

Huntingdon Road Surgery Patient Group AGM and Open Meeting Minutes
October 14th 6.30pm – 7.30pm

Meeting organiser and chair: Richard Catchpole.

Location: Held online due to covid restrictions, using zoom.

Minutes: Jennifer Deegan

Participants: Richard Catchpole, David Faulkner, Mike Hewins, Roberts Sanders, Jennifer Deegan (JD), Peter Teich, Neil Patterson (Surgery Business Manager), Dr Anthony Flinn (Registered Manager and GP Partner at the Surgery), Shea (a Student Welfare Representative at St Edmund's College), Beth Brown (a Student Welfare Representative at Fitzwilliam College), Ken Smith, Christine Bromwich, Jackie Sanders, Corinne, Lauren Beales and Katie Chambers (JCR Welfare and Academic Affairs Officers, Murray Edwards College).

AGM

The chairperson's report was circulated to participants in advance (See appendix 1). Committee members for the coming year were announced. No comments or questions were raised.

Mike Hewins was thanked for his good service to the Committee, over a number of years, including as a previous chairman. He is retiring on health grounds, and because he is very active in three different medical volunteer roles, and would like to cut down to just one.

Practice plan presentation – by Neil Patterson

The summary is attached as appendix 2.

In addition:

- The surgery now has students attending PG focus groups. Students are also now able to register online using Campus Doctor, rather than having to register in person.
- The surgery staff have adapted rapidly under new covid-19 guidelines, which sometimes were changing hour to hour, rather than even day to day.
- They have given more flu vaccines in the last two weeks than in an average normal winter season.
- The surgery patient list has increased by ~1000 in the last year, to ~20,000.
- They have taken on Arlington Manor, a new care/nursing home in Girton, with 85 residents.
- The very much valued list system is being maintained, even through rapid growth.
- Primary Care Network is looking to recruit various roles over the coming months and have recently interviewed for Clinical Pharmacists.
- The Good Mood Café for students is up and running, currently virtually.
- The practice is carrying out training, including for student nurses from ARU.
- Psychological safety training is being organised for practice staff.
- A new GP PA role has been introduced in the practice to free up GP's time.

Q&A

Q/ Will there be better shelter for patients waiting outside in the winter?

A/ Surgery grateful for suggestions on how to do this while maintaining ventilation

for covid infection control. They are keeping the question of use of the waiting rooms under review and bearing in mind the risks of transmission indoors.

Q/ Do patients with UK Settled Status need to provide documentary evidence of this to continue receiving care after the Brexit deadline at the end of this year?

A/Not to receive primary care, but the surgery cannot comment on secondary care.

Q/What can patients do to help keep workload down at the surgery?

A/Try to ask community pharmacist, or dial 111, or use self-care before calling GP, but do call GP if needed.

Q/Is it a problem for the new video calls system if patients do not have a smartphone?

A/Having a smartphone or iPad does really help, but the surgery can work around the situation if this is not available.

Q/Where can students find the Good Mood Café?

ACTION: Surgery will try to advertise this better through colleges.

ACTION: Web address was sent to the participant who asked, after the meeting concluded (JD). URL: <https://www.cpslmind.org.uk/university-students/>

Q/Why is there such a long wait on the telephone lines and why is the wait message not very informative?

A/ Wait times have increased as call numbers have increased by 1/3 and call lengths have increased. There are now more staff answering calls.

The message heard by waiting callers has been changed multiple times, but every permutation attracts complaints from one set of patients or another. Currently there is no possible answer message that has been found that pleases everyone.

Patients are kindly asked to wait patiently and be understanding, as there is currently no good solution for this. The surgery staff suggest calling at quieter times, which are mid- to late morning and mid- to late afternoon. We are continually looking for ways to improve this system.

Q/International students are confused about how to access primary care. Could information be circulated about this?

ACTION: Surgery to consider how better to do this.

ACTION: This question was fed back to the tutorial office of the college in question and they will work with the college nurse to organise a seminar on this. (JD).

Q/Does the new phone triage system take pressure off GPs?

A/ To some extent it does, but the actual process of phone triage takes time as the story has to be listened to, before patients are then diverted to see a GP in person, or a nurse, or a pharmacist, as appropriate. The feeling from the Department of Health is that this is how general practice was likely to go in future and that this change has just been accelerated by covid. Face-to-face appointments are still very much available when needed.

Q/If we now have 20k patients, with an increase of 1k this year, what is the plan for future growth?

A/ There is a GP practice building in Eddington that the surgery would like to use. They have made the Cambs and Peterborough CCG aware of their desire to run a surgery from the Eddington building. There is also a health care building at Darwin Green but it is not clear if this is a GP surgery or something else. Generally the surgery would like to have facilities within local communities so that patients can be seen close to home, rather than having to travel.

Q/Will the GP list system be maintained as the practice grows?

A/The list system is very much valued by patients and staff as it provides continuity of care, and it will be maintained. The trend currently is towards GPs working part time. It is likely that in future individual patients will be shared by two GPs or potentially a small team of GPs, so that there is always someone available who knows the patient well.

Closing remarks

Dr Flinn thanked everyone for coming, particularly the undergraduates for their time and their questions, and the committee for their work throughout the year.

