

Minutes of GMP PPG Virtual meeting

via Microsoft TEAMS

15th February 2022, 18:00-19:30



Present online

Dave Arnold: Chair
Anne Thompson: Co-chair

Tim Harrison, GMP
Dr Tim Wright, GMP

Alison Bailey, CUH Director of services
Nicky Hallows, CUH Patient Experience
Sue Lawrence, CUH waiting times
Rachel Northfield, CUH Primary Care Liaison Services

PPG members x 14

1. Welcome and introductions

Dave Arnold welcomed everyone to the meeting, in particular, Alison Bailey and team representatives from Cambridge University Health Trust (CUH). All Practices were represented.

Apologies were noted for Sandra East.

2. GMP reports

Tim Harrison (CEO) reported on the current status of workloads. A significant number of people at Granta had covid in December and January and caused Granta to go to "Urgent only appointments". This will be changed soon as the number of staff members with covid or self-isolating reduce. Despite this face-to-face appointments have continued.

Anne Thompson raised the issue of non-urgent appointments and need for the buddy system where Doctors pair up to be resumed to enable better Continuity of Care. Tim Harrison assured the group this would resume as soon as possible.

Andrew Foxtton raised the issue of waiting times for Doctors to return calls. It was difficult for patients to wait all day for call back particularly those at work. This was especially true for non-urgent appointments. This has been discussed previously at PPG meetings and it is hoped a 2-hour call back slot will be introduced shortly.

Tim Harrison reported that three new Doctors will be hired and on board by the third quarter and this will be the highest number of Doctors Granta has had, this should allow more focus on continuity of care.

3. Addenbrookes referrals

Alison Bailey, Director of Communications, and members of her team reported on the current situation for referrals. The time for referrals for the initial investigation has increased in many departments. CUH understand that patients need to know how long their wait will be. A letter is sent at 18 weeks to all patients who have not received the first appointment but this is generic. For this reason, a phone line has been introduced at Addenbrookes to enable patients to ring in and get a time line for the first appointment. The timeline will be based on an initial triage for the referral and a priority given. The phone line works well and Tim Wright reported this has significantly reduced the call numbers to Granta regarding referrals.

Anne Thompson raised the possibility of having an IT system available where patients could see with time where they have got to on the first appointment. MyChart was raised as a possibility. Sue Lawrence reported it would be difficult to have real time updates on an IT system because of the complexity.

First scans, MRI or CT etc., have a large backlog with waiting times over a year. It is recognized that the first diagnosis is crucial, Rachel Northfield reported that it is hoped a greater use will be made of the CT scanner at Sawston in the future. (Note that the scanner at Sawston is managed by Addenbrookes and not GMP).

One issue is the lack of specialists to review the scans. Whilst delays of some weeks are evident at Addenbrookes it seems that in other areas this can be measured in months.

Tim Wright reported that Granta are planning to have their own facilities available in the future.

Alison Bailey said she would look further at possibilities for on line updates.

Action: Tim Wright to follow up with CUH

Once the patient has had the first hospital appointment and been assigned to a clinic, communication should be made with the clinic.

DA reported that delays with accessing information from clinics could be raised with the Addenbrookes Patient Liaison Advisory Service (PALS).

4. Granta Charity

Stefan Scholtes reported that the Granta charity will be up and running soon and that anyone can make suggestions for projects which could be anything from specific equipment to training. There will be fund raising events, and options for patients to donate at the practice. Patients could leave money in their wills to the charity.

Donations will be retained by which ever GP surgery site has been designated by the donor. In addition, where a fundraising activity is organized by a particular surgery (such as the annual Bartlow Walk, organized by Linton) then money raised will be retained by that surgery.

5. Data sharing

Dave Arnold reported from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) that a new system will be implemented to allow sharing of data between services - hospitals, primary care, social care etc. to allow better care of patients. This is part of the NHS Integrated Care System initiative which will replace CCGs, now planned to start in July this year.

6. Patient questions

Maureen, a new patient at Linton, raised the issue of not knowing what the appointment system is at Granta and finding it difficult to find the information. The PPG email on the Granta site does not work. DA asked why his and AT's email addresses were not posted on the website.

Action: AT to follow up with Sandra East post meeting regarding the e-mail issue.

Action: TH to ask Sandra East to call Maureen.

Mark Jacobs again raised the continuing issue of trying to have a meeting with Sandra East to improve the communication to a much wider audience. Mark has some excellent ideas but needs a response from Sandra East.

Action: Sandra East to follow up

7. PPG Committee

DA reported that the PPG wished to establish a committee to manage its future programme of activities and asked for interest from those on the call.

Action: SE to send request to the PPG email list and include DA and AT emails

8. **Close of meeting.** DA thanked those on the call for their time and contributions to a positive and informative meeting.