

TADLEY PARTICIPATION GROUP (PPG)

Minutes of an Extraordinary Committee meeting held on Wednesday 12th August 2020 held online

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

Apologies: Robin Treadwell and Val Turnbull

1.Practice information

The huge changes caused by Covid-19 resulted in the Practice offering a quite different service to that to which patients were accustomed. It was therefore decided that this meeting would be dedicated to the pandemic and effects on patients and Practice alike. Other matters will move forward to the October agenda.

Dr Bhanot kindly attended most of the meeting to explain the recent actions taken by the practice. Facts he provided included:

- The Practice began to move to Lockdown procedures two weeks prior to the event and has maintained that advantage throughout.
- Advice from the NHS has lagged some six weeks behind and not always been clear.
- The switchboard has been as busy as ever.
- The Practice has remained open and dealt with as many patients as usual but with reduced footfall though patients needing to be seen have been welcomed.
- Sanitising and putting on and taking off PPE takes additional time.
- Texts, video calls, photos, emails, and e-consult have all been used extensively with positive results given the sudden change.
- Applications for online access have been huge, particularly those for proxy access.
- The online application forms could be completed and the process concluded online or by telephone.
- Across the country GPs find telephone calls more useful than video except in a few situations.
- Patients used the NHS website and pharmacy to research health problems initially but this has settled since they began calling the Practice again.
- The local pharmacies (not Practice businesses) and the dispensary had long queues and delays in obtaining supplies in the early lockdown weeks but coped well after that. A recent change is that 10 people may now queue for the dispensary.
- The Practice received massive support and would like to thank local volunteers who became available through furlough or being recently retired.
- The repeat prescription order line was reinstated in June and July but has now been withdrawn.
- August is usually a quiet month but doctors are seeing 50 patients a day and speaking to 250 on the telephone. Additional patients are seen through the nurses' lists and routine clinics.

- Annual medication reviews have been conducted online for the first time with positive outcomes.
- 10 - 15 home visits are carried out each day which is more than most Practices.
- The Frailty team and one designated doctor have been dealing with Shielding patients who have received telephone calls and overall people have been happy.

Future planning

- Patients will continue to be welcome at the surgeries if they need to be there. GPs would prefer to see patients in person but this is a time of change in Primary Health Care.
- The use of technology will continue though care is being taken to ensure the systems are fully inclusive (see PPG Committee suggestions below). The Practice is aware some people find technology difficult and stressed that you do not need a smart phone or computer to access services.
- Generally working people find the new ways of accessing the GP service fit better into their lifestyle but this is not the case for every cohort of patients.
- The practice is conscious of the fact that everyone has been affected to a degree by the lockdown and that people are at different levels of anxiety although, fortunately, levels of Covid-19 remained relatively low in this area.
- Mental health issues have increased and planning is underway for increased numbers due to unemployment, loneliness etc.
- The influenza season presents massive challenges. There will be no increase in funding despite the projected uptake in those normally eligible rising to 75%. The Government has also announced that the vaccination will also be available for everyone over 50. To date there has been no further advice on this to date regarding supply of extra vaccine or who will be responsible for administering.
- There is also concern that Covid-19 cases may increase along with other seasonal infections additional to flu but the Practice is pragmatic, feeling that current methods of working should enable them to support the vulnerable and as many other problems as now with the next increases in opening up, for example, to book online telephone appointments, not coming until next Spring.
- Medication reviews will continue online working up to a total of 5000 a year. These will not necessarily be completed by your dedicated GP.
- The Practice is keen to maintain consistency of care whenever possible so following a triage call the aim is that the same doctor will complete all the follow-up care for that medical problem.
- 50% of diabetic reviews will have been transferred online by March 2021 with most of the rest by September.

2. Patient matters

Members of the Committee had been approached by patients during recent months. These queries had been directed to HW through the PPG Secretary and most were resolved at the time of referral which was great. Members had various questions (Q) and comments (C) so a period of discussion followed.

Q (CC) What might continue?

A See above but the use of the telephone, fewer pre-booked appointments, online access, and the expanded use of the website.

C (GW) Online medication review worked well in his experience.

C (TW) There is a difficulty in ordering extra packs of pills when content varies (28/30/32 etc. per pack) when you have an automatic repeat prescription.

A There are issues like that with automatic, as opposed to a regular repeat, prescriptions.

Action Dr Bhanot

C (LM) There have been problems reported through Age UK with home visits following discharge from hospital not being organized.

A Communication between hospital and surgeries is not always efficient. Patients need to take responsibility for following up if necessary.

LM There is also an issue with home visits when a person is incapable of using a telephone e.g. through hearing impairment.

A An alert could be placed on the patient file to alert reception staff.

Action HW

Q (CC) E consult is brilliant, especially for urgent but not emergency issues. However, for something which is not time-critical, it is difficult to ensure you are available to take the response call. Could you indicate on the form when you are free?

A The e-consult platform is bought in but it can be reconfigured to an extent. Having a space to indicate suitable times may be possible.

Action HW

C (MC) Several people have been unhappy as they have found it difficult to access health support due to their lack of IT knowledge as well as a lack of devices compatible with modern IT systems e.g. the inability to send in the requested photo without a smart phone. Another issue is where one of a couple is IT literate but when they are ill or die, the other is completely stuck. Almost every member of the Committee knew of someone in this situation so Dr Bhanot repeated his comment that you do not need IT to access the care you need though he felt that patients don't always understand that.

MC offered to spend time in the waiting room helping people with IT access once this becomes possible. AC is also prepared to provide 1:1 patient support.

HW said staff, including herself, spend time helping patients. She has also altered the telephone message as CC had contacted her to say that it sounded off-putting.

A conversation followed about the clarity of the website and it was decided to form a sub-committee to work on this. Various members volunteered for this and GW proposed TW as Chair. The secretary will issue information to those joining this group.

Action HM

GH asked that, if a problem is identified, TW passes it on straight away instead of waiting for his report to be completed.

Action TW

CC suggested that the next newsletter contained a sentence asking those with printing facilities to make a copy for anyone they know who would be unable to receive the message otherwise. Others suggested local places where a laminated copy might be displayed as the usual hard copies cannot be left in the Community Centre, CAB etc. now.

Action HW

Q (AC) For flu vaccinations would you still like patients to attend the Practice so that you receive the funding for these?

A Yes, though the funding has dropped in real terms because of the cost of PPE it is still a cost-effective service.

Q (CC) Could volunteer nurses help with clinics, especially as you plan to hold some at the weekends?

A Yes. Looking at asking recently retired nurses to return.

CC described a draft report from the Tadley Well-being forum which has recently been formed from the Lockdown volunteer group. This is already attended by Dr Bailey and Tracey Powell, the Social Prescriber. Dr Bhanot says they will be making this a priority. It was decided that the PPG would accept an invitation to attend and CC will take this forward.

GT stated that she is involved in the Hampshire Together project which is surveying the health needs of the area with a view to building a new hospital with many integrated services. She will keep the PPG updated on this project.

Various committee members wished to convey thanks to members of staff who had been particularly supportive recently. HW promised to deliver these to those individuals and to take back the PPG Committees' thanks for the efforts made by the Practice over such a difficult few months.

SG was asked to thank CG and the Silchester Parish Council for allowing us to use their Zoom facility for the meeting.

The meeting closed at 20.14

Date of next meeting Wednesday 21st October 2020 online

H Metcalfe
August 19th 2020