

## TADLEY PARTICIPATION GROUP (PPG)

### Minutes of a Committee Meeting on Wednesday 21<sup>st</sup> October held online.

**Present:** Gillian Herbert, Heidi Williams, Alan Chambers, Claire Chambers, Sheila Gunnell, Gillian Tomlins, Kate Wright, Linda Mead, Graham Wright, Mary Cawley, Tony Wicks, Jean Chapman, Dr Bhanot, Dr Bailey and Hazel Metcalfe

1. **Apologies:** Val Turnbull

2. **Minutes** of the meetings held on February 26<sup>th</sup> and August 12<sup>th</sup> were agreed.

3. **Matters Arising**

- Patient information leaflet sub-group - nothing to report.
- Sub-group looking at ways to engage with the 45% of patients not currently receiving emails or able to access services via IT devices. Meeting to be held shortly.
- IT support sub-group. AC has held discussions with HW. MC and AC have met. Investigating links to other local groups (including Crosslink and the Community Centre) who offer IT support. KW has information regarding successful use of YouTube by Citizens Advice Tadley which she will share with the sub-group. Action KW
- Telephone system - TW continues to make sample calls (see Dr Bhanot's comments below) Action TW
- Defibrillators - HM reported an additional machine at Allan's garage, now added to the list. The Tadley First Responder Group does still exist and possibly is still maintaining the machines. Action HM
- Many annual prescription reviews have been completed successfully in recent months and, since the whole review is online there is no longer an issue of the GP remembering to tick the patient record to show it has been completed.
- Automated prescriptions - it is possible to order extra or fewer packs.
- E-consult submissions are usually answered on the day and a response should be given within 48 hours so, if the matter is urgent or a week has passed, the patient should 'nudge' the Practice. There is a button for this on the form. From an introductory 100 a month e-consults now attracts 800 submissions. Committee members who have used the service were positive about it and asked for thanks to be passed on for swift responses received.
- Newsletters - see below

4. **Committee Matters**

**Wellbeing Forum** - attended by CC and Dr Bailey. The Tadley Medical Practice (TMP) newsletter had been discussed at the meeting on 20<sup>th</sup> October. Dr Bailey said that TMP would not want to use social media to dispense information when the website is an underused facility. All agreed that the revised format is a significant improvement though some members of Crosslink had said they were unable to find

information they needed there but they seem to be atypical. CC suggested friends and family might help patients more if that were suggested to patients. There are twelve Tadley Council notice boards in the area plus those at Pamber and Silchester where information could be placed. KW will produce a poster with the PIG sub-group showing what you can expect from the Practice. SG offered to organise the Pamber and Silchester distribution. KW will contact Rev Richard Harlow to suggest Citizens Advice representation on the Wellbeing Forum.

Action KW

Dr Bailey said that these have been tough months for TMP but substantial progress had been made with the use of IT which extends into the Community. She had noticed the amazing community spirit in the area, particularly over the pandemic. It is important for TMP to support the forum as, once links are made through it, loneliness and anxiety should decrease resulting in fewer GP appointments.

**Annual survey of surgeries** Committee members had been sent the link to this

<http://www.gp-patient.co.uk/report?practicecode=J82094>

One concern from this was the number of people who would have preferred to see their own GP. Dr Bailey explained that the philosophy of TMP is that patients should have a named GP since continuation of care is priceless but part time working or GPs with portfolio careers make this difficult. Only Partners and salaried GPs have a patient list (not locums) and some have lists of over 3000. All administrative matters coming into the surgery go to a named GP or their buddy. There is a daily list of patients to deal with and GPs put their name against any they feel they are best placed to deal with. Sometimes the Receptionists will have added a name. Although doctors will have viewed the list sometimes the more appropriate person is a nurse or another member of the staff team.

It was decided that the survey required a longer discussion and, since this was a full agenda, the matter was deferred until the next meeting.

