

CHURCH VIEW SURGERY PATIENT PARTICIPATION GROUP

HELD REMOTELY ON THURSDAY 6th AUGUST 2020

Present: Steven Wood (SAW), Lavinia Royles (LR), John Groves (JG), Dr. Carolyn Toogood (CT) and Jane Foster (JF)

1 APPOINTMENT OF CHAIRMAN

In the absence of MW, it was agreed JF would chair the meeting. JF welcomed members to the meeting.

2 APOLOGIES - Marjorie Wilson (MW), Mary Rycroft (MR), and Alan Haigh (AH),

3 MINUTES

3.1 The Minutes of the meeting held on 19th February 2020 were approved

4 MATTERS ARISING FROM THE MINUTES (not covered elsewhere on the Agenda)

4.1 Open Meeting (Item 4.2). The Open Meeting planned for 30th April had been cancelled because of the Covid lockdown. It was agreed we should not try to re-arrange the meeting until the current restrictions had been eased.

4.2 NAPP (Item 10.3) – JF had investigated and could see no benefit from membership of NAPP. Most, if not all, of the information we obtained from the body was readily available for free. The Practice remained willing to renew the Practice subscription (thought to be over £100 pa) if members of the PPG thought there was some benefit.

4.3 Dr. Trigg is looking at replacing the web site, when it will be brought up to date. Members were asked to update the information relating to the PPG (Item 4.4)

4.4 There had been no interest shown by other local Practices in arranging joint training for PPG members (Item 10.1)

5 PRACTICE (JF/CT)

5.1 Current working arrangements

(a) It had been an eventful period. At the outset of the pandemic, in March, NHS had instructed Practices to limit their contact with patients, in particular to limit the number of patients attending the surgery. However currently, all nurse appointments are in person, and GPs are seeing around 25% of face to face.

(b) A telephone triage protocol had been set up, and many consultations had been by telephone or on line. Patients had been called into the surgery, for a face to face consultation, only where it was considered urgent and necessary. In addition there had been an increase in home visits.

(c) The telephone triage system was an innovation for the Practice. There were significant benefits for many patients, particularly those going out to work, or those with mobility problems. Video assessments and photographs had enabled the doctors to treat staff remotely from home.

(d) Only a small proportion of the patients diagnosed with Covid (approximately 10%) had been admitted to hospital. The Practice had had to look after those recovering at home

(e) Patients attending with a fever or other symptoms had been seen in a special isolation room, using a separate entrance. The doctors had worn PPE, and it had been necessary to thoroughly clean the consulting room after each appointment. As a result appointments had taken longer

(f) At the same time several members of staff had been unable to work, either because they or a household member was shielding, or because they were quarantining

(g) It had not been possible to adequately safely staff the Surgery in Thorner, so it had been closed. It will re-open on 10th August for medication collection. Although there will be a doctor in attendance, access to the doctor will continue to be a telephone triage appointment system by prior appointment, and the doctor will clinically access if the patient needs to be seen face to face and organize this with the patient.

- (h) Delays in processing prescriptions were the result of the need to process all prescriptions from the one site, with limited staff availability.
- (i) CT expressed her appreciation of the hard work and dedication of the surgery staff, and for the support received from Thorner Cares – who provided vital support for Thorner patients
- (j) Initially there had been a hold put on routine work, but a start has been made on catching up with patient referrals, and routine reviews of long term conditions. Initially priority will be given to those most in need, whose conditions are more severe, or poorly managed.
- (k) The threat level has now been reduced from 4 to 3, but there are still strict rules on distancing and a limit on numbers. A number of elderly or unwell patients are still at serious risk.
- (l) The situation will improve if infections continue to fall. Currently due to social distancing guidelines, there is a limit on the number allowed in the Waiting Room

5.2 Flu vaccinations

- (a) the Practice has 2,500 patients who qualify for free flue jabs. If the vaccination is extended, e.g. to all over age 50, that number will increase by another 2,000.
- (b) The Practice is currently considering how these vaccinations could be completed while the current restriction on number continue

5.3 Problems with the entry system

- (a) LR reported problems experienced by patients, who rang the bell for entry and had to wait. CT explained an intercom system had now been installed, so that the door could be opened remotely. Previously it had meant a member of staff physically opening the door, and there had been delays when all staff had been engaged on other tasks.

5.4 Surveys

- (a) JF had distributed details of two surveys. The first had been organized for Practice patients by Dr. Eyre. There had been over 500 responses. The survey demonstrated that:-
 - (i) the vast majority were satisfied with the way the Practice had coped during the pandemic
 - (ii) a significant majority were happy with the increased use of remote consultations, and would be happy for these to continue
- (b) The results of the national survey demonstrated that the Practice consistently outperformed other Practices, both locally and on a national basis.
- (c) Dr. Eyre was currently analyzing the results of the surveys
- (d) In answer to a request from LR, CT confirmed that all “Significant Events” and complaints were recorded and investigated by the Practice, and, where appropriate, action taken to avoid any further problems. Fortunately there were not many complaints. The Practice also received letters of commendation, which were also shared.

6 GREEN GYMS AND SOCIAL PRESCRIBING

- 6.1 There was a national promotion to encourage patients to seek non medical support for their condition – i.e. exercise and other forms of social prescribing
- 6.2 There was a social prescriber connected to the Practice
- 6.3 Advice about lifestyle was also given by Healthcare assistants
- 6.4 It was agreed the schedule prepared by SAW some years ago, be brought up to date, but that emphasis should be on health related activities

7 VIRTUAL GROUP

- 7.1 If the PPG is to be effective, it needs to communicate with patients of the Practice.
- 7.2 In the absence of MW it was not known what progress, if any, had been made.

7.3 SAW had attempted to make contact with other PPGs, but the only response had been from the Practice managers

7.4 CT was anxious to communicate with particular classes of patient. Currently she is anxious to contact Carers, to make sure that they are coping, and are aware of the support available. Currently she has details of some 200 carers, but estimates there could be as many as 500.

8 PPG MEMBERSHIP

8.1 Diane Gibbins had resigned from the Committee. JF asked that she be thanked for her support over the years she has been involved

8.2 Details of the vacancy would be circulated. It was suggested MW may have somebody in mind.

9 ANY OTHER BUSINESS

9.1 There is no such thing as a “well man clinic”. All those in the age bracket 42 -75 are entitled to a regular NHS Health Check. All patients receiving medication on prescription are subject to a regular review of their medication, which will involve an assessment of their current health

10 DATE AND VENUE FOR THE NEXT MEETING

10.1 Discussion of other items on the Agenda was adjourned to a further meeting, when, hopefully, more members will be able to attend. A date of the next meeting will be arranged.

10.2 It had been agreed, at the previous meeting, that a meeting of members of the PPG be arranged, without the Practice representatives, to discuss what services we might be able to offer