

# Stoke Road Surgery Patient Participation Group

AGM Zoom Meeting Practice and Committee  
7<sup>th</sup> April 2022 6.30pm

Present: Maggie Morris (Chair) MM                      Anne Ayrton AA  
          Peggy Dyer (Vice Chair) PD                    Ian White IW  
          John Coopey (Treasurer) JC                  Dr. Tim Hardwick TH  
          Marie Brain MB                                    Lester Pygott LP  
          Dr. Chin Whybrew CW                          Lynne Jackson LJ  
          Jenny Crowston (Minutes) JCR                Santoke Naal SN

Apologies: Ali Hopton, Amanda Elliott

## 1. Current Officers

**MM** has resigned as Chair. **PD** thanked her for her leadership over the last 4 years. She truly represented patients locally, countywide and nationally. She thanked everyone for her gifts and said she would still like to be involved as and when she can.

**PD** Chaired the meeting today.

**PD** has resigned as Vice Chair.

**JC** is willing to carry on as Treasurer.

All 3 Officers were thanked for their leadership.

## 2. Proposals for New Officers

Since there were no proposals for the post of Chair, **IW** and **SN** have agreed to share this post in the short term.

## 3. Minutes of the March 2021 AGM – were agreed by all. There were no matters arising.

## 4. Treasurer's Report – Only one item of expense in the last year. Balance in the account £677.75.

## 5. Chairman's Report 2021-2022

Again it has been a frustrating year for the PPG as the pandemic continues. However we were able to make some small inroads.

The newsletter has gone from strength to strength and we are indebted to **IW** for his editing and presentation and to all those who have contributed. It has been well received and hopefully each edition is reaching more people. Our virtual group is slowly growing so they receive the newsletter and we know of others who are reading it on line. Hard copies are very important and are picked up throughout the village and hopefully in the surgery.

We have received a number of queries as people are becoming aware of us. It is also an important channel to pass on surgery information.

The first Listening Place took place in the Spring and this was followed by 4 more. We have been encouraged by the willingness of patients to share their views. Originally this project was to take place in the waiting room but with the constraints of covid it was held outside the surgery. This has proved to be a bonus as we were able to reach more people, those waiting by the reception window and those visiting the chemist and also was more private. The inclement weather closed us down for the winter but it will restart after Easter. Peggy

has put a lot of hard work into this project and is to be congratulated on getting this off the ground.

It has been sad not to be able to restart the Sunday teas but we are still in touch with those left in the group by telephone and perhaps are exploring the possibility of a new venue.

We were pleased to be able to welcome Kshirija and Santoke to the committee this year and hope they will be able to contribute to the ongoing work.

There have been 2 meetings with the Network group and the NAPP conference was held virtually in November, which IW attended and reported back to us. There have also been the usual CCG meetings again virtual held every 2 months and it is always useful to hear from other groups. The next meeting in May is hoped to be Face to Face again at the Churchdown community centre.

On a personal note;

It has been a huge privilege to be a member of the PPG. I joined in 2014 as a member and have chaired since 2018. There have been lots of changes and challenges but we are very lucky to have such a supportive surgery. Over the years we have come into contact with many PPGs and it has made me realise how lucky we are as some surgeries do not engage with their PPGs.

I can only imagine that the challenges will get greater with the staff/patient ratio reducing and patients' expectations growing but no doubt Stoke Road Surgery will cope as it always has.

I shall miss you all.

## **6. Practice Report**

**LP** to prepare and forward on to **JCR** to add to Minutes and forward on as Appendix 1.

There being no other business, the meeting closed at 6.50pm.

# Stoke Road Surgery

## Patient Participation Group

### Zoom Meeting of the Committee

7<sup>th</sup> April 2022 6.50pm

Present: Peggy Dyer (Chair this meeting) PD     Anne Ayrton AA  
John Coopey (Treasurer) JC                     Ian White IW  
Marie Brain MB                                         Dr. Tim Hardwick TH  
Dr. Chin Whybrew CW                                 Lester Pygott LP  
Jenny Crowston (Minutes) JCR                     Lynne Jackson LJ  
Santoke Naal SN

1. **Apologies:** Ali Hopton, Amanda Elliott

2. **Minutes of Last Meeting** – agreed by all

3. **Matters Arising** – None

4. **Cover for Position of Chair**

It was agreed to proceed with a shared responsibility for this. **PD** chaired this meeting. **IW** has agreed to chair the next meeting, and **SN** the meeting after. This was agreed by all.

5. **Cover for Projects and Reports**

a) **Afternoon Teas:** None had taken place for 2 years due to Covid. **CW** said at present the Practice are still suspending all social contact. Rates of Covid infection are currently running in the ratio 1:16. Hopefully this will reduce as the weather improves. It would be an optimistic hope that it can be reviewed in a couple of months. The Practice are very keen to resume the teas as soon as it safe.

