

Patient Participation Meeting

8th September 2020

Present: Wayne Penegar (WP) Chair, Lynsey Buckles (LB)-Mins, AM, WPr, RA, GN

Apologies: SP,

Discussion

Today's Discussion

Our first meeting since March. Whilst a loose agenda had been put together this meeting was predominantly to give the PPG and FGS a chance to catch up on all the changes that have happened since the end of March.

Shielding letters

WPR asked the process for how the shielding letters were generated and why some got them later than others. LB informed the group it was a centrally generated list based on algorithm's overseen by NHS Digital. They are continuing to add (and remove) people from the shielding list so people who are being diagnosed currently will be added to the shielding list with the view that it will be as accurate as possible, so if and when it becomes unpaused it should be a lot easier to notify the correct people.

Changes

As a practice we have waited for clear guidance to come through on most things prior to making changes. Pretty much the only thing we did ahead of guidance was non-clinical staff wearing facemasks. We did not received clear guidance on this for some time after hospitals and shops were given guidance about it, so we chose to do what we felt would keep our staff and patients as safe as possible.

We were given instruction from NHS England to close our doors and to limit footfall in the practice and this guidance is still active in order to not only safeguard staff and patients, but also to protect the practice as far as possible from closing down due to an outbreak.

We were also instructed to operate a telephone first model which is also still in place. I'm sure you are all aware that you have to have a call with one of the doctors before you come to the surgery which is a completely new way of working to us. It was a huge transition to make in such a short amount of time.

Luckily we got all Dr's remote access to their computers to enable them to work from home if they needed to self-isolate, although we haven't had many GP's, as yet, who have had to be off. No staff have had positive tests as yet, although some have had to isolate due to having symptoms this is now a lot easier as you can be tested and be back at work within 2 days assuming you haven't got it.

Appointments

When it all transitioned over to telephone first, the first couple of weeks were very challenging, we had 500 prescriptions in 1 day (5 x what we usually process) where people were panic ordering their medications and huge numbers of inhalers.

However once lockdown happened we were very quiet, so we had hardly any pts coming down to the practice. It was useful in some respects as it gave the Dr's a chance to get used to telephone and video calling and using all the software and installing and using headsets for example that that we have never used before.

We have seen an vast increase in the use of the website, website with questions and queries coming in throughout the day that need to be reviewed and actioned by receptionists. The quiet period lasted perhaps 6 weeks but now it has gone to being busier than it has ever been.

Almost all GP surgeries in the borough are reporting an exponential increase in phone calls and requests for appointments. Reception are also getting so many requests from different sources it's been challenging to manage.

Reception are overwhelmed by the calls and admin at the moment and there are obvious concerns that we are going into the busiest period of the year. We are doing our best to support reception with admin so they can focus on answering phone calls.

Appointments are almost all on the day now to ensure that when we have short notice sickness that we do not have clinics full of pre-booked patients meaning we cannot prioritise the on the day care that is required. Demand

for appointments has increased in line with what you would expect as we were much quieter for a period, but I think we are managing the demand and we are regularly reviewing the appt system to look at how we can adapt to meet changing needs of patients. The challenge that we are having is that phone and video consultations take longer than a face to face, examples of this are GP's needing to use text pts and wait photo's, coaching patient's on how to use the video call system, phone signal issues so morning surgery is taking much longer than it used to previously.

We still have emergency and urgent slots each day, patients just need to say I need to speak to a Dr today and they will be given an emergency appointment. The appointment system is under regular review to continue to evolve how we are working.

Face to face appointments

RA commented that when she brought her child in for their immunisations, they were seen very quickly the nurse then had to escort them out. LB highlighted this is another reason why there are fewer nurses appointments, not only do they have to clean and change PPE in between each patient, nurses have to escort patients out, if receptionists were letting patients both in and out the phones lines would be further affected by this.

It is similarly the case for GP's when they see patients face to face they have to get fully prepared in PPE, collect and escort patients to and from the door and then clean everything in the room that's been touched/used, then remove their PPE, so a face to face appointment for a pt has also doubled in time than prior to COVID.

Nurses

During April and May, the nurses were given the task of contacting the majority of our patients who were shielding to check in on them, check if they needed anything and were able access medication and food etc. They also were asked to focus their efforts contacting patients with long term respiratory conditions, mental health and dementia to do reviews with them to check on how they were managing. They did 350 asthma reviews over that time, they had twice weekly conversations with a learning disability home we are responsible for as well as trying to implement all of the new infection control guidelines. So much of the usual practice of the nurses was suspended in order to priorities COVID related work streams.

Flu Campaign

Flu season is coming. We would usually we would do 400 vaccinations on our Saturday clinic, but due to COVID and new infection control guidance we need to double the time of each appointments, they all have to be pre-booked and we can only have 1 nurse vaccinating at a time so queues aren't forming outside with patients not maintaining social distancing.

Due to having to stream patients using different entrances and exits points due to infection control patients we are trialling doing the vaccination clinics from the stairwell so patients coming to see the GP are not using the same entrance and exit as those coming for the flu. We are trialling this next week with children's flu vaccinations. We also can't have people coming into the practice without being triaged, so each pt will need to be contacted the day before their vaccination to remind them not to attend if they have COVID symptoms-again hugely time consuming, but necessary.

