

	<p>PATIENT PARTICIPATION GROUP MEETING Held on Tuesday 17th November 2020</p>
<p>1.</p>	<p style="text-align: center;"><u>MEETING 17th November 2020</u></p> <p style="text-align: center;"><u>NOTES</u></p> <p>Introduction</p> <p>The Chairman welcomed attendees to their first virtual meeting utilising the Zoom video conferencing facility.</p> <p>In view of the difficult circumstances under which this meeting was being held, the format of the meeting would be unusual consisting merely of (1) The Practice Report and (2) A Question and Answer session.</p>
<p>2.</p>	<p>Practice Report – Practice Manager</p> <p>2.1 Access</p> <p>Open Access, discussed at length at the previous meeting has been discontinued. Only telephone access is now possible, due to the need to control entry to the Health Centre at all times. The intention is that, where necessary, the doctor will ring the patient back and decide whether or not to invite the patient into the Centre for a face-to-face appointment.</p> <p>Manning the Practice phones at 8 o'clock in the morning is a considerable challenge for Reception. The situation is particularly acute on Monday mornings, when telephone calls are up from 250 in August to as many as 500 in November. Arising from such high volume of calls, no pre-bookable appointments are available for Mondays.</p> <p>For the rest of the week telephone appointments can be booked, but the number of available appointments are limited due to the high demand.</p> <p>The Reception staff are under considerable pressure. To alleviate this, there are more Reception staff in the mornings to handle the greater volume of calls at that time.</p> <p>Obtaining an appointment can be frustrating for patients, as the daily availability is often exhausted by 8.30. In such an event, the only recourse is to seek an appointment with the duty doctor.</p> <p>Use of the <i>e-consult</i> option has helped to a certain extent, but if too many people avail themselves of it, this has a negative effect in reducing the slots available for telephone appointments.</p>

2.2 Covid-19

The impact of the virus on staff has not been, thankfully, too drastic. There have been no significant absences among staff due to the virus apart from one nurse who tested positive and self-isolated for the prescribed period.

Full safety precautions are followed at all times and every effort is made to maintain the integrity of the health centre environment so as to minimize the possibility of cross-contamination. Plastic screens have been installed at points where social contact is likely to occur and it is now normal for staff to wear masks throughout their time at work. Only a limited number of staff are allowed in the staff room at any one time.

Some good news was received last Friday concerning testing. This was to the effect that Health Centre staff will be tested twice a week. When this happens, it is likely that they will test themselves before coming to work. Once the system is in place, the Practice will be able to avoid any major outage of service.

The Practice received notification last week of the projected arrival of new Covid-19 vaccines. The Practice is tasked with drawing up plans for the delivery of these vaccines and are currently looking at several mechanisms for delivery.

It is certain that there will be no one single provider of the vaccine and it is likely that a number of different providers - for example, pharmacies and the St John's Ambulance, as well as Health Centres - will be called on to help out. Whiteladies Medical Group will be working closely with the Family Practice, Pembroke Road and the Student Health Service to deliver the vaccinations.

Vaccines will probably be delivered in a number of different locations. WMG are fortunate in having a suite of rooms on the ground floor that lend themselves to this (they proved most effective for the recent delivery of the flu jab). Other venues could be Christ Church (currently used by Pembroke Road) and Cotham Parish Church (currently used by The Family Practice).

Staff from the four Health Centres will work on a communal basis to carry out the vaccination programme.

One of the first groups to be vaccinated will be the over-80s. It is estimated that there are 1,500 over-80s across the three practices.

Planning of this operation is in the early stages and there are many key issues to address, not least the problems involved in keeping certain of the vaccines at minus 70 degrees.

2.3 Influenza Vaccination

This year's vaccination programme has been a considerable improvement on last year. The Practice has received many positive comments and it has been described as "a huge success".

A better way of administering the vaccines by means of the flow-through system utilising the basement facilities offered by our clinic has been established

This is likely to be a good blue-print to follow when delivering the Covid-19 vaccination.

