

Minutes of On-Line PPG Meeting 15 July 2021

Present

Pauline Coulthard (PC)	Daphne Tibbles (DT)	Sue Sullivan (SS)
Elisabeth Clarke (EC)	Anil Podar (AP)	Beverley Tavares (BT)
David O'Donnell (DO'D)		
Crad Allerton, Stony Stratford MC PPG (CA)		
Dr S Maddipati GP (DrM)	Emma Barter, Business Manager (EB)	

Apologies: Shobhna Dave, Linda McComie, Sandra Reed

	ITEM	ACTIONS
1.	The Minutes of the May PPG meeting were agreed. Those present welcomed Johanna Hrycak, Armed Forces Covenant Project Manager.	
2.	<u>News from the Practice</u>	
2.1	A routine CQC inspection is to take place at Hilltops in two stages: remotely on 29 July and in the Practice on 03 August.	
2.2	PPG volunteers will take part in this inspection by way of a telephone questionnaire during which the PPG will be invited to give their assessments of the services provided by Hilltops as well as levels of communication between Hilltops and its PPG members.	PPG
2.3	The new telephone system will hopefully improve patient experience as there is facility for call back to be offered to callers waiting in the queue rather than having to wait.	
2.4	Hilltops' new website will be in place at the end of July, with Klinik being closed down shortly before in order to allow time for all pending requests to be actioned before the new website, incorporating accuRx, goes live. accuRx is the replacement for Klinik and will be accessible via the Consulting Room tile on the Homepage from the time of going live. A notice about the new website is in place on the current Homepage and an announcement is also to be placed on FaceBook.	Hilltops
2.5	A patient survey has been carried out by Hilltops and shows positive response to the online access. A second GP patient survey carried out via Ipsis Mori has shown significant progress in some areas.	

2.6	<p><u>Staff changes</u></p> <p>One nurse will shortly be returning from maternity leave, however her temporary cover nurse will remain in place for a while following her return.</p> <p>Dr Bradshaw’s maternity leave, commencing this month, will be covered for nine months.</p> <p>Two new GPs have joined Hilltops, each taking six sessions over 3 days per week: Dr Suvarna Bharamgoudar (f) and Dr Hafsa Umar (f). Dr Umar will be joining Hilltops in August.</p>	
3. 3.1	<p><u>Presentation by Johanna Hrycak</u></p> <p>Johanna was invited to speak at this PPG meeting in order to further raise awareness of Hilltops’ status as a Veteran Accredited Surgery</p> <p>Johanna gave a very impressive and thorough presentation of veteran needs. She shared heartfelt stories of veterans and the need for empathy and compassion.</p> <p>She also provided details of support mechanisms which will be available to veterans through her organisation and near future law change.</p> <p>Johanna also offered courses through her organisation and mentioned the various events that are arranged to support veterans.</p> <p>(Please see PPG Minutes of 06 November 2019, item 2.6 plus accompanying information as follows.:</p> <p><i>Veteran Friendly Practices</i></p> <p><i>Veteran Friendly Practices utilise processes that require them to meet specified criteria and provide evidence that they are supportive of veterans’ healthcare.</i></p> <p><i>The Veteran Friendly Practices accreditation programme was launched on 05 June 2019 as the centrepiece of a workshop and forum held at the Royal College of General Practitioners (RCGP) with Veterans Trauma Network, NHS England and NHS Improvement. Positive feedback came from veterans, who shared their experiences of the NHS in their recovery journeys following serious trauma.</i></p>	

The RCGP is working alongside NHS England and NHS Improvement to accredit practices as 'Veteran Friendly'. This involves a simple process where practices are required to meet specified criteria and provide evidence that they are supportive of veterans' healthcare. After a successful pilot in the RCGP Midland Faculty, the programme is being rolled out nationally across England (and hopefully the rest of UK in due course). This work is fully supported by the Government and Defence Committee. There are now more than 180 accredited GP Veteran Friendly Surgeries across England. This is a voluntary initiative; however, it is hoped that GPs will want to take part to help with the local identification of veterans. Knowing that a patient is a veteran will help the NHS to better meet the health commitments of the Armed Forces Covenant, whereby the armed forces community, including veterans, should face no disadvantage in accessing health services and should receive priority care for military attributable conditions, subject to the clinical need of others.

*Accreditation is very simple and includes *Read coding the veteran on the GP computer system and having a clinical lead for veterans' issues within the surgery. Once accredited, practices will receive an additional information pack to help with veterans' healthcare. There will also be a training package. It is hoped that practices will then be able to assess veterans' health needs more accurately and refer them to the appropriate services, in particular those set up for veterans, such as the NHS veterans' trauma network or the NHS veterans' mental health services.*

On leaving the forces it is not uncommon for veterans to miss the structure, support and friendship that being in the forces can provide. Reliance on both formal and informal military structures and systems could be a major barrier in the transition to civilian life. Transition to life outside the military is likely to be stressful. The healthcare needs of veterans can be different from those of other patients in a number of ways. Acknowledgement of this fact is a crucial first step in providing effective healthcare for veterans. Treatment of veterans may require some understanding of military life.)

Johanna clarified the roles of the Armed Forces Communities who exist for anyone who has served in any of the armed forces, regardless of length of time, and promise to treat all fairly especially those from difficult backgrounds. Military personnel find it hard to ask for help, leading to the high suicide levels related to their roles in armed combat and the on-going after-effects. The Armed Forces Covenant asks for veterans to get priority treatment from the NHS.

