

Minutes of the Patient Participation Group Meeting

Via MS TEAMS for Lytham Road Surgery

On 5th May 2021

Attendees: Carolyn Smith, Ena Henry, Brian Henry, Joann Kennedy, Lorna McInulty, Hazel McCondichie, Anne Costich, Ian Lowry, Dr Robertson, Sam Ruscoe

Apologies for Absence

Kathleen Bhanot, Kathleen Roberts, Jean Morne, Jessica Lea, Claire Sibbering, Amanda Jones, Jean Duckworth, Doreen Davies and Jim McConnell

Thank you for joining us for our MS Teams PPG meeting.

Minutes from previous meeting

Sam read through the minutes from the previous meeting.

Team Update

Quite a few changes since the last meeting.

Jessica Lea unfortunately has now left and hasn't been in the surgery since middle of January.

Dr Mathews has also left the partnership, however, is still doing some locum cover for us.

Laura Filkins our Health Care Assistant, has also left but maybe helping us out with a few sessions until we get a replacement.

Rebecca and Laura from reception have unfortunately left the surgery.

Vicki our data inputter and Alisha reception/secretary are currently working their notice period.

It has been a very challenging time and the team are feeling extremely burnt out.

We also have issues with our phones that it cuts you off if more than 12 people are waiting which is extremely frustrating for patients and unfortunately when they do get through some patients have been extremely aggressive to the staff. When we move we will have a new telephone system in place which will have call waiting

positions, so at least if you know you are position 34 for example you can decide whether to wait or try again later. Unfortunately, we need a licence to have the waiting position and the CCG will not sort this until we move.

We discussed about sending a text message to all patients explaining that we are aware that there are issues with the phones and the problems with staffing levels but to ensure that they are polite to the team when they do get through. The group thought that was a good idea that if we acknowledged there was an issue and that we are actively trying to sort the problem that it may help patients be a bit more understanding.

On the positive a new Practice Manager has been appointed John Norcross, he is a very experienced Practice Manager coming from a large GP Surgery and is due to start the 21st June, but he is also going to coming in on a Tuesday before this date. He has lots of experience and is very innovative and we are really looking forward to him starting.

We also have Pauleen (Pharmacist Technician) who has started a month ago and will be working alongside Irsa our Clinical Pharmacist.

Paulene will be assisting with medicine optimisation, to improve patient care and help reduce medicine waste. As a pharmacy technician, Paulene will be supporting patients by providing minor ailment advice as well as advice on health and lifestyle changes as well as signposting to over-the-counter medicines

We are actively looking to recruit reception/admin team, the closing date was the 3rd May 2021.

Suggestions & NHS Surgery site feedback

The problem with NHS Website directing patients to Surecare Slough LTD when they click on feedback has now been resolved. Unfortunately, we have had some low feedback mainly to do with the problems with the phones. We are looking at ways to increase the amount of feedback so looking to send links out to patients that have had appointments to get their feedback.

COVID-19 Vaccinations

Vaccinations are going extremely well however it has been very time consuming keeping up to date with all the changes.

7420 of our patients have received their 1st Vaccination.

3809 of our patients have received both of their Vaccinations.

1638 left to give in all cohorts 1-12.

We are experiencing a high volume of patients where we hold incorrect numbers for – mainly for patients who we do not see on regular basis. This is taking time identifying the patients where the text has failed and then trying land line if they have one or writing to them.

Prescriptions online

The bounce back message that patients was raised as a concern that prescriptions may not be completed if any of the requested information wasn't provided at the time of ordering. This measure was put in place to help reduce the amount of prescriptions requests that were coming through as "can we order all the items." Some of the prescription items can be repeat and some on acute, some patients have different strengths of the same medication. If a request comes through and doesn't have enough information for us to request the correct item, we will go back to the patient requesting the missing information. Requests won't be just discarded if all the information is not present.

Unused Medications

This item was brought up with concern of how much medication wastage there is and what can we do to reduce this and is there anywhere that unused in date medication could be taken.

It was discussed about clinicians only prescribing what is needed, for example if prescribing cream for a small area for a week, i.e., not to prescribing 2x30gram tubes when a 1x15gram tube would have been sufficient. This will be brought up at a clinical meeting.

It was also discussed about the disposal of EpiPen as chemists said that they couldn't take and that they need to bring to surgery for us to arrange collection. Sam is going to investigate this as she thought patients had to ring the council to arrange collection.

Dr Robertson is going to investigate if there is anywhere that unused medication can be taken to be re-distributed rather than just being incinerated.

New build – update

Dr Robertson gave us an update on the new build, and this is now likely to be July/August.

Dr Robertson asked if the group would like to see the building this was felt to be a great idea. Dr Robertson will discuss with the builders a date and time and Sam will send an email out with the information for those who would like to come and see it.

The group also offered to their assistance for the move – we felt that we may need help directing patients to begin with especially with being on the 1st floor.

We are hoping that we will be able to have the next Patient Participation Group Meeting in the new build.

AGM

Unfortunately, it was perhaps a bit over ambitious of us to think we would be able to do the AGM in this meeting too. We did not have enough time, and all felt that we would be best allocating the next meeting to this. John Norcross will have started by then and we felt that the constitution had not been looked at for several years and would be an ideal time to review it all. Therefore, the next meeting date tbc will be the AGM.

Website and Survey

Thank you so much for all your feedback on the website and the Survey. These items are on Sam's to do list but due to the amount of time that has had to be allocated to the Vaccination Programme they are on hold. Sam is hoping that John will be able to offer some guidance on the legal side of what needs to be put on the online questionnaire as she knows he has done one at his last practice. Regarding the website again Sam wants to discuss with John as the website for his current practice looks a lot user friendly than ours and maybe we can change the set up.

It was also raised about dating any updates added to the website – Sam will start doing that from now on for anything new or reviewed and as soon as she has time will go back over the items already on there and review and date.

It was also questioned about the next CQC visit as our last one was April 2017 – Due to the change in Practice Managers recently the CQC will not visit for about a year to

give the John time to settle in. However, Dr Hassan has taken over from Dr Clift as clinical CQC lead and had to have a 2 and ½ hour interview with the CQC about 6 weeks ago before he could be named as Clinical lead.

AOB

It was raised about patients being about to choose to see clinicians face to face. Dr Robertson explained that we are currently seeing about ¼ of our patients face to face. There currently isn't any road map as when this will change to patient choice. However, we do see it becoming a hybrid system as some patients have found the option for over the phone or video consultation very useful. We currently are struggling for rooms as can only see patients in one end of the building due to the flooring in the other end as we are unable to clean the carpet regularly for infection control. As we are moving in the very near future and of course the flooring will not be an issue therefore it is unlikely that we will be able to change our way of working until we move.

In-between typing this and sending there has been some guidance on opening the doors to patients. Our doors are already unlocked, and patients can walk in – however due to the issues above we are still having to triage everyone so that we are able to use the rooms for the patients who really need it.

Dates for next meeting.

We are really hoping the next meeting we can have at the new building and have face to face in the meeting room and will cover the AGM and review the constitution.

We will be in touch nearer the time.

Take care and stay safe.