Ordering 'flu vaccines for the vaccination programme is not easy as it involves some tricky calculations. A number of vaccine doses are ordered and a percentage of those unused can be return without any penalty. However any unused vaccines above that percentage is a cost to the Practice. It is therefore important that estimations are accurate to avoid costly over ordering and waste.

This year the Practice appear to have estimated about right. The final batch was completed last Saturday and additional doses are on order.

Unfortunately take-up of the flu vaccine has not been as extensive as the Practice would have liked, the cause of which is being reviewed.

2.4 Prescriptions - A Primary Care Network (PCN) activity.

The prescription function is to be centralised and will be run jointly across the three local practices of Whiteladies, Family Practice and Pembroke Road.

The kitchenette in the Whiteladies premises is being converted into an office. This will function as a centralised prescribing hub through which all prescription queries will be channelled.

The hub will be staffed by 5-6 staff members whose specific training and knowledge will mean a better service.

The Prescribing Hub will have a phased implementation period starting with Whiteladies Medical Group mid-January 2021, a month later with either Pembroke Road Surgery or Family Practice and the month after the remaining practice. Student Health will not be involved.

Information regarding this will be sent out to all patients in due course. The prescription service will have a separate telephone number and a separate email.

2.5 Telephone

When all appointments for the day have been allocated, a message indicating is now given on the telephone. Only urgent callers continue hanging on for an answer.

An option for Flu Clinics with an invitation to record messages has been added.

2.6 Communication with Patients

The Practice is questioning what would be the best way to communicate with patients?

The Practice is working on its social media - Facebook and Twitter - but would welcome suggestions as to how it could improve communications.

	<p>For example, 600 patients or 40% of those invited for flu jabs did not turn up. This was a surprising, and indeed disturbing, number of no-shows. And yet the Practice had sent out letters and text messages. Would it be worth asking recipients to let the Practice know if they do not want the flu invitation for example?</p> <p>2.7 Covid-19 Vaccination programme support</p> <p>The Practice may well be looking for volunteers to assist staff in the delivery of the Covid-19 vaccine - e.g. in directing patients, patrolling the lines, etc. Support from the PPG is requested in spreading the word to those that might be willing volunteers.</p>
<p>3.</p>	<p>Questions and Answers and Observations (Open Forum)</p> <p>3.1 Telephoning in the morning</p> <p>The situation with regard to telephoning the Practice in the morning has much improved. Waiting time is now down to 2-3 minutes. Oddly, though, one is sometimes informed that one is “first in the queue”, only to be told a few minutes later that one is now “third in the queue”!</p> <p>3.2 The no-shows for the flu jab</p> <p>Some concern was expressed about the 40% failure to take up the flu vaccine. Was there any clue as to the age or other characteristics of this group? It would be good to establish if there were people who wanted to have the vaccine but who, for some reason or other, either didn’t or couldn’t take up the invitation. The Practice was investigating.</p> <p>While the over-65s were carefully targeted for the first two Flu clinics and attended in good numbers, there seemed to be a group of patients who had little contact with the Practice and who rarely responded to the letters and texts that were sent to them. Suggestions as to how this group might more successfully be contacted are being sought.</p> <p>3.3 If people have their flu vaccine elsewhere, could they be requested to inform the Practice?</p> <p>Patients were already asked to do this in the letter inviting them to their vaccination appointment. If patients did inform the Practice, it would certainly solve the problem of vaccination slots not being taken up.</p> <p>Where an individual is vaccinated elsewhere - usually in pharmacies - there is at present no set process or agreed method of communicating this to the Practice at which the individual is registered. Pharmacies are outside the NHS bubble.</p>

3.4 Who decides on the urgency of an enquiry?

When you ring the surgery, does the Receptionist decide if the case is urgent?

The receptionists have a protocol, a list of questions on the basis of which they determine urgency. If they are uncertain about a case, they will ask questions in order to gather information to allow the doctors to reach a decision on urgency/emergency. If the case is urgent, the practice will always find a slot, however many urgent cases there may be.