Vaccination supply

We have to order the Flu vaccinations a year in advance, so we base our order on the previous year's uptake. So last year we had 45% uptake from the at risk group so we only ordered 50% of the vaccines needed to vaccinate our at risk cohort, we only ordered 70% vaccines for our over 65's. We have been unable to order anymore, but are on a waiting list for 600 more vaccines. So we are going to have to prioritise who we will invite first. Invites will be staggered, in line with when we are receiving the stock, we receive stocks in weekly batches, Over 65's arriving the week of the 5th October and a small number of the Under 65's the week after. The over 65's are coming in two big batches, whereas the under 65's are coming in 120 per week batches, so again invitations for these will be staggered.

We are going to have to time the clinics to when the Drs are not bringing patients in, the first clinic will be roughly from 8am-10am then from 1.30 -3pm when they are out on their home visits and then from 4-5.30pm. You can book up on line and we hope we have full clinics so we know what it's going to be like.

Online appointments

We are not planning at this time to put GP appointments on line for booking as a member of staff would have to go through each appointment booked to check and see if they need a Dr's appointment, we now have a number

of new services which reduce the need for patients to see a GP and therefore Receptionists need to signpost to the correct clinician.

New Clinicians and services

Pharmacists

Since we last met we have 2 new Pharmacists who will do all of the practices medication reviews with patients, they also make sure patients who need regular blood tests because of the drugs they are on are getting those but because blood test clinics were closed there is a huge backlog.

First Contact Physiotherapists

Receptionists can now book straight in for a physio appointment for any joint or muscle pain. As specialists, they triage the pt, give treatment or refer the pt on to if it can't be resolved after a few treatments. This is so you can get treatment from an experienced physio straight away.

Staff Cover

March and April were challenging, with staff sickness, but on the whole we have been very lucky. That said we had one week in the summer when we had 110 hours to cover on reception but management and receptionists all pulled together and did the best they could. The patients have also been amazing, in that whole period and up until very recently we have had no complaints.

Some people would clearly much prefer to see a GP in person, but we don't want to increase anyone risk if it isn't necessary. LB also acknowledged that it's frustrating if you can't get through on the phone, but we are doing our best. The website use and queries have more than tripled since February, which is really good but also another work stream to try to manage.

COVID secure workplace

The workspace has changed as the receptionists can't sit 3 in a row now and wherever possible we have stopped people sharing small or poorly ventilated rooms. We have made every effort to be COVID secure.

Currently we would only be able to have one patient waiting in the nurse's waiting room and the main waiting room can only have five people waiting. We have got shields for the receptionists for when we do open the doors

Communication

Communication with patients has been difficult, the practice has sent out minimal text messages. It was felt that the situation and rules, guidance and symptoms were changing so frequently it would be difficult to keep up, so we used our telephone voice message and the website to communicate key messages.

The PPG recognised this as a catch22 as information and advice is constantly changing and there is so much available in the media. Members pointed out that when we did the survey patients had mentioned they did not want to be 'over texted' with information that wasn't relevant. The members acknowledged this is a very difficult balance.

Nation Survey Results

On an annual basis every surgery gets surveys sent out, ours was to about 250 patients and we had a response rate of 161. The survey was conducted in January, but results only published in August. We had improved on what appointment times were being offered 63% - 72%, and how easy it was to get through on the phone from 67%-78%, down slightly on being able to speak to their preferred GP by 4% although we were still above the local and national average. This may have been down to Dr Baillie and Dr Davis reducing their clinics. With patients being happy with their consultation times we have improved from 83%-91% and we went from 87%-94% on patients feeling clinicians listened to them. We improved by 4% on how patients were treated with care and concern. The biggest area of concern was on 'did you have enough support from local services to manage your long term conditions', which went from 93%-70%, all agreed it was an ambiguous question and not really sure what it meant. Actions identified for the practice to improve this was to refer more to the social prescribers (Kelly & Sarah) who help people access things in the local community. Kelly will also send us their directory of services so we can publish that on our website and direct people to it.

PPG noted that the name 'social prescriber' felt it means people would assume it is to do with medication.

LB reiterated that they were predominantly in post to support patients to access community groups and services.

Staffing changes

We've had quite a lot of change on reception, Nichola isn't on reception anymore, just coming in to do administrative work, Hafsa left to get a job in a Radiology dept in a hospital which is more in line with her degree.

Kaja who was only working one day a week has left to do more studying.

Sue who has been with us for 5 years is retiring at the end of September.

So we've been training 4 new people on reception who are all brilliant, Lynne has joined to take over Sue's managerial role, Liz and Nia are still in their induction period.
Emma has left and been replaced by Lisa who is fantastic.

In the GP team there are 2 pregnancies, with one GP going on Maternity leave in December and the second in March so an advert is out for these roles.

Complaints and compliments

We've had a lovely NHS choices comment saying what a lovely surgery we are and how supportive we've been. We've had several emails saying things like it's been lovely working with us, great telephone manner.

A PPG member had a compliment from the rheumatology dept at the hospital they go to saying how impressed they are with the surgery doing communication with them via email.

We've had 4 complaints, whilst the complaints are about completely different things, a theme running through 3 of them is that they are calling in and not getting a call back. On investigation nothing can be on record where the staff member has sent a message to the GP so I raised this at the staff meeting reminding staff to put it in a task which is saved as part of the patient record any requests for call backs.

CQC Telephone call

We've had our CQC phone call which was really intense and we are due our inspection by November. They said they have no concerns with regards to our response to COVID.

Members commented that they felt everything that had been discussed tonight has been open and honest and very reassuring and informative.

Next meeting

We normally meet bi monthly. Agreed to Zoom meet at the beginning of December.