

Minutes of Granta Medical Practices PPG Virtual meeting via Microsoft TEAMS 19th October 2021

1. Present on line

Anne Thompson: Chair
Dave Arnold: Co-chair

Tim Harrison, GMP
Dr. Tim Wright GMP
Sandra East, GMP
Kelly Austin GMP

14 x PPG members

2. Welcome and introductions

Anne Thompson welcomed everyone to the meeting and asked those on the call to introduce themselves and the Practice that they attended. All Practices were represented. Anne referred to the fact that the existing working group of the PPG (Patients Forum) would now become the committee of the PPG.

3. GMP reports

Tim Harrison (CEO) reported on the current status of workloads.

GMP were handling on average 5000 phone calls a week.
Daily GP sessions across the practice were 253 in January, 223 in August and 243 this month.

Face to face appointments in general (GPs, nurses and other health care professionals) were increasing with a total of 2,500 face to face appointments recorded in the previous week.

Shortage of GPs is a national problem. The recent Government grant is primarily for hiring more GP locums, who are also in short supply, to deal with workloads but may also allow GMP to hire a support professional such as a physiotherapist.

(At this point, because of on line communication issues, Dr Tim Wright took over from Tim Harrison).

Patients can book face to face appointments directly or through a clinician. The government target for clinicians is 25-30 patient contacts a day, whereas Tim Wright recently did 60 of which 16 were face to face. It is very pressured but also many more patients can be "seen" using phone/video than face to face.

GMP has employed its 6th Emergency Care Practitioner (paramedic) and now has 5 clinical pharmacists who are helping with patient discharges from hospital.

Changes in societal behaviours mean that patients now want instant responses to their demands for GP services. The use of Social Navigators in the community is helping. GMP now has 3 Social Navigators (prescribers) working to support patients in the community with non medical issues that can help to reduce the need for access to clinical services. They can now have a direct link to Addenbrookes through their IT system

Tim stressed the advantage of being a large group of practices as this offers flexibility in allocating resources and provides more stability because of its size. GMP is a training practice and Tim is involved with Addenbrookes student training. Currently there are up to 60 trainees of which 65% are foreign nationals. Only one third pass the exit exam!!

Tim remarked (supported by Stefan Scholtes) that it will take 4- 5 years for Addenbrookes to catch up with the backlog of hospital treatments.

4. Presentation on the Wellbeing Hub

Kelly Austin (Social Navigator team lead) ran through the development of the GMP Wellbeing Hub and how it is integrated into patient care. The Hub has a new logo which is on the GMP website. The purpose of Social Navigators is to identify patient needs in the community before they result in, or contribute to, a clinical issue. This includes mental health, financial worries, housing, unemployment, mobility, or isolation.

The Social Navigators are enablers, identifying needs and seeking support from organizations within the community for individual patients.

The approach is patient focussed through what is termed "supported health management": "What matters to you?" rather than "what is the matter with you?"

It has been shown that the identification of wellbeing needs through the intervention of Social Navigators reduces GP referrals by as much as 20%

Kelly's presentation is attached.

5. Questions arising

Prescription reviews and long term medical conditions: There has been an issue with patients finding that they cannot renew prescriptions on time pending a clinician's review. This system is being revisited so that reviews occur during the birthday month of the patient.

Tracking results: Waiting to hear about test results can be stressful and cause anxiety.

Patients can use "MyChart", Addenbrookes' patient portal, to look at results of any tests done by Addenbrookes and this also gives access to clinic letters. Please note that test results and clinic letters may appear on MyChart before they appear at Granta. A link to MyChart can be found on the Granta website.

Granta patients can see their medical records and test results and by downloading the AirMid app or by having SystmOnline access.

Tim Wright stated that for patient referrals they wanted to develop a tracking system app that the patient can access to find out where their case is in the system.

The problem of hospital patient data on MyChart not being linked to the GMP system is an ongoing issue. Stefan Scholtes said the PPG should communicate with Addenbrookes regarding the lack of information on referrals and Anne Thompson said she would liaise with Stefan off line for the names of who to communicate with

Communication: Mark Jacobs praised the practice for the work that it was doing but felt that this needed to be communicated more widely and effectively. He felt that the wider patient group needed energizing as the majority were unaware of the great work being done within GMP. We need to inform on a regular (monthly) basis about ongoing developments within GMP. Mark is our PPG activist regarding this point and is liaising with Sandra East to look at communication in the round.

6. Date of next Meeting:

To be arranged