (SR)

The meeting was arranged in order to enable further communication between the CCG and PPGs in Milton Keynes whilst also presenting an opportunity to see if Zoom works as a communication tool in the current circumstances.

Taking place on an informal chat basis, there was no agenda, with the focus being on the covid situation, how our surgeries are coping and sharing suggestions and ideas, as follows:

1. Both Hilltops and Redhouse are using zoom to hold regular PPG meetings, with minutes written up and circulated in the usual way.
2. It was agreed that the process of Zoom meetings improves with practice and this brought us to the first suggestion with respect to attendees wanting to speak and not knowing how to indicate this. A function to remedy this is to be found at the bottom right of the screen, below list of participants, where there is a 'raise hand' option.
3. EW outlined the age group of Redhouse PPG, which is similar to that of Hilltops. The use of IT/Zoom has been a problem for some members but this is being worked through successfully with confidence growing. Meetings, which are monthly at Redhouse, have continued to include regular guests.
4. Re a handy hints guide re use of Zoom - Redhouse has circulated an email to those joining, telling them how they can be heard, etc, created by a PPG member with tech knowledge which includes a checklist of Zoom rules eg use of mute, login, time limit. Hilltops doesn't have a guide.
5. SR explained the influx of registrations from Whitehouse and the issue with Whitehouse Medical Centre lease which has resulted in a delayed opening.
6. Redhouse is undergoing negotiations with NHS England and CCG to extend premises by acquiring adjacent premises to accommodate additional services. However, there is a point of view that the attention being given to the Whitehouse development has sidelined these negotiations despite approval already being given, causing expansion to come to a halt.
7. AM will send a graphic of the CCG/PCN showing the PCNs in Milton Keynes.
8. SR confirmed Hilltops Newsletter is circulated quarterly, meetings are 8 weekly as are Network meetings. The success of the Network PEEs was mentioned and discussed.

9. EW agreed these are a good idea and has similarities to the presence of a guest speaker at each monthly Redhouse PPG meeting, including representatives from local charities.
10. SR discussed the previous one issue per consultation issue at Hilltops and advised this has been succeeded by the new website tool which, among other things, allows patients to indicate all areas of concern at one on-line consultation application. SR talked about the guide prepared for patients' use re the new website, further explaining that Hilltops patients without access to the website can still phone the surgery, where receptionists will work through website with the patient for them.
11. Early lockdown effects re communications with PPG were discussed including local contact, which is a frequent means of contact with patients, as well as social media. SR explained Hilltops PPG functions as a bridge between patient and surgery. We talked about various means of communication at length, including talking with patients in the waiting area, pre covid..
12. EW described the role she has as PPG secretary.. The Redhouse senior partner appreciates their perspective of not just being 'a PPG and a practice' but a 'practice PPG'. Agreed that no two PPGs are the same and it would be a mistake to try and make them the same. Policies for one may not be appropriate to another because of variations in demographic, etc.
13. AM explained that the CCG cannot contact patients, i.e. PPG members, directly to arrange, say, meetings such as today's, which have to be made via the respective surgeries' PMs. AM is keen to overcome this barrier and make communication easier because there are respective practice policies that may well work for other practices. To have the opportunity to identify these is worthwhile and creates an informal platform where ideas can be shared from time to time. EW suggested smaller meetings work better, being more informal and easier for participants to get their ideas across. AM agreed that this was helped by the absence of a formal agenda and all agreed that just today's chat so far had achieved valuable insight.
14. Example 1: Other PPGs – other patients commented on issues such as the waiting area screens that were difficult to read so, via informal meetings, this was recognised and a remedy found.
15. Example 2: EW discussed triaging. Redhouse has a recorded message by a GP which greets and directs patients when phoning the surgery. This current method however slows down time spent on the telephone.
16. All agreed that the direct exchange of ideas/comments between PPG and clinicians enhances a working relationship that builds understanding between them as well as providing a platform for them to communicate ideas and responses.
17. EW: The current system under Covid restrictions is working well at Redhouse. Triageing is done online or by phone, thereby enabling more time becoming available for those patients needing face to face consultations.
SR: Hilltops has a similar system in place but is, however, receiving an increased volume of phone calls
In general, both surgeries have become busier mainly due to the increased volume of phone calls.

18. Flu clinic programme was discussed. Agreed that there are many uncertainties which make the usual procedures impossible. Redhouse is in a similar situation to Hilltops re vaccine supplies.
19. With regard to the logistics of carrying out vaccinations, Redhouse has acquired a couple of long tubular tents from a PPE company to be erected outside in the car park areas to protect and guide patients arriving for vaccination. This procedure is still being developed but arrangements are well underway.
20. Aspect of mass use of PPE was discussed including the cost of the necessary multiple changes for each patient.
21. It was agreed that a higher number of smaller clinics has to be considered and that patients will have to adhere to their given time. Nevertheless, much marshalling will be required.
22. EW asked about the proposed conjoining of CCGs. AM will send link re the current survey on this proposal involving MK, Bedford and Luton which are looking to become one CCG next year.
*SR mentioned an earlier discussion held at Hilltops last year and will locate the item in the minutes.
23. EW: Where would future referrals to, say, Oxford or London be redirected? With this and other aspects in mind, AM recommended completing the survey and will forward the link which is now in the public domain. Meanwhile, there is considerable ongoing discussion.

Below is the minute mentioned above and represents the outlook of a guest speaker at that meeting, Cllr Robin Bradburn, at that time.

* Minutes of PPG Meeting 13 February 2019

Present

Shobhna Dave (SD)	Pauline Coulthard (PC)	Daphne Tibbles (DT)
Beverley Tavares (BT)	Pat Gidley (PG)	Susan Sullivan (SS)
Linda McComie (LMcC)	Sandra Reed (SR)	Elisabeth Clarke (EC)
David O'Donnell (Do'D)	Cllr Robin Bradburn (RB)	
Samantha Duffin, PM (SJD)	Dr Rebecca Bradshaw, GP (DrB)	

4.3	<p>RB went on to explain a large NHS transformation known as the Sustainability Transformation Programme (STP). Currently, Milton Keynes is grouped with Bedford, Central Bedfordshire and Luton. RB serves on the joint committee of all four of these authorities, whose responsibility is to scrutinise all affected authorities to ascertain effects.</p> <p>Luton and Bedford hospitals are to merge as one Trust, and it has become apparent that Bucks, Oxfordshire and Berkshire (BOB) have indicated that they should be joined by Milton Keynes as it identifies more closely with them. This however undoes all preparation to date between Bedford, Luton and Milton Keynes, indicating that the STP remains a fluid platform.</p> <p>Historically, NHS management and local councils have not been in close communication, resulting in lack of information available to councillors.</p> <p>Luton has now withdrawn from the committee, adding to current communication difficulties. RB advised that the issue could be a long term one.</p>	
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Our chat concluded and it was agreed that, whilst informal, considerable useful aspects have been raised. Further such chats could provide a useful platform for improved communications and opportunities for shared ideas and understanding between the CCG and PPGs/GP practices that would serve well for the future.