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| Constable Country Medical Practice |
| Patient Participation Group |
| Minutes of meeting held on November 15th 2021, on Zoom at 5:00 |
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| Present: Kathy Pollard (KP) Chair, Mike Huard (MH), Jan Cheng (JC), Andrew Ravasio (AR), Liz Nalet (LN), Sue Merton, Healthwatch, (SM), Pete Keeble (PK), Nancy Cohn (NC)(minutes)Dr Parikh, Dr Jude  |
|  |  | **ACTION** |
| 1. | Apologies:  |  |
|  | KN arrived 18.00 |  |
| 2. | Declarations of Interest | Sue Merton |
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| 3. | Minute of previous meeting (25.10.2021) and ongoing issues:Actions taken:No action taken as whole meeting covered item 4 therefore all to be brought forward |  |
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| 4. | **Practice Issues** PPG letter 6-9-21KP invited Dr P to respond to the letterDr P was aware of the letter and suggest that tonight’s meeting should be an exercise with us all listening to each other’s views. KP given the current situation post Covid the aggression from public, pressure on GPs etc. The PPG what to know how to help. NC Given last meetings she believes that the public are unaware of all the pressures on GPs etc but as PPG we need to have information to tell themThese are:NC issues with face-to-face appointments AR How we can explain to people what is actually happening LM staff leaving the practice KP asked specifically about the complaints issue (from the letter) and if we can see the complaints policy?Dr P Suggest that the practice wants to be open and engage with people. He is responsible for the Facebook page but pressure of work means it can be difficult. CCMP work means it can be difficult to keep boundariesLM What are the pressures on CCMP PK the pressure is the working environment, volume of calls, pressures on vaccinations inquiries. There is a large amount of work to do with clinicians. Not keen to share numbers as this can be misinterpreted. CCMP wants PPG to help but how. He suggests to know what patients want ... we want to know what the perception is perhaps through a survey. He is aware that we cannot put concerns into place as practice does have multiple constraints. Dr J has worked in tother local practices, Sudbury, Norwich and Ipswich. He wants to get to know how PPG at CCMP works. Keen to support. As GP will be keen to see children as a priority face to face appointment. PK patient engagement can be restricted on FB and comments are often negative SM shared Norfolk and Waveney media campaign of dealing with aggression in primary care PK fundamentally telephone system has not changed but longer queues LM What action can we, as PPG take … how do we let patients know of the pressures? Dr P he needs to balance his work as GP against all other areas. What areas are causing pressure for patients and what information is needed for PPG to make the relationship fruitful?NC Do you think we should be asking you about the policy for the complaints process? Dr P yes it was revised in April this year and he is happy to share PK reminds us NHS England are here to monitor the work on the CCMP. What is more helpful to CCMP is every day contact and how this can be improved KP claims that this has been done over the last few years and complaints in particular. The process, not the individual complaint. JC suggest that issues can get conflated on social media. But Holton FB page is very positive AC; Suggest that we are rambling and we need a way forward on 2 counts 1) what information can the CCMP share provide 2) what is the Action plan for PPG Dr P Suggest that he needs confirmation but the Complaints policy should be available to all tomorrow. JC has placed item on chat that suggest Hadleigh practise has theirs on the website. KP lost connection to zoom meeting KN arrives to suggest if we cannot see the policy may we have guidelines LM asks can we do ahead with a random survey from all PPG members to 5-10 people for next month PK Says this need’s structure and suggest we work with SM. MH insists that the PPG should not be here to whitewash the CCMP practice and refers us back to original expectations, mentioned in the letter. That communication between us PPG and CCMP must be a 2-way process and that we are here to serve the patients and the practice. LM called for transparency DR P suggest that although data is useful CCMP is a patient centred service and this his priority.  | .)**SM** to forward a leaflet to KP concerning a message to patients (including being kind).Complaint’s policy to be shared SM to contact KP & PK re patient’s views |
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| 5. | Person taking minutes at next meeting |  |
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| 6. |  Date of next meeting? On Zoom or in person? |  |
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| 7. | AOB – (included under practice issues) |  |
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