## Patient Participation Group Meeting

## 3rd September 2020 2.30 - 3.30pm

## An Informal Meeting - held by video link

## Those present : Claire (Chair), Debbie (Practice Manager), Danielle (Vice Chair), Margaret (Treasurer), David, Pauline (Note-taker), John and Margaret S-T

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Claire welcomed everyone and thanked Debbie for joining the meeting to update the PPG on the current Covid - 19 situation and how the practice will be providing care as we go into the autumn and winter.

Apologies were received from Gerith, Beth, Nigel, Venetia and Teresa. Claire advised Lucy was no longer in touch and suggested virtual membership may be more suitable for her and that one of the new virtual members was very keen to become a full member.

Action - Claire to contact Lucy.

Claire was delighted that many of the delivery volunteers had joined, increasing virtual membership to 17. With a total of 31 members - we were now providing a wider age range representation. Nearly all the new members are involved in the post shielding medicine delivery service.

Bank Statements sent out prior to the meeting by email (posted to Maurice) show Maggie’s mask donation of £119.48 as the only income since lockdown. Sincere thanks to Maggie again for the hours of work, the cost involved and for delivering them to the surgery every week; an effort greatly appreciated by everyone.

Claire received no objections to the previously emailed proposed expenditure for fitting out the new cabin. Nigel had expressed a concern about the cost of the recent Zoom meetings and Claire suggested that this could discussed at the end of the meeting - if time allowed.

Notes taken at the last Zoom Meeting were excellent and Claire thanked Pauline for undertaking this vital role again today.

Debbie updated those present and said that it had been a challenging 6 months for the practice having to constantly adapt to change and adhere to strict protocols sometimes immediately and with no previous notice given. Staff worked incredibly hard to provide a caring service to patients, but it had been difficult and continued to be with so many restrictions in place. Patients have been getting frustrated with staff and complaints had been received. For patient and staff safety, keeping the door locked and managing patients as they arrived would have to continue. This was proving difficult due to the high footfall and the intercom which had not been without its problems. The waiting room at the main surgery was open for a small number of patients with an appointment and their temperatures would continue to be checked on arrival. Managing patient appointments by telephone or video where possible will continue and patients will only be invited in by the clinicians for face to face consultations when necessary.

The clinicians still go to Downderry to take medication and see patients on the usual rota. It will be sometime before the waiting room can re-open there due to the lack of space and inability to adequately social distance. A one in and one out policy for the time being will continue.

* Social prescriber Jessica Hirons is back at work; she is mostly holding telephone consultations, but will see patients face to face if there is a need.
* First Contact Physiotherapist Paul Sumner now works all day on a Tuesday and is holding telephone or face to face appointments.
* Pharmacist Nicola Stephens works on a Monday and Friday mornings and will perform medication reviews both by telephone and face to face.

Having taken delivery of the cabin it is intended to kit it out and get it into use over the coming weeks. One room will be used as a consulting room for patients with flu symptoms over the winter months and the other as a dispensary pick up zone, to help reduce footfall into the surgery.

The flu clinics will be run from the cabin on Saturdays and in the evenings. Sister Claire May tried unsuccessfully to secure halls in both St. Germans and Downderry in order to hold clinics away from the surgery as there were too many difficulties regarding insurance, CQC, fridges and other permissions. Downderry Surgery unfortunately cannot offer patients clinics this year. However, there is a contingency in place to vaccinate those patients in Downderry who have no access to transport, at the surgery. There are plans to host mass drive-thru clinics in the locality for the new cohort; patients aged 50 – 64.

The practice is very grateful to the PPG for offering to equip the cabin - it is greatly appreciated and a plaque will be provided. Debbie will liaise with Claire about the wording and where it should be sited.

Action - Debbie and Claire to organise a plaque.

Debbie added that Downderry Surgery will be closing for two days in October while the new flooring is fitted.

QUESTIONS

***Danielle asked -***  *“****I****n view of a surgery update / letter which was received over a month ago, in which we as patients were asked not to phone the surgery to find out if our repeat prescriptions are ready, but to wait for a text message from the dispensary confirming our medication is ready to collect. Both my husband and I have registered our mobile phone numbers with the surgery, but have not, to date, received a text from the dispensary. Is the gremlin in the system at the surgery end or at our end”?*

Debbie explained that there had been a run of annual leave throughout the summer, staff hours had been down and a locum Dispenser had been working at that time. However, the team had since been reminded to ensure they send out messages.