The meeting chairman thanked the practice staff for giving us their time.

HUNTINGDON ROAD SURGERY PATIENT GROUP ANNUAL REPORT

SEPTEMBER 2019 – OCTOBER 2020

BACKGROUND:

The PG was previously run by a small committee of patients, in collaboration with Dr Connan. Dr Connan retired in August 2018. In the summer of 2019, several of the committee members also retired.

At the September 2019 AGM, Jennifer Deegan took over as the new chairperson, working with two remaining committee members.

These members are Robert Sanders (6 years previous experience) and Mike Hewins (a previous chairperson).

Richard Catchpole, a volunteer who had been looking after the waiting rooms in both surgeries, also then joined the committee.

LEARNING AS A NEW COMMITTEE:

Integrating volunteers into the running of a GP surgery is quite delicate work, because of the serious and confidential nature of the work being carried out in the surgery.

This year the new patient PG members have been learning how to communicate with the new staff PG members, and finding out what we can do to be of value to the patients and staff.

We are now working with Dr Flinn (Partner) and Miss Sarah-Jane Jarrold (Practice Manager), and that is going well.

WHAT HAVE WE ACHIEVED THIS YEAR?

- 1) Previously there have been no students in the PG. We have figured out how to contact Student Welfare Representatives and now invite all of them to all meetings. They have given useful feedback.
- 2) We made a map of the catchment area and have toured the area and asked neighbours for feedback on how living conditions affect quality of life.
- 3) We contributed to the CQC assessment by collecting survey responses from around the neighbourhood, and by coming in to talk to the assessor.

Our experience of care at the surgery is that it is of very high quality, and that there is excellent continuity of care. We did not feel that this was reflected in the report.

We held a follow-up brainstorming session on the issues raised in the report. These include the problems of patients not attending for cervical screening and for long term condition screening.

- 4) We created an online questionnaire on cervical screening from which we currently have 26 responses. We are working on doing the same for breast and bowel cancer screening.
- 5) We wrote a patient newsletter on the Histon Road Construction Work traffic delays, which was distributed on reception desks.
- 6) Two of us attended the Primary Care Network focus group at the Storey's Field Community Centre.
- 7) The PG email list has now been brought back into use.
- 8) The PG liaised with the Makerspace in Cambridge during lockdown so that face shields could be sent to the surgery.

9) We made cake for the staff at the surgery to express the gratitude of the patients to the surgery, which we hear so much about from our neighbours.

10) Richard's service of organising the magazines in the waiting room has been discontinued while covid restrictions are in place, and he instead organised an experimental zoom PG open meeting.

11) We have made the transition from having committee and open meetings in person, to using zoom for both.

COMMITTEE FOR THE COMING YEAR

The committee members:

Richard Catchpole – formally co-opted onto the committee.

Robert Sanders – To remain as Co-Chairperson.

Mike Hewins – Retiring at 2020 AGM.

We would like to thank Mike for his extensive knowledge of health care administration, and for his wisdom, diplomacy and good humour. We will miss him very much.

Jennifer Deegan – To remain as PG Chairperson.

We would very much like to recruit some new committee members.

We would particularly like to increase diversity on the committee, warmly inviting people from different ages and socio-economic backgrounds, and from the BAME community, to join us.

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Huntingdon Road Surgery Practice Plan
Priorities and Challenges in 2020-21

Health Promotion	Promoting Lifestyle Changes Exercise, Alcohol, Obesity. Smoking Cancer Screening – Breast, Bowel and Cervical
Patient Experience	Development of PCN Patient Group Overcoming the challenges of the Covid pandemic Review of the appointment booking system Seasonal Flu and possible Covid vaccination projects
Environmental Issues	Recycling within the surgery Cycle to work Energy efficiency: computers, heat and lighting
Growth	New patients at Eddington, Arlington and Darwin Green Maintaining the Individual List system and Core Values Implications for space and manpower
Upgrading Premises	Clinical Rooms, Girton Surgery refurbishment
Primary Care Network	Collaboration within and between PCNs Integrated Neighbourhood Workforce development: Clinical Pharmacist, Social Prescriber, First Contact Physio, Dietician Coordination of Voluntary Bodies Good Mood Café Dermatology Project
Girton Branch Surgery	New team developments Improved processes and procedures Improved safety
Education	New Registrar Rosalie Brooman-White ST3 Student Nurses Practice Nurse Respiratory Medicine Training Training in Psychological Safety
New Doctors	Dr Gys Fourie, Dr Pauline Mudde, Dr Simon Leveritt Dr Charlotte Marks returning from maternity leave
Nursing Team	New Lead Nurse and new Nursing Assistant Leg ulcer care

Appendix 2

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IT Developments

Campus Doctor
Promoting Online Access
Email and SMS communication
New Website
Doctorlink
Electronic Prescribing (EPS)

Business Management

New HR & HS system

Admin

New GP PA Role and three new members of staff

COVID Implications

New clinical appointment process
Covid safe environment
Adapting to the new ways of working
Remote communication and Huddles
Long term medical condition recalls catch-up
Reversing the shift of work from secondary care