

## Notes on Price's Mill Patient Participation Group (PPG) Meeting 11.00 on Thursday 16<sup>th</sup> September 2021 on Zoom

1. **Present.** Stewart King(chair), Marilyn Miles (secretary), Angie Spooner, Maggie Rogers, Suzi Colley, Dr Andrew Sampson, Paul and Betty Young
2. **Apologies** Richard Easthope, Mike Kelly and Sally Millett
3. **Notes of previous meeting 13<sup>th</sup> May 2021.** Accepted. There were no matters arising not covered by the agenda
4. **Updates from surgery:**
  - a. COVID All those people who wanted to be vaccinated have completed their first and second dose. The third dose for cohorts 1 to 9 (those over 50 and those clinically extremely vulnerable -CEV) will be administered soon. Flu vaccinations will be done at the same time. There is a shortage of drivers which is limiting the delivery of flu vaccines. Third dose of Covid vaccination will be Pfizer.
  - b. For the last two months the Surgery has been seeing patients on a face-to-face basis. This is about 50% of consultations as the other half have chosen to have a telephone or video consultation. The default position is for a face-to-face consultation. The waiting room is quieter and there is less wait time. In the last week there have been no new cases of covid at Price's Mill whereas before that there are about a dozen per week.
  - c. Flu vaccinations. Lloyds have been very aggressive in their marketing for this. However, the local branch in Old Market is short staffed so it is not certain whether they'll be able to offer flu doses. Surgery sent a text out earlier this month to patients saying that flu and Covid vaccinations would be done together. These will be done at the PCN hub at Beeches Green. This is most efficient way as Pfizer jab needs 15 minutes rest after jab. For the last round the hub achieved 40,000 double vaccinations in 8 months. The expectation is that the third round will take about 2 months.
  - d. PCR tests are no longer administered by GP practices. If a patient is symptomatic and at risk, (over 50, CEV) then they go onto a virtual ward. They will be monitored for two weeks, stay at home and given an oximeter for use at home.
  - e. Two doctors – Dr Meikle and Dr Yerburgh are on long-term sick and locums are in short supply. Two months ago the wait for routine appointments was two weeks but because of fewer doctors this time has been elongated. Whilst recognizing that this is frustrating for patients, anyone needing an on the day appointment will still receive one. They are advertising for more doctors.
  - f. Blood tests. There is an international shortage of phials so only those who have possible cancer and any that will avoid hospital admission are having blood tests. The surgery has cancelled three weeks of appointments and will rearrange the 130 on the list as soon as possible. Note since the meeting the surgery has been told that blood tests can start again.
  - g. Within the next month the practice will be launching a new website which will be more interactive. It will be possible to contact the surgery, make an appointment,

send blood pressure readings and order repeat prescriptions. Email consultations are not done. This new website will eliminate the need for the generic practice email system which is very time-consuming – the dashboard on the new website will make it easier to direct the email to the appropriate person. The practice still prefers not to use e-consult, the system recommended by NHS England who require practices to have electronic contact with patients. This new website should meet that contractual obligation.

The PPG was shown a preview of the new website and although some elements will still need populating it will have an ask function which was felt to be very helpful. The website does not replace the system one way of making appointments but this can be accessed via the website.

For those without Internet access e.g. many older patients they can communicate with the surgery in the usual way.

- h. When Suzi was asked how everyone was feeling in the surgery, she said that they felt overwhelmed. The number of patient contacts has been greater than ever seen in the past. The GPs are doing extra sessions and there is a nurse vacancy. However the team is very supportive of each other and everyone is working together. When asked if there's any way that the PPG could help, we were told there anything we can do to improve the profile or give accurate information would be helpful.
- i. Suggested ways of improving the profile of surgery and PPG**

  - i. We could also advise those who come to us for information to self-refer to the social prescriber. (Rubina - [Rubina.Manji-Wood@independencetrust.co.uk](mailto:Rubina.Manji-Wood@independencetrust.co.uk) .
  - ii. It was thought that a poster promoting the new website could be available at the Town information Centre (TIC) as well giving them the contact for the social prescriber who herself a whole list of local resources
  - iii. Stewart King will contact the local MP. On the other hand they have had more compliments via the family and friends' system than they have had complaints. If people aren't happy, they tend to use Facebook or Google, if happy they send gifts to the surgery! It is better to leave a Google review especially if you are satisfied.
- j. Stewart made reference to a recent report from Healthwatch which provided a series of recommendations. The surgery is aware of these and uses them in their attempts to improve processes. The recommendations are added at the end of the minutes.
- k. The 2021 GP survey results were very positive. Price's Mill is above the national and local average on all categories. The PPG added their congratulations to the practice especially as this is an improvement to previous years. The latest CQC inspection was done by telephone and again was positive. Their last visit was in 2016.

## 5. Updates from PPG networks:

- a. Stroud and Berkeley Vale cluster. Becky Parish gave a presentation on the new integrated care system. The Integrated Care Service, which will assume the responsibilities of the CCG has appointed a chair, Gill Morgan.
- b. In July the county PPG had a presentation from Churchdown PPG where a patient was able to develop and improve services by using his lived experience. Stewart reminded us that we are members of NAPP National Association for Patient participation. <https://napp.org.uk/> Contact him for Access to this. Their site has a number of forums for all sorts of issues. They are currently doing a survey to understand patient priorities

**6. Any Other Business**

- a. PPG has a concern that the people who attend the PPG meetings tend to be older and we would like to include a wider spectrum of patients. Stewart feels it is important to connect with advisory groups and local groups which he intends to develop.
- b. 10% of patients (997) are followers of the Price’s Mill Facebook page and 11,000 individuals have interacted with the Facebook page in the last month
- c. The patient profile as at July 2021 was:

<i>Age</i>	<i>Male</i>	<i>Female</i>
Age Group 0-4	199	173
Age Group 5-14	528	489
Age Group 15-44	1432	1450
Age Group 45-64	1331	1436
Age Group 65-74	604	638
Age Group 75-84	329	320
Age Group 85 And Over	89	173

7. Concern was expressed again about the poor service at **Lloyds chemist** in Old Market particularly the lack of a regular pharmacist and the fact that sometimes the Locum does not turn up. It was agreed that Stewart will speak to the clinical pharmacist at the surgery who has been in touch recently with Lloyds’ head office and is still awaiting a response.

8. **The next meeting will be in January 2022** and Stewart will contact everyone to fix a date nearer the time.

## **Healthwatch Gloucestershire Report on accessing care through GP practices, February 2021**

### Recommendations

- eConsult needs to be simplified and made more user friendly. GP Practices should consider what questions can be eliminated from the eConsult process and provide a direct messaging service for those who struggle with eConsult.
- Provide continuity of GP where possible.
- Ensure clinical staff are aware of the patient's situation and history before consultation.
- Provide patients with a smaller window of time to expect a call back from the GP.
- Offer a choice of appointment methods, for example, face-to-face, video or telephone, and make sure the patient is satisfied with the option used.
- The option to book online appointments should be re-instated when it is safe to do so.
- New, simplified prescription practices brought in during the pandemic should remain.
- Allow enough time for people to feel they have had a full consultation where they are listened to.
- Train staff in person-centred care.
- Staff training in listening skills.
- Provide dementia training for all staff.
- Review websites for accessibility and make adjustments where necessary.
- Consider how information is presented and categorised on Practice websites to make them more user friendly.
- GP Practices should provide information on their website about Healthwatch Gloucestershire's service to their patients.

