

Willington Medical Practice Patient Participation Group (PPG)

July 2021 PPG Meeting (Outdoor Meeting in Garden)

The minutes of the last update have been approved by the group electronically and will be displayed on PPG notice board and surgery website.

Present

Chris Baker, Sue Carter, Holly Goodrich (Practice Manager), Janice Heier (treasurer), Margaret Hooley (chairperson), Sally Lovatt (secretary), Barbara McCardle, Maisie Trotman and Ann Wood

Apologies

Joan Burton, Pete Horridge **VPE** (vice chairperson), Val Shelton and Vic Wright

The chairperson welcomed everyone to the meeting and in this case, we met in the open air and it was the first opportunity for a face-to-face meeting since February 2020. The chair expressed thanks for Pete H who normally organises the zoom meetings and has been such a support over the 16 months.

From the last and previous meetings

Mother and baby Group

The present midwife is retiring so Mother and Baby group to be postponed for further consideration at a later date when new midwife settled and 'things' are back to normal.

Website

Update from HG: A new website is planned which should have the type of information suggested. Currently on hold as so much more occupying management time.

Treasurer's report

£5867.32 C/A and £5.47 petty cash. £40 paid for NAPP membership and a purchase of flowers and a card has been made for former committee member £13.50. We discussed how the money might be spent. Although the chairs in the waiting room are scrubbable they do not clean easily and consideration may be required to replacing the chairs or the backs and seats for wipeable seating. An extra fridge(s) may be needed to store vaccines if the surgery has to carry out mass vaccinations for the Flu/COVID vaccination.

Surgery Update by Holly Goodrich

1. Covid vaccination program – still taking up time but most of our patients have booked in for their 1st vaccinations. We have, as a grouping of primary care networks, done 82% first doses and 72% 2nd doses. For Willington we are at 94% for first doses and 81% second doses – with the 18- to 29-year-olds at 81% first dose which is a really good uptake for this age group. The Arena facility will close on 31st August, with the last appointments being on 25th August. We had the contract out for the phase 3 booster jabs on

Wednesday and need to decide how this will work (still reading it), which is really hard as a lot of the information we need is missing, for example, which vaccine it will be. The Covid boosters are contracted at PCN level – this is mainly due to the supply chain saying they cannot deliver to every practice. They are recommending that the flu and booster are done at the same time, but we can still do flu at the surgery, I would be interested in your thoughts on if you would prefer to have both done at the same time or if you would prefer to have the flu at Practice and then the booster at a mass vaccine centre?

MT :

a. would prefer both jabs at the surgery if that's not too much trouble.

b. if the majority of patients will not be coming into surgery, they won't be seeing the screens, or posters, or pick up leaflets. Perhaps leaflets in the pharmacy or the Co-op, or an external notice board for information?

CB:

On the question of vaccinations, I'd like to have the flu and plague jabs together at the practice.

All at the meeting agreed with MT & CB

There are several options being considered including mass vaccination sites, surgery vaccination sites or surgery specific manned vaccination lanes at a mass vaccination site. The decision will be made by 28th July with vaccinations expected to start mid-September.

Currently the ComFluCov study is reviewing the vaccination of the two simultaneously and the results are expected August/September but plans have to be made in advance of this decision. A lot depends on the vaccine suggested. There are theories that patients receiving Pfizer should have Astra Zenica and vice versa. Pfizer vaccines pose storage difficulties.

Surgeries are at a disadvantage because they require low quantities of vaccines delivered compared with large chain pharmacies who will receive millions of doses and distribute using their supply chain

2. Medicine Order Line (MOL)– we are going live with MOL on 18th August; this will really help patients who have complained that we do not take prescriptions over the telephone, I've attached a leaflet and FAQ on this – we have a promotion plan with regards to texting out of information, placing in summer newsletter, on the website and having it on the screen in the waiting area. I've also put up "coming soon" posters. I use this at my surgery and find it works well although Mondays are hard to get through (same as at the surgery) and you do have to be aware if you are running out as it is a strict 48-hour process.