### **Flu vaccinations**

The flu clinics have generally been considered successful and smooth running so thanks were proposed for everyone concerned. A few points raised were:

- Other local surgeries ran drive-through clinics and some were more proactive in calling patients for vaccinations
- This is a competitive procedure with pharmacies also offering the service
- Some alternatives were not as reliable as TMP as supplies ran out
- On a few occasions there was a longer queue which made it difficult for patients with limited mobility until they reached reception where they were escorted straight through by a member of staff
- Entering the data onto the computer slowed down the clinics
- **Proactive Care Nurse** a potential visit to a PPG Committee meeting (or engagement via Zoom) will be discussed at the next meeting

**End of Life Care** MC has started updating her information pack but will proceed slowly as some services will have changed over recent months and may not return at least in their original form. Action MC

## **5. Patient Comments and queries**

- Patients had reported uncertainty as to when to contact the surgery after being told at the hospital that the GP surgery would act once they had been discharged or as a follow up to a visit. Dr Bailey said patients need to realise that communications from the hospital, including discharge letters, may take some time to reach the GP and to take responsibility for prompting if the suggested action does not take place.
- Pharmacists will not provide needles and syringes for those self-administering. These cannot be prescribed but Dr Bhanot said they may be given out if patients speak to a doctor. You also need a sharp's box for disposal and Dr Bailey will speak to Fiona about the provision of these. TMP is keen to support patients who self-administer.
- Being cut off after waiting on the line for some time remains a concern as patients expect a more sophisticated system than that in use. Dr Bhanot said he has called other practices recently and understands the frustration. He agreed that a better system is needed even if it costs more and guaranteed that this would be researched with the intention of upgrading the system after April 1<sup>st</sup>, 2021.
- It was suggested that options available on the telephone system are no longer there and, when a receptionists puts you through to the secretaries, if they don't pick up immediately you are cut off and need to redial.

Action HW

- Flu clinic comments had been received (see above).

## **6. CCG reports**

Thanks to JC and MC for forwarding various pieces of information to the Secretary for distribution over recent weeks. The next meeting is on Wednesday 4<sup>th</sup> November at 6.30 p.m. and GT will stand in for MC.

## **7. Information from the Practice**

Dr Bhanot attended the beginning of the meeting to provide a comprehensive update specifically with reference to the effect of Covid 19. He returned later to re-join the discussions. In response to questions the main points were:

- This area is approximately one month behind cities like Liverpool and Manchester but a 2<sup>nd</sup> upsurge is evident, mostly amongst older people, though it is not clear why they are more affected. Last time we remained at a lower level than many areas so hopefully this will be the case this time.
- There are few with Long Covid in this area and no local rehab centre yet.

- Older people are weaker physically and nutritionally than six months ago because of the restrictions and are at risk of losing independence. Shielding is a mixed benefit as it is also detrimental to physical and mental health.
- Key issues are workload, staff being absent with Covid and financial deficits. Patients here do not need to worry about this as TMP has had a clear vision and prudent finances though the fact that, for the first time ever, no winter payment is being made by the government, will limit action. The fact that the government has been saying that GP surgeries are closed has been unhelpful and not true.
- CCGs have failed to support Practices as they need reviewing and reorganising with fewer layers of management.
- Flu does not usually impact until at least mid-December and mostly from early January so there is no indication yet of the severity this winter.
- Services continue with approximately 250 telephone consultations daily, doctors seeing 50 patients and nurses another 50. 25 online reviews are completed daily with this format proving efficient. Asthma, COPD, diabetic reviews, and smear tests are continuing. Overall staff have more interactions with patients per day than in 2019. Any spare nurse capacity has been used to contact vulnerable patients to encourage activity, good diet and the reporting of any new or more severe medical issues.
- TMP is grateful for the volunteers in the wider community, including the Wellbeing Hub, for making such a difference to people this year.
- The next few months, possibly round as far as next May, are expected to be tough but beyond that the future looks good for TMP.

The Chair thanked Dr Bhanot, Dr Bailey and all staff for running such an impressive Practice and offered PPG committee help with any activity where that would be useful.

### **Additional items**

KW suggested that the PPG look at charitable status.

Action HM

The meeting closed at 8.30 pm.

**Date of Next Meeting: Wednesday 9<sup>th</sup> December**

H Metcalfe

30/10/2020