

## **MINUTES OF THE GMP PPG MEETING THURSDAY 24<sup>th</sup> July 2019 SAWSTON PRACTICE**

Present:

Jan Cassidy – Chair  
Julie Draper – Secretary  
Dr Reem Al-Shaikh, GMP  
Olga Starobinskaya, GMP  
Sandra East, GMP

15 PPG members attended the meeting.

1. **Welcome** to all attending by the chair, Jan Cassidy, and a reminder that the meeting would be mainly centred on voting for officers. This was followed by an introductory round of names and which surgery we normally attended. Three members of GMP, Sandra East, Olga Starobinskaya and Dr Reem Al-Shaikh, clinical director attended.
2. **Apologies for absence**  
27 apologies for absence were received.
3. **Minutes of the last meeting** on 30.4.19 were accepted. There were no matters arising.
4. **Election of officers for GMP PPG.**  
There were three nominations: Dave Arnold and Anne Thompson for Co-chairs and Julie Draper for secretary. Anne explained why she and Dave thought co-chairing was a good idea, in contrast to having a chair and vice-chair. They thought that they would be able to back each other up better, and be more involved as a chairman, with the help of the secretary and the GMP Patients' Forum. GMP's Virtual Group was involved in the election by virtue of having been emailed.  
The three nominations, Dave Arnold and Anne Thompson for co-chairs and Julie Draper for secretary were proposed by PPG member DH, seconded by PPG member NB and elected by all present.
5. **Project proposal for continuity of care** introduced by Jan Cassidy. A summary was circulated. We know that people with multi-morbidity and the elderly, particularly wish to consult with a doctor that they know and trust. Our practices do not have a good record for this, scoring slightly below the national average, at around 48%. Jan's proposal aims to understand the reasons for patients' wishes better, by means of a questionnaire and consulting focus groups.

There was a discussion between the PPG and Dr Reem Al-Shaikh, where patients' difficulties with being able to book with the doctor that they wished to see and Dr Al-Shaikh's explanations of her aims for first class care for all, and her difficulties in staffing and training health care

professionals including doctors and receptionists. We all agreed that it was extremely useful to “get a window” into the staff points of view.

For details of this discussion see the Appendix.

Dr Al-Shaikh agreed to champion the study.

**6. The date of the next meeting is Wednesday 23<sup>rd</sup> October at 6pm.**

Two items on the agenda will be: Mental Health suggested by PPG member DC and Dynamic Health by PPG member ST. She agreed to prepare a short introduction to Dynamic Health, which will be circulated with the agenda for the next meeting.

## APPENDIX

The main points raised by PPG members concerning getting to see the doctor of their choice who they knew and trusted, particularly if they had a number of illnesses on-going were:

- The middle ground of seeing the doctor of your choice in say 1-2weeks was usually impossible. The answer from the receptionists tended to be “those appointments haven’t been opened yet”, which annoyed everyone.
- Short term continuity is also a problem; eg if you have had a blood test and want to discuss the results with the doctor first consulted it was usually not possible unless the doctor had planned to ring you or made an appointment for you herself.
- Many people were not aware that all patients are registered with a GP, which is not necessarily your “named” GP.
- It was suggested that certain people who needed to see the same doctor should have a red flag attached to their records.
- We agreed that getting a doctor as an emergency or on the day appointment was not a problem.
- We agreed that continuity of care was not usually a problem for young people, but that continuity of care for people with mental health issues was essential.
- Our web site should have some information on it to help people to make the right choice of whom to consult, eg a nurse, doctor or a physio.

Dr Al-Shaikh gave us many good insights into why there is such a problem with the appointments system, and giving continuity of care. As Clinical Director she is responsible for recruiting staff, training them and giving feedback. She is committed to giving excellent clinical care as well as continuity of care, and feels passionately about it. She agreed that the practice needs to aim for patients having 100% satisfaction with, and trust and confidence in their doctors.

- Patients need to understand that general practice is in crisis; the numbers of GP and nurses are falling and recruitment is a big problem. But she tries hard to instill that excellent quality of care is a pre-requisite for appointment.
- Telephone appointments have been introduced to enable patients to get short term continuity of follow-up.
- Patients who haven’t been seen for a long time should get priority for an appointment. They often turn out to have something seriously wrong with them.
- She is trying to introduce a better culture of working, where staff are all committed to excellent care for patients; where care is smarter, more efficient as well as being more patient-centered.
- She is also introducing the idea of teams of clinicians including nurses, physios etc to look after patients; doctors are not the only clinicians available and are often not the most appropriate person to care for the patient.