3.5 Patient expectations and Receptionist training

Patients have expectations about the service being provided and some patients can be quite demanding. Some felt they needed to be uncomfortably assertive to persuade Reception to "let them through". Are there any plans for additional training for reception staff?

The Practice had the following observations:

- (a) 8.30 is certainly crunch time, because invariably by 8.30 appointment slots are all taken. Receptionists are then obliged to "hold their ground", though hard pressed by patients wanting appointments, some of whom may have tried several times. This is without doubt a challenging problem.
- (b) Receptionists are often perceived as awkward or even rude.
- (c) Complaints are increasing across all Practices in our locality. A considerable increase has been noted since August, though there is no obvious or apparent reason for this.
- (d) Dealing with complaints is time-consuming. Complaints take up a lot of time.
- (e) In some areas complaints have become extreme, with NHS staff being accused of laziness and even vituperative graffiti scrawled on walls of one surgery.
- (f) As regards training, it is not possible to have interactional training at this time, though one-to-one training is what is most needed. However, the practice has identified some e-training programmes and videos that might be appropriate.
- (g) The practice has advertised for a supervisor for Reception. Hopefully, the supervisor will be able to co-ordinate training and hone receptionists' telephone skills.

3.6 Who is my GP?

One member of the PPG reported that when asked at the hospital who one's GP is, it is not always possible to say. On enquiring at the surgery she is told a different GP each time. GPs themselves do not seem to know who their patients were. It would be helpful to know precisely who one's GP is.

The practice reported that on the retirement of Dr Dunning, patients registered with her would have been transferred *en bloc* to her replacement, Dr O'Connell. As regards the general uncertainty, the practice would seek clarification of the situation.

3.7 Is the “call back” system working satisfactorily?

This protocol works as follows: patient rings surgery, patient describes problem and books telephone appointment, doctor calls back twice if there is no reply and leaves a message.

The receptionist often have no record of the calls placed by the doctors. Is there an issue in the system of recording calls?

GPs will be asked to update the system when they make calls.

3.8 Does the Practice hold regular meetings at which operational experience can be discussed and worked on?

No such routine meeting are held however, if problems became evident or if issues are flagged then the Practice would seek to address it.

3.9 Complaints

The PPG were sorry to hear about the rise in complaints, is there a Complaints Manager?

Complaints are handled by the Operations Manager and escalated to the Practice Manager for a final decision if required.

3.10 Image problem

There is currently believed to be an image problem with GPs in general. Is the Practice addressing this? In the commercial world, people take their business elsewhere but with the NHS, people are generally reconciled to what they have. Would a Newsletter assist to the change the perception?

It was felt that the Practice needs more positive publicity. People are not given any clear message, so that their perceptions are not formed in line with reality. In this context, there is much to be said for “defensive marketing”.

3.11 Communication Channels

It was felt that that the Practice is doing all that it can at the moment. With so many channels available it was inevitable that people will have own preferred method of communication making it difficult for the practice.

Text facility was greatly valued by the Practice as a means of sending out mass information.

Texts received from the practice are an effective means of communication to the patient but it would be better if a method of response from the patient was also available.

	<p>3.12 Appreciation</p> <p>The PPG would like to express its appreciation of the efforts that have been made by the Practice in response to the challenges presented by Covid-19 and would like to convey their gratitude to all Practice personnel.</p> <p>The Practice reported that the staff were appreciative of the support of the PPG.</p>
<p>4</p>	<p>4.1 Future Meetings</p> <p>PPG members were asked if they would be happy to hold future meetings on-line?</p> <p>It was generally agreed that this meeting had been a success and that future meetings of the PPG should be held on-line for as long as restrictions on social distancing remained.</p>
<p>5</p>	<p>5.1 Meeting Dates for 2021</p> <p>16th February 2021 18th May 2021 17th August 2021 16th November2021</p> <p>All meetings will start at 5.30 p.m and for the foreseeable future will be held via the Zoom facility. Joining invitations will be sent out a week before the meeting date.</p>