Currently the surgery prefers patients to order 'on-line' as this goes direct into patient record for processing rather than using repeat slips. These are the second surgery preference for ordering prescriptions.

3. Face to face appointments – as you are all aware we have seen people face to face throughout the pandemic – directly with nurses, and through telephone or video consultation with the GP followed by a face-to-face appointment if deemed needed. We reviewed the rotas at the end of May and from the 7th June have been running on 50% telephone/video 50% face to face. We are still having to work closely with the teams as a lot of people still prefer a telephone/ video consultation but we are double appointing them as they do need to be seen, and some patients are requesting face to face when a telephone appointment would work well. We are overwhelmed by the numbers of patient requesting appointments at this time but as always are trying to fix forward to enable it to be a good service. We have now pushed the rotas back to two weeks booking (it's been at one week).

The aim is to try and bring Willington Surgery 'back to normal'. But this is exceptional among surgeries. Lister House has telephone consultations only and we have heard of another practice experimenting with an outdoor weather proof check in screen. And only when the check in is complete do the electronic doors open. No-one else is allowed in the surgery.

SC:

Had a telephone call with GP and then was called to see a GP face to face. She stressed the importance of this to assess the demeanour of the patient and was concerned that the move of Dr Saunders would be even less face-to-face appointments. HG responded with reassurance that the other GPs would take on more face-to-face appointments. Dr Saunders worked remotely for 6 months and there were no complaints and most patients did not realise she wasn't actually at the practice. The benefits of keeping an excellent GP far outweigh the slight disadvantages of a GP working remotely.

It was agreed that it is a balance between safety and patient care and mental health is a significant concern. Younger patients tend to much prefer the on line, video, telephone consultations because this is how they manage their lives.

4. One major concern is the track and trace isolation piece (which does look like it will change in August for double jabbed people)and trying to keep the team safe is paramount at this time. In some practices I have read of 50% of the team go out due to one person testing positive making things very hard to even keep the surgery open. I was glad to see after lobbying that the government have said it is compulsory to wear masks in healthcare settings. I had made this decision already with the GP's as we are aware of the vulnerable patients we have and the need to protect them. As a team we will continue to wear masks and PPE for some time to come.
5. Dr Saunders is going to be moving out of the area in the middle of August, which in the past would have meant her leaving the practice and partnership. One of the benefits of the pandemic is the technology we now have to use, which will enable her to become a "remote" GP. She will still work Monday to Wednesday but all her consultations will be telephone or

video (other GP's will have more face-to-face appointments to balance this) and then she will be coming in to do specific clinics twice a month. It will be new and different for us all but are focused on making it work.

6. We have a new reception team member – Gemma, who started at the beginning of June. She has really settled in and due to her coming from another practice has become an asset to the practice straight away. We are still looking for another 1-2 reception members to cover 37.5 to 50 hours and have an advert on NHS jobs which closes on Thursday 22nd, if anyone knows anyone who would be interested. The reason for the staff recruitment is due to 2 of our team starting university degrees; one will still be being staying on with us for 2 days a week and the need to increase Secretarial team members due to the referral numbers.

Future Role of PPG

There has been considerable discussion on NAPP website, PPG chair meetings and via Joined Up Care Derbyshire about the future role of PPG. There has seemed to be a move away from individual groups and possibility of more Primary Care Network Involvement. Willington Surgery would like to retain a PPG that can be pro-active in responding to issues.

PH and MH will continue to attend meeting for PPG chairs and feed back to the group. PH will remain as vice chair but has agreed to take on the role of secretary. JH has agreed to keep the role of treasurer.

The plan is to trial bi-monthly meetings and then review. So, September, November, January, March, AGM May and July.

HG will aim to update monthly and MH/PH with meeting updates.

Friends of Willington Surgery

When the constitution was reviewed in 2019 it was decided that there would be a PPG and 'Friends of Willington Surgery'. This was decided because a number of patients had commented that PPG was only for fund raising. So, PPG will overarch the groups but Friends of Willington Surgery will be independent. Most of the income comes from book sales which needs no intervention. A second income source comes from '100 squares' which often takes place at flu clinics. Again, no organisation but PPG members will be asked to help on the day. Events, such as the Fashion Show, HG has intimated she would organise with support from PPG on the day.