<p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p>	<p>Johanna will draw up and issue information leaflets and posters when the majority of GPs have registered, and has several funding streams available. She is also a registered Mental Health First Aider and can provide a 2 day course, at cost, of £50.</p> <p>Despite images on national news in 2011 which inspired people to want to support forces personnel, to date just 13 of the Federation of 27 MK surgeries have signed up to become Veteran Accredited Practices. MK has however achieved Gold in the awareness scheme.</p> <p>Johanna explained Operation Courage, which is a Mental Health and Wellbeing Service available for either self referral or GP referral, following which referred veterans will be contacted by a representative of Operation Courage familiar with military jargon.</p> <p>Veterans, of whom there are some 2.4 million in Great Britain who have been used to military medical services, are unfamiliar with NHS processes and therefore can delay registering. This is one of the many reasons for Hilltops PPGs' belief in the need for far greater awareness.</p> <p>Dr Maddipati is Hilltops' Armed Forces Champion and there are currently 19 known veterans on the books.</p> <p>An information pack is being put together and DrM will make further contact with Johanna and the Armed Forces Covenant.</p> <p>DrM also asked Johanna to look at the new Hilltops website for comments.</p>	
<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p><u>Update on PPG / Network News</u></p> <p>AP suggested that the PPG does not receive regular data updates. EB confirmed that in fact all data is routinely passed on at the PPG meetings.</p> <p>BT reminded those present that, in addition to being provided with data updates, she and SR have, prior to covid restrictions, regularly spent time at the surgery enabling direct two way communication with both Hilltops and its patients. Their presence has been supported and, indeed, encouraged by Hilltops. It is hoped that these visits to the surgery to talk with patients in the waiting area can recommence in the not too distant future.</p> <p>EB reiterated previous advice that she and IT Lead Nicky Wright are happy to receive emails at any time concerning any issues arising.</p> <p>SR has ongoing communication with Network representatives and can advise that a Network meeting is planned for some time during the latter part of August.</p>	<p>PPG</p> <p>SR</p>

<p>5.</p> <p>5.1</p> <p>5.2</p> <p>5.3</p>	<p>Treasurer's Report</p> <p><i>PC reported that, as previously, the PPG has £47 in its bank account and £45 in petty cash. Whilst the surgery continues to operate restricted face to face consultations only and is closed to walk-in patients, there is no source of income from book/DVD sales at present.</i></p> <p>In the absence of any income/expenses during restrictions, please see above item taken from May's meeting minutes.</p> <p>As previously, it is hoped that the anticipated number of books and DVDs relied upon during lockdown will provide a boost to donations and thereby an increase in PPG income when restrictions ease sufficiently to allow patients back into the surgery waiting area.</p> <p>Stocks of books are now understandably depleted and will be restocked as soon as restrictions allow.</p>	<p>PPG</p>
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>Any Other Business</p> <p>The question has been raised as to what procedures are in place to promptly provide patients with alert cards following diagnosis of a relevant condition. Delays, sometimes lengthy, have been reported.</p> <p>DrM responded that these are steroid cards that are given to patients who take steroids long term. Information about these cards has previously been given verbally, however recent legislation means that cards must now be issued.</p> <p>Following comments concerning apparent delays between blood tests results being received and, where necessary, a follow-up appointments with a GP being arranged, those present were advised that the current system will be reconsidered.</p> <p>Despite positive reviews of Hilltops' service being posted on the local FaceBook, there are regrettably some adverse comments appearing, mostly focussed on the appointments system.</p> <p>Having been advised by email of these adverse comments prior to this meeting, DrM thanked the PPG for the feedback and requested that any common themes appearing on that platform be referred to him in order for Hilltops to then implement changes for the better.</p>	<p>Hilltops</p> <p>PPG</p>

<p>6.4</p> <p>6.5</p> <p>6.6</p> <p>6.7</p>	<p>Concerning feedback following circulation of a video recently produced which demonstrates the forms of aggression on the part of some patients faced by NHS staff, EM confirmed that Hilltops staff have the appropriate training to enable them to cope when encountering difficult situations.</p> <p>EB and DrM advised it was not an issue for Hilltops and there were not many cases to report with just one recent incident which was dealt with professionally and appropriately by EB.</p> <p>AP asked if walk-in Veterans wishing to book an appointment are always referred back to the online system. EB advised that reception staff would support them. However Dr M expressed concern about the impact of a potential two tier system.</p> <p>AP returned to the subject of a dedicated PPG nhs.net email address. EB reiterated her previous advice that Hilltops is unable to provide the PPG with an nhs.net email account. NHS Digital has confirmed that this is because the PPG is not an NHS organisation and if other organisations currently have these nhs.net accounts then in due course they will be withdrawn. This has been acknowledged by the PPG hence item 5.7 in the PPG meeting minutes dated 06 May 2021 in which those present discussed the possibility of the creation of a stand-alone PPG gmail address. Further discussions can resume when current pressures and time allow.</p> <p>Phone consultation calls: NW mentioned some patients were not attending calls whereupon AP remarked that the surgery was not providing a timeslot. Further comment was made that patients cannot always be available for the length of time occasionally required to wait for calls from the surgery.</p>	
	<p>Next Meeting</p> <p>The meeting ended with thanks to all those attending.</p> <p>Next meeting is scheduled for Thursday 09 September at 1300hrs and, circumstances allowing, can be held in Hilltops conference room.</p> <p>It is hoped that a facility for PPG members not wishing to attend at the surgery can be made available in order for those members to join on line.</p>	