

PPG Meeting 24.02.21

Attendees:

Alfie Abdul-Rahman
Trevor Purrington
Andreas Kyrris
Vivien Sieber
Diana Chandler
Della Whiter
Jenny Inness

Apologies:

Alison Phillips
Sanam Akram
Cecily Kirtland

Details Agenda:

- How can the PPG best help the Practice? – Vivien Sieber
- Should we collaborate with other local PPGs and how can we begin to do this? – Vivien Sieber
- In view of the latest Government's COVID plans when is it envisaged that GP surgeries will resume normal services? – Trevor Purrington
- Could we have an update on how the Practice envisages our use of Patient Access going forward? – Della Sar
 - We spent quite some time persuading patients to sign up and we seem to have taken a step backwards. I had assumed this decision was in line with other Practices but this is apparently not the case. There are many patients with many different reasons who do not wish to verbalise their reason for seeing a doctor either because they cannot find the privacy to do so when calling from home or because they do not want to talk about personal or mental health symptoms to a receptionist. Could we have an update both on the rationale and what the plan is moving forward please?

Meeting Minutes:

VS - PPG best use to practice –

VS – What should we be doing?

Patient feedback into the practice

Useful is whatever the practice find the most useful

Volunteering at the Covid vaccination clinics has been great fun and felt valuable, felt have made a difference.

Across the city it appears PPG input is varied practice to practice
Diabetes Awareness day – didn't work as well as had hoped

AK – All feedback is helpful to help the shape of the PPG going forward.
What roles do you feel you would like to be involved with?
Currently great support for the running of the CRMP website via the PPG

Della – Interaction between volunteers is great – can reach out to other PPGS and investigate how they are currently engaging and communication with their patient groups.

AK – Patient engagement – bring to the PPG to consult and get feedback – then test the idea as patient representatives.

We have a cohesive group and although small, the ideas and feedback is valuable.

Volunteering we have struggled off get off the ground, we do not have a dedicated resource to manage this such as a HR department.

Very keen for there to be roles created to help manage this and improve patient engagement.

DW – Pandemic has brought so much forward. Once things change there will still be a great deal of people wishing to continue to help, something to think about as we go on.

Volunteer manager – could someone in the PPG or an outside volunteer do this?

Better sustainability if local enough.

Work up a job description and advertise though our patient population – text and web messages, but keep them relevant. No cold calling

AAR – Advertise these opportunities better. List the tasks that are required within the role with a job description, to help find the best fit.

DW – First task can be what will help the practice the most, not necessarily the patients.

VS – Opportunities to help remotely without having to go face to face with patients.

AK – Unknown needs that can be met. Need to find these. Staff in the practice are very busy and involved so hard to see from outside. Careful steps to be taken as commercially sensitive information and patient confidentiality to protect.

VS – Set up surveys – what questions would we like to put out? Ask staff for ideas – open the floor to ideas we haven't yet considered form the patient population.

DC – Has there been any research completed on how volunteers can be used and the impact it is? We don't want to reinvent the wheel.

Updating notice boards and researching could be carried out by volunteers.

DW – Newsletters and invites to surveys – we can set clear objectives and outcomes we want to achieve.

Government Covid Plans:

TP – When are we expecting to resume services to pre-covid levels, in light of new government guidelines being released for the roadmap out of lockdown?

AK – Announcement due in the evening – we have no further information as of yet. If all restrictions are lifted we will respond to this and take to the PPG group for their thoughts.

It is likely that we would end up a mixture of how we are currently operating – train and triage for the format going forward.

Who decides on how practices can operate and what services are offered?

AK – We currently use guidance from NHS England within the 5 levels of operation. Within the current pandemic and situation the NHS are facing we are working at level 5 – 4 where they withdraw all non-essential services.

As a practice we have already been discretionary in what we offer, we have continued Taxi medicals so that we are enabling people to work.

Would there be a possibility to resume face to face services as before the pandemic, if the practice were to introduce testing on arrival?

AK – Unfortunately, no as this is a national programme we would not have the infrastructure to enable this to work at the practice.

Currently lateral flow tests take half an hour to register a result, there can be false negative results and we also don't know the level of patients that would attend as asymptomatic.

Likely that PPE may continue even when many of the patient population have been vaccinated.

Summary consultation texts :

VS – Feedback that a follow up text summary of the consultation is extremely useful after speaking with a clinician.

Appears that Vivien was the only one who had experienced this and the PPG wondered whether this is something that could be commenced.

AK – This would be fed back to AccuRx that provide our text service to see whether there is a way of setting this up that would work for both parties. Currently this would take quite some time for each clinician to fulfil.

Patient Access:

Raised that there can be many circumstances in which it would be inappropriate to call reception and explain the reason for needing to speak with a clinician.

Feels the need to be offered the choice to book online or by text can be essential - language barriers / ethnic beliefs / MH / domestic issues

AK – From April there will be increased pulls for us to focus on digitalisation.

There is a valid place for all forms of access – Face to face, Online, Phone and we need to be facilitative of this

There should be a focus on safe and appropriate use for those that struggle to access the practice across all platforms, so that all needs are addressed.

Next meeting date: Monday 24th March 10:30am

This meeting will be an hour long as agreed and Dr Reeves will also be in attendance

Actions:

Use of PPG taken to Practice team meeting – is there a focus we would like them to be involved in

Continued review of Patient Access services – in particular, prescriptions and online appointment booking

Feedback shared with AccuRx regarding a consultation summary