**PD** said we had been looking at a possible alternative venue. It was agreed that this be put on hold for now.

b) **Health and Wellbeing:** **AA**, **LJ** and **SN** have agreed to progress this project. The Library are agreeable to hosting initiatives. **SN** said there is a national Health and Wellbeing Board and they will be meeting shortly to evolve strategies. This is a brilliant resource which can be used at a local level. There is also website support. There are already some local agencies on board. After seeing what is being planned nationally, we will be able to discuss and plan at our next meeting.

c) **The Listening Place:** **PD** is coordinating this and has some dates for which 2 volunteers are needed each time. The dates and volunteers are:

**Fri, 6 May LJ PD, Mon 23 May JCR MB, Fri 10 Jun AA JC, Mon 20 Jun IW LJ.** There will be a table outside between the door and window of the Surgery from 9.30 to 12.30.

d) **Network and Newsletter:** **IW** is coordinating all matters relating to the newsletter, new members and the 'virtual' group. He will be our contact to liaise with Catherine Bettles, who has taken over from Nick House in the role of Manager for the consortium of surgeries locally.

The next newsletter is almost ready, and there is some interesting content including thoughts from a kidney transplant recipient; e-consult; the Practice going forward.

**IW** will source quotes for printing costs (400-500 copies) and will negotiate with **LP** regarding payment.

e) **Health and Education: AH** will oversee and advise in this area.

6. **Practice report**

**LP** and **CW** said that the Surgery is overwhelmed. Along with increased numbers of patients, Covid has been affecting the staff, and absences have been very high. The staff are on the brink of not being able to cope. It is hoped that the worst is over. Still, 5 doctors and 2 nurses have not had Covid. Staff have been working Saturdays to catch up.

**LP** said that recruitment is becoming a struggle. There are 2 new receptionists, and a 3<sup>rd</sup> is being interviewed tomorrow. Sarah is leaving the nursing team to take up a new promotion. The Committee wished her all the best for the future.  
The main reason for staff shortages has been through retirement.

**CW** said that they are still considering the use of the window. The waiting room is now open for those who need to use it. Those who are vulnerable or who have Covid symptoms are still being asked to remain outside as appropriate.

**Vaccinations – The Spring booster is to be Moderna and staff are being trained in its delivery. There are 2 dates at present, 23 April and 7 May - there will be a 3<sup>rd</sup> date to be arranged. It can only be administered from 4 weeks after testing positive for Covid.**

**PD** asked if volunteers were needed to marshal patients. This would be much appreciated for directing people, helping with car parking etc. the sessions will start at 8.30 and run until 1pm. Anyone who can help, please contact **IW** who is coordinating. After receiving the vaccination, patients will not be allowed to drive for 15 minutes.

7. **Any Other Business** – none

8. **Date of Next Meeting** The next 2 meetings are set as follows:

**8 June at 6.30pm Zoom IW to chair**

**7 September at 6.30 Zoom SN to chair**

**PD** thanked everyone for attending and declared the meeting closed at 7.35pm

## **Appendix 1**

### **Practice report 2021-22 - LP**

We have continued to be dominated by Covid-19 in everything we do. It has had a huge impact on staffing levels, taking staff out for up to 2 weeks at a time (and in some cases, more than 2 weeks). Covid-related absences in January to March have been at the highest levels we have seen throughout the whole of the pandemic and most of those who have been infected have been unwell. Patients have often questioned why we have continued with our covid ways of working (wait outside if you can, wear face coverings, etc.). This has been to try as hard as possible to avoid all of our staff catching covid at the same time and having to close the surgery. To date we have managed to maintain our normal opening hours but at times this has been extremely difficult.

We have run vaccination clinics at practice level and at network level at the fire station and during October to December we operated as a 'pop-up' site and delivered vaccinations at the surgery, as well as to our housebound and care home patients. We will continue to do this through 2022.

Now that (we hope) the worst of the pandemic really is over, we have some catching up to do with all of those ailments that people held off coming to the doctors with for so long. General Practice workload is higher than ever before, many would say 'unsafe'. This, coupled with the relentless toxic media coverage, means we are seeing more people leaving and we are finding it increasingly difficult to recruit to replace them. This is a very worrying trend.

Given the level of demand General Practice is faced with, the digital solutions introduced during the pandemic are clearly here to stay. Patients being able to communicate electronically with the surgery and vice versa, whilst not working for everyone, is the only way we can get anywhere close to being able to cope. For those who are not comfortable with digital technology, we remain available via telephone and front desk but our limited staff are spread very thinly. Contrary to reports in the media, we have had throughout, and continue to have, face-to-face appointments. The difference now is that all requests for appointments are being reviewed by a GP first and responded to in the most appropriate way based on clinical need. It's the only way to cope with the overwhelming demand on services and make sure that everyone is assessed in a timely manner.

Finally, and after more than 30 years, we said goodbye to Dr Moore as he retired from General Practice in December. He continues with his cardiology work at both county and national level. Dr Hardwick assumes the role of Senior Partner and Dr Whybrew continues in her role as Executive Partner.