The purpose of sending text messages was to address the increase over the years in the number of patients ringing ahead of collection, each time causing a member of staff to stop what they were doing. Receiving dozens of calls each day was having a detrimental effect on their work. The team processes over 8,000 items per month which averages about 370 prescriptions every day!

Claire asked Debbie how many working days should we allow for repeat prescriptions to be ready for collection - was it still 7 working days? Debbie confirmed that patients need to allow only 5 working days before collection.

Claire then shared her thoughts regarding feedback she had received from a few patients since the shielding period.

*“Since the easing of restrictions following lockdown it is fair to say that most people are feeling on edge when they venture out to the shops, meet a friend and particularly if visiting the surgery or going to hospital - life being still far from normal”.*

*Bearing in mind the strict national directives and procedures for GP practices, there had been some negative feedback recently from some patients - such as “the practice is like a fortress and rather unwelcoming”. So Claire asked if there were any ways that both surgeries could appear to be more welcoming whilst keeping to the strict safety requirements. For instance, could the PPG supply visors for some of the reception and dispensary staff to wear instead of masks, so that patients could see a face and a smile again?*

Debbie said that unfortunately no, the staff cannot wear visors. There are very strict regulations from NHS England and a face covering must cover the mouth and nose to stop the spread of particles. It is unknown whether visors/shields offer the same protection and if measures were to be relaxed, just one staff member with Covid - 19 could close the practice for 14 days.

The whole team found it difficult wearing face coverings all day long; they get hot and very uncomfortable – it steams up glasses, causes skin irritations and spots. The clinicians must wear both mask and a visor when seeing patients and find that even more uncomfortable.

The surgery team miss the interactions with patients and instead are experiencing aggression over the telephone and at the door. They have to raise their voices to make themselves heard because of their masks, using the intercom and having screens. The door intercom too causes a lot of stress because it is constantly ringing for appointments, dispensary and delivery drivers. There are problems too with patients letting other patients in when they leave the building which is very problematic. Some patients are still coming in with tissues or even bits of paper over their face thinking this is acceptable, particularly at the Downderry surgery, they then become aggressive when they are asked to leave.

Arrangements have now been made for permanent screens to be fitted at reception at both the main and Downderry surgery in the next couple of weeks. Hopefully this will make the waiting rooms less austere for patients as they will be able to stand closer to the Receptionist again.

Claire asked if there were any other questions.

*Margaret S-T asked if volunteers would be needed for the flu clinics?*

Debbie said that Nurses Claire and Helen would be running the flu clinics using the cabin and that they had organised everything in a way that they didn’t expect they would need any assistance. They were however aware that the PPG could be called upon if necessary.

*Margaret S asked if text reminders were only sent for Doctors appointments and not for nurse appointments, as she had not received any for nurse appointments?*

Debbie explained that it should work for all appointments, but not to rely on it because it was an automated system and only sent the message twice before rejecting it, so if there was a power cut or other problem with the connection it would not work.

Debbie then went on to say that she had prepared an electronic Practice Newsletter that would be available on the practice website and Facebook page and that she would email to members. Claire asked if we should be producing a paper PPG newsletter as well. It was disappointing that despite the PPG receiving recognition in the community since the crisis and that the newsletters were now professionally printed in colour, they were not being picked up. Margaret S-T pointed out that everyone in Hessenford was getting the newsletter put through their door with the NutTree. Claire was aware this was the case in Tideford as well. It was suggested that the new Editor should be asked if all our newsletters could be distributed together with a NutTree delivery. David suggested that we should contact the new editor and Margaret S-T agreed to do so.

 *Action - Margaret S-T to ask the Editor of NutTree about deliveries.*

Davidwent on to say he had spoken to a few people who were very unhappy about new systems like LIVI and that they wanted to see their own GPs. Explaining that LIVI was an alternative quick way to get advice from a GP for those who wanted to use it, and not there to replace having an appointment with your own GP seemed to put their minds at rest. Debbie said all the information about LIVI is on the practice website and so far 300 patients were registered and those who had actually used the service, found it extremely useful.

There being no further questions Claire rounded off the meetingby saying the PPG must communicate effectively to patients by explaining the bigger picture and the difficulties from both sides. We must support the practice and reassure too those patients who are feeling anxious; work together and help each other to get through this difficult time and to hopefully achieve the best outcomes for everyone.

The group asked Debbie to thank everyone at the Surgery for doing such an excellent job looking after us all in such difficult circumstances, and how much it is appreciated.

Claire thanked Debbie again for her time and thanked everyone for their support.

David thanked Claire for all her hard work and for organising the meeting.