

Name of Meeting: Patient Participation Group Meeting			
Meeting date	07/12/2020	Minutes reference	No.28
Special provisions	None		



Attendance

Oluchi Uduku	OU (Minutes)
Judith Altshul	JA (Chair)
Genora Leachman	GL
Kimberley Akpeki	KA
Mahazu Yisa	MY
Tracey Hayward-Allingham	THA

Apologies

Reita Mohamed	RM
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1.0	Introductions	Action
1.1	OU welcomed all attendees. Introductions and apologies were noted. OU provided an update on how the practice had been fairing during the pandemic.	Note
2.0	Minutes of the Last Meeting	
2.1	GL agreed to chair the next meeting. This was unanimously accepted.	Note
2.2	THA will report on Item 5.1 from the last minutes as part of today's agenda.	Note
3.0	Update on events at the surgery	
3.1	Covid 19	
3.2	MY presented this update to the members confirming that the vaccine has arrived. The Pfizer Vaccine will be offered to patients and it is available from tomorrow. Challenges with this vaccine include that it has to be stored at very cold temperature; once brought out of the fridge it takes approximately 2 hours to thaw into liquid form before it can be injected. Once out of the cold chain and in liquid form the clinician has just 3 hours to inject the patient.	Note
3.3	A meeting has been held today regarding the planning for vaccinations in Lewisham. It is most likely that our patients and other patients in our PCN will go to Lee health Centre for their Vaccination. As announced in the national news, vaccinations will commence with those over the age of 80 and Front Line Health Care Workers.	Note
3.4	There are centres also in the Hospitals but at present it isn't clear who is being called to be vaccinated in the hospitals. There is a lot of work taking place in	

	<p>the background and vaccinations should start shortly. There are other vaccines being tested and in the pipeline but Pfizer is currently the only vaccination approved. They come with similar efficacy and may end up being easier to transport due to the cold chain process. Issues pertaining to vaccinating House Bound patients, care home patients etc will need to be addressed.</p>	Note
3.5	<p>A member asked how WHC patients will know if they are to have the vaccine and where to go for it? WHC expects to receive a list from the government. This list of patients will be booked in by our administrative staff. Patients will receive text messages, calls and letters based on available method of communication for the patient.</p>	Note
3.6	<p>A member wanted to know if transportation will be provided to patients to get to the Health Centre. WHC does not currently have clarification on this. MY confirmed that in the last 72hrs the messages on the website have changed every two hours and it has therefore been quite frustrating. He stated that the interest is in mass vaccinations however there are currently only 870,000 pfizer vaccines at present with more to come, stating that the first batch is likely to be quite successful as the army are involved. There are likely to be snags and logistical issues in subsequent batches. There may also be adverse weather conditions which may disrupt the distribution.</p>	Note
3.7	<p>A member also wanted to know if personnel from WHC will be going to the Health Centre to vaccinate based on the information from the news? MY confirmed that there is a clinical Rota for Lewisham Alliance PCN (the PCN WHC's is a member of) and this will enable all practices in the PCN play a fair part in the vaccination process.</p>	Note
3.8	<p>MY maintained that immunity will only occur about 3 weeks after the 2nd vaccination and members should be aware of this. He is therefore advising vulnerable patients to isolate for 2 – 3 months and take all the measures recommended to date. He stated that the public will be safer when everybody is safe. If the R rate remains high the vaccine will not work as effectively as it should. The only current prevention for Corona Virus is washing hands, wearing a mask and social distancing. This has been shown over and over again that it reduces the rate of infection.</p>	Note
3.9	<p>Telephone Consultations These continue to be our method of speaking to patients during this pandemic. Patients requiring Smear Test, Blood Tests and immunisations are however still attending the practice with our infection control policy being adhered to. MY confirmed that the video consultation technology is extremely useful. The telephone consultations are however dependant on the network reception, location of patient and if patient takes/is able to take the call. Patients can however be called back, sent a text or another appointment arranged for them. This has therefore doubled the job and it seems that the responsibility has shifted from patient to GP in terms of ensuring the telephone consultation</p>	