If PPG choose to run events such as 'Carers Events' or 'Health Events' these would be organised and run by PPG.

Digital Inclusion

MH had forwarded a presentation from Joined up Care Derbyshire Integrated Care System which is a plan to ensure inclusivity when using remote access to Health and Care Services. This will be important to ensure that all of the health and social care services are able to fully co-ordinate and co-operate to provide the aim of an integrated service.

The key priorities are:

- The system will jointly plan for the health and social care needs of the population; moving from fixing illness to enabling wellness and reducing inequalities
- An agile workforce will meet the changing approach to population health and system working
- The focus of delivery will be Place Partnerships and Provider Collaboration at Scale rather than organisations where appropriate, supported by strong Primary Care Networks
- Providers will increasingly move to integrate provision and delivery to deliver the outcomes for the population of Derbyshire at both footprint and Place levels within allocated resources
- Effective individual and case management
- Operational planning and service delivery
- Identifying, understanding and tracking new and emerging issues
- System planning for the short, medium and long-term.

Data and intelligence services need to be available at all geographical and organisational levels and provide insight for whole populations, specific cohorts and at an individual citizen level.

The COVID pandemic has probably emphasised the gulf between social care and health services and needs to be addressed.

The topic of digital exclusion was addressed also and the following summary was included in the document.

Remote access to health and care services, for example, having a GP appointment over the phone, or via a video consultation, for many is a positive development, which people have reported to find convenient, quick, and in some instances making appointments more accessible.

However, for others, it can be a negative experience, with people reporting technical difficulties, fear and mistrust of appointments done in this way. Clinicians need to be aware of groups of people being left behind, for example, people with learning disabilities, autism, older people, and those digitally excluded because they don't have access to the internet and/or have low levels of digital literacy may not fit neatly into a 'digital by default' approach. This imbalance must be proactively addressed so that as some services continue to deliver elements of their services remotely people are not left behind, perpetuating, and compounding existing factors that lead to inequalities.

A checklist has been compiled from extensive insight gathered by the Joined Up Care Derbyshire (JUCD) System Insight Group and aims to support this approach by ensuring that consideration has been given to the needs of all patients and service users, to create an equal space for health and care providers and patients to interact.

Any Other Business

Future Plans (as before)

MH suggested that we gave some thought to how we might try and plan some form of activity, education event or similar which could be planned (either in or out of lockdown). With no end to the restrictions due to the pandemic it is difficult to begin to consider any planning.

Our previous suggestions are below

Skin Lesions

Skin Lesions education event. Not likely to be held due to COVID19. Plan for 2022.

SG suggested a support group for patients with health anxiety. **HG** suggested that it could be a PCN development held on neutral ground.

Accessing Neuro-development

An engagement opportunity has also been forwarded.

NHS Derby and Derbyshire Clinical Commissioning Group are in the process of securing funding to develop and deliver Neuro-developmental, Autism and ADHD Online Training and Learning resource for Children, Young People, their families and circle of support (Carers, Siblings, Teachers, health professionals). If this is relevant to you or someone in your circle then we would like to hear from you.

Here is a summary of what we are looking to develop:

- Online resources that will be available to all, regardless of age or diagnosis
- Anyone will be able to access these resources at a time and place convenient to them, for example in your own home on a computer, laptop or tablet
- The online resources will also link to the Neuro-developmental assessment pathway and families/carers can be directed to specific training and learning that would support them and their young person while waiting for an assessment or follow up support after the assessment (face to face workshops will continue to be available).

How to Get Involved

You can complete a survey to share your experience online here:

<https://www.surveymonkey.co.uk/r/NeuroDevelopmentSurvey>

Next meeting Monday 21st September by 'zoom' at 6pm

Agenda Items please forward to Margaret Hooley

Contact: mhooley.hoolmarkprt@btinternet.com