

Minutes of PPG meeting on 25.02.21 at 2.30 pm, Cross Road Surgery

Present: Colin Huckle (Chairperson)
Michael Lidstone (Secretary)
Hilary Lidstone
Tony Penn
Margaret Buchan
Jim Gammans (Dorset CCG)
Kirstie Purnell (Practice Manager)

1. Apologies:

None received.

2. Approval of minutes of meeting held on 26.11.20

These were approved by Colin and seconded by Tony.

3. Matters arising

There were no matters arising.

4. PPG News Letter

Unfortunately, Tomasa who is taking the lead on this was not at the meeting, so no update. As reported in the minutes of the last meeting, Jim had put her in touch with the Dorchester Road Surgery who produce a PPG newsletter for patients, but no report of further progress. Colin asked Kirstie to send an e-mail to Tomasa for feedback.

5. Patient Questionnaire

Jim mentioned about a meeting this Spring for chairs of PPG's to discuss changes to surgery practices and how patients access their local surgery or primary care service, whether by phone, letter, internet or even in person. A sample patient questionnaire based survey was held last November and December, including posting of 1800 paper copies and 500 digital versions to residents in Weymouth and Portland areas. There was an excellent response (1,900 replies), and all the data information was passed to an independent third party, private organisation for analysis. A draft analysis report has been

circulated initially to PPG chairs and surgery managers for initial checking and proofing. It is intended to set up a working party in the very near future, with a rep from the various PPG's. This group would meet on Zoom, and the aim is to produce an action plan and to identify priorities in consultation with the PCN, so that patients have improved access to healthcare. Encouraging patients to access their surgery by electronic means, and obtaining basic health information via the internet, will help reduce the pressure on surgery phone lines. Also those patients, especially the elderly, who have no internet, it will make it easier for them to phone the surgery.

Tony asked if the report had given any recommendations. Jim mentioned that it only gave conclusions from the survey data. It mentioned that most people have digital access, though with varying degrees of success depending on device used, internet signal, user ability, etc. The intention is to encourage people to be more aware of information available on the internet, and to help them gain more confidence in accessing the health service electronically.

Tony also mentioned the delay he experienced in speaking to a person at the surgery due to recorded messages, including Covid security information and the various service options available. He also asked if the e-consult facility is surgery run.

Kirstie mentioned that the e-consult is a standalone service and is independent of the surgery. There are 3 phone lines for the practice, one of which is normally kept free for emergencies. The other phone lines are for reception and the back office. All lines can be used at the same time. Kirstie also mentioned that with the start of the pandemic, it was important to have recorded information for patient safety. Kirstie will review the standard recorded messages on the surgery phone lines, so that patients do not have to wait longer than necessary.

6. Surgery staff update

Kirstie reported that Dr Dowling, for personal reasons, had been off since last October, and has decided to step down as a practice partner. She will continue to work on Monday, Wednesday and Friday mornings as a salaried GP. Adverts have gone out in relevant medical publications/web-sites for a new partner or salaried GP. Currently, Drs Usher and Bordbar are partners, with Drs Dowling and Stone as salaried staff. Also, to help out at this very busy period, Dr Man who retired about 3 years ago, is working part-time to carry out admin work and deal with patient consultations. Kirstie also mentioned that in the meantime, there will be locum doctor shifts to deal with

the increase in patient appointments. A brief staff update was provided on the phlebotomist and a nurse at the surgery.

Mike asked if there had been a problem with staff sickness during last winter. Fortunately, Kirstie mentioned that this had not been a problem, and staff are regularly tested for Covid.

7. Covid-19 Vaccination Program

Kirstie reported that there was good progress with roll out of vaccination programme, and it has been well organised. Unbeknown to the surgery, NHS England independently sent out letters, inviting people to attend mass vaccination clinics, much further away than Weymouth.

Tony enquired if the second injection will be the same vaccine, as the first one. Jim reported that currently, both injections use the same vaccine, but this could change in future due to availability and other factors.

Hilary asked if people will attend the same venue for their second vaccination. Kirstie mentioned that other venues could be used, but the local community hospital will probably continue as a vaccination centre.

Mike asked what proportion of invitees (over 75) had received the vaccine, and it was in the upper 90's %. With younger age groups, Jim felt that the take-up rate would be lower. Also, many people who didn't have the winter flu jab (and were eligible), decided to receive the Covid jab.

8. Any other business

Referring back to Agenda item 5, Tony asked when the report on analysis of the patient questionnaire on access to local health services (received by practice managers and PPG chairs) would be available for viewing in the public domain. It was explained that although there would probably be few changes required, it should be available for viewing in the internet (probably in PDF) in the fairly new future.

9. Date of next meeting

This will probably be in May, and the group will later be notified of the date.