<p>3.10</p> <p>3.11</p> <p>3.12</p> <p>3.13</p>	<p>occurs.</p> <p>Timings for consultations were discussed with a member asking if patients were called at the time of their appointment. MY confirmed that the pandemic had led to untimed appointments and this evident in a lot of GP Practices.</p> <p>New Normal The practice has completed 3 flu clinics during the pandemic, reception team are better trained now on how to check patients before they come into the surgery.</p> <p>New Telephone System This has been implemented since the 2nd week in November. The practice can now take and receive multiple calls simultaneously. We are also able to establish the number of patients queuing up on the phone and this enables management redeploy staff during busy periods. Conversations are also recorded. OU asked for feedback from members on the new phone system.</p> <p>A member asked about the Over 75 mobile phone & THA clarified that this is manned between 10am and 3pm on weekdays. This will be recommunicated to the over 75s and their carers..</p>	<p>Note</p> <p>Note</p> <p>Members</p> <p>THA</p>
<p>4.0</p>	<p>Members Comments on:</p>	
<p>4.1</p> <p>4.2</p>	<p>Newsletter The Winter edition of the practice Newsletter was discussed with a member recommending other staff be spotlighted. Members were happy with the content. The newsletter is uploaded on the practice website and copies are handed to new patients joining the practice. Copies are also sent to patients who leave reviews (good or bad) for the practice. We have not commenced emailing all patients a copy of the newsletter but this can be done</p> <p>Reconstructed Website The new practice website will ‘go Live’ within a fortnight. Members discussed the new layout of the website recommending that the links in the pages work. The main content of a GP Website is dictated by the contract the practice has with NHSE and to an extent the CCG. Everything else is based on practice choice and method of communication.</p>	<p>Note</p> <p>Note</p>
<p>5.0</p>	<p>Patient Voice: Friends & Family Test (FFT) Update</p>	
<p>5.1</p>	<p>THA gave a detailed breakdown on the FFT in the last 3 months. The practices reviews have fallen during this period unfortunately: The percentages of those that would recommend the practice to friends were as follows:</p> <ul style="list-style-type: none"> • September 86% • October 79% 	

	<ul style="list-style-type: none"> November 74% 	
5.2	<p>Reviewing the comments with members THA explained that the continued drop in scores has come mainly from the delay in clinicians calling back patients; the “timed/untimed” appointment being revisited. Reception do explain to patients that their appointments are untimed, text messages have also been sent to patients but this continues to be a negative review point.</p>	Note
5.3	<p>THA maintained that there seemed to be a lot more complaints as we head in to the eye of the storm of the pandemic. Whilst the practice is trying its best it has been unable to please all patients. Mixed messages from the media and the government have made it even more challenging delivering a GP Service in the community. Conspiracy theories have not helped either.</p>	Note
5.4	<p>A member asked if it was possible for patients to be given a morning or afternoon slot for receiving calls, patients would therefore have a time frame. MY felt this was a possibility that some of the doctors were trying to adopt. The member also recommended that a call be made to the patient by a receptionist if a clinician’s call was going to be late. She felt that it is possible that the anxiety of the patient gets higher as the call is delayed and therefore this is a strategy that could help the situation. MY felt this was very useful advice and thanked the member. It will be communicated to the reception team.</p>	Note
5.5	<p>It was also important to note that before the pandemic the practice would receive close to 50 hand written reviews in comparison to 5 that we received in the last month. THA will also liaise with our Mjob messaging service provider to see if the software can enable patients provide a more detailed reply to the quality of service received.</p>	THA
6.0	Report on Delayed referral in the Community	
6.1	<p>This was a detailed report from hospitals UK wide providing information on referrals in hospitals. MY explained that an important area missed was the period from diagnosis to the date of the referral, which would be extremely important for a cancer patient and perhaps not so much for a patient with an ingrowing toe nail.</p>	
6.2	<p>The report and explanation by MY were well received by the members. MY hoped that by Easter things may begin to return to normal in this area.</p>	
7.0	AOB	
7.1	NTR	Note
8.0	Date of Next Meeting	
8.1	<p>Monday 01 March 2021 Time: 6:30pm</p>	

Venue: Woodlands Health Centre (Virtual)	Note
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PPG FUTURE MEETING DATES: (First Monday of every Quarter)

DATE	DAY	MONTH
07.06.2021	MONDAY	JUNE
06.09.2021	MONDAY	SEPTEMBER
06.12.2021	MONDAY	DECEMBER