

Sixways Clinic Patient Participation Group Meeting summary
 29th July 2020 via Zoom
 5 PPG members attended
 Nicola Wright, Practice Manager

- Covid 19 update

- The practice has been open throughout the pandemic, apart from a one day closure on the 20th March for deep cleaning
- Since the 23rd March we have:
 - ✓ answered 17850 calls
 - ✓ completed 11989 weekday appointments either by telephone, video, face to face or eConsultation and 60 appointments on Bank Holidays
 - ✓ We discussed how this compared with pre-covid volumes of appointments. For nurse appointments this will be lower, as we now have to allow time between each patient for cleaning and changing Personal Protective Equipment. The volume of GP and ANP appointments is slightly higher than pre-Covid. There are typically less routine follow ups currently but significantly more on the day appointments
- Throughout the pandemic we have continued to provide face to face appointments for:
 - ✓ Cytology for first and high risk patients
 - ✓ Wound care
 - ✓ Vaccinations
 - ✓ New baby checks
 - ✓ Essential B12 injections
 - ✓ Essential phlebotomy
- We have adapted rapidly and have moved to 100% telephone triage for GP and ANP appointments, bringing in any patients who require to be seen face to face into a specific room to protect our patients and staff. This is likely to continue for the foreseeable future due to the risk of a second wave
- We have continued to provide long term condition reviews via telephone or video calls
- PPG members and their families have had to contact the surgery over the last few months and felt that the service they had received had been good.

- Current operating model

- We are open for pre-booked appointments only and for collection of paperwork etc. be arrangement only.
- We are asking patients to call if they have any questions or to make an appointment
- We are asking all patients where possible to wear a face covering when they attend for an appointment

	<ul style="list-style-type: none"> • We have trialled having the door open with clear signage to only come in if you have a booked appointment however patients are not reading the signage and continue to enter with general queries and with no face masks. This higher than necessary footfall places both staff and patients at risk therefore we have returned to a locked door with doorbell. We are looking at options for a video intercom. The PPG members felt this would be a good option. • We have created a one way system through the practice and have social distancing measures in place including additional time between appointments for cleaning and staff to change their personal protective equipment
<ul style="list-style-type: none"> • Services available 	<ul style="list-style-type: none"> • We have resumed the following services: <ul style="list-style-type: none"> ✓ All cytology ✓ Simple minor surgery ✓ Essential steroid injections ✓ Contraceptive coils and implants ✓ NHS Health Checks ✓ Improved access evening and Saturday appointments ✓ Blood Pressure checking • The following services are still on hold at present <ul style="list-style-type: none"> ✓ Minor surgery requiring sutures- due to increased appointment time ✓ Ear syringing- due to increase appointment time and close proximity to patients face during the procedure
<ul style="list-style-type: none"> • New developments 	
<ul style="list-style-type: none"> ✓ eConsults 	<ul style="list-style-type: none"> • For some time patients have had the ability to send a secure message via our website. These messages were not suitable for clinic queries as they did not have any safety netting should patients have a concern that should be dealt with urgently. We have therefore launched an eConsultation service, which can be accessed via our website. This is a secure smart questionnaire that asks targeted questions based on the patients problem. It also allows patients to attach and send photographs securely. The information is then stored directly into their medical records and sent to a clinician for review and response. This could be in the form of a telephone call, prescription sent to the pharmacy, or a message to take some action and then re-contact the surgery. We are currently receiving 45-50 of these per week. The feedback from patients has been good, and we have already had some patients use the service more than once which is a positive sign.

	<ul style="list-style-type: none"> • None of the PPG members on the call have used the service as yet. They did however feel it was a useful additional option for patients to access care • There was a query around how we are supporting patients who do not have access to the internet, website etc. NW confirmed that we are carefully monitoring phone lines and call volumes to ensure that we still have good access via phone. We have also sent SMS messages to all patients where we hold a mobile number to re-iterate that we are still fully open to provide care.
<ul style="list-style-type: none"> ✓ AccuRX video consultations 	<ul style="list-style-type: none"> • Another development during Covid 19 has been the need to have a secure video consultation solution. AccuRX sends a link to both the patient and the clinician's phone, and when they click on the link they then have a secure video call connection. This route does not store the patient's number in the clinician's phone, nor does the patient have access to the clinician's number. • There was a query from the PPG as to whether we could use Facetime or another well-known video messaging service which patients may be more familiar with. Unfortunately there are data protection issues with these options currently, therefore AccuRX is the most secure option at present
<ul style="list-style-type: none"> • Patient survey results 	<ul style="list-style-type: none"> • We reviewed the patient survey results and NW confirmed that the practice was broadly pleased with the trend from previous years. We discussed that the low sample of 118 patients was a concern as it is not clear that this fully represents our patient population. • We discussed some areas where our results could potentially be improved. A PPG member did comment correctly however that with the changes for Covid 19 it may be that some areas would no longer be an issue • We discussed the following responses: <ul style="list-style-type: none"> ✓ % of patients who are satisfied with practice opening hours/appointment times. Our result is 58% which is up from 51% and 53% in previous two years, but still below the national average of 63% and the CCG average of 67%. The practice continues to offer evening and weekend improved/extended access appointments. Currently there is limited demand for these out of core hours appointments and the majority of patients who contact the surgery receive a same day appointment. We will continue to monitor this area

	<ul style="list-style-type: none"> ✓ % of patients who find receptionists helpful. Our result is 90%, up from 89% last year. This is the same as the national average of 89%, but below the CCG average of 93%. One PPG member commented that several colleagues have commented that the Sixways receptionists are more interested in protecting their doctors than offering care to the patients. NW confirmed that the practice does take customer/patient service very seriously. We had booked customer service training for all receptionists for April; however this had to be postponed due to the pandemic. This will be re-booked when possible. We also use our new telephone recordings as a training tool, and have staff listen back to calls and discuss with them things they could have done differently to improve the call. The PPG members commented however that they had generally always found reception to be helpful and polite ✓ % of patients who say they have had enough support from local services/organisations in last 12m to manage their LTC. This was a new question last year, our result this year was 76% compared with 92% last year. The national average is 76% and the CCG average is 81%. NW has a concern re this question as does not feel it is clear what services/organisation it is referring to, and whether this is a fault of the practice. PPG members agreed that the question was not clear, although there was a view that it could relate to social prescribing, an area where the practice could still improve. • NW confirmed that we hope to continue with our in house surveys in some way. As we cannot use the check in screen at present we will look at alternative on line survey options where we would hopefully get more volumes of responses. This is particularly relevant as friends and family feedback is not happening at the moment either
<ul style="list-style-type: none"> • Social Prescribing Network update 	<ul style="list-style-type: none"> • W confirmed that the Network has recruited a full time Social prescribing link worker. Susie will spend one day a week with each of the 5 Network practices. Her role will be to proactively contact agreed patient cohorts, and where suitable make a referral to social prescribing. The first cohort Susie will review are those who are moderately frail, with

	<p>priority to those who live alone. It's likely that the second cohort will be patients above an agreed age, who have not contacted the practice for a significant period of time. This links with concerns for patients who may not have access to internet/website/SMS messages and may be struggling to contact the surgery as they would normally visit face to face</p>
<ul style="list-style-type: none"> • Phlebotomy service update 	<ul style="list-style-type: none"> • NW confirmed that the practice has taken over the phlebotomy for patients requiring primary care bloods from the 1st July. We have recruited a new phlebotomist who has previously worked at the hospital. The current wait time for an appointment is 4 weeks which is longer than the practice would like. This has mainly been caused by the additional time required for each appointment currently due to social distancing and PPE/infection control requirements • We are looking to recruit additional phlebotomist time to reduce this wait time • There is a concern with regards to secondary care bloods however. The service the practice is being paid for is to complete primary care bloods and secondary care bloods "if capacity allows". Based on the current wait time, and the need to prioritise primary care bloods as they do not have any other option, the practice does not feel that they have capacity for secondary care bloods. We have requested information from the Clinical Commissioning Group and the Local Medical Committee as to how patients arrange for secondary care bloods to be completed at the hospital however we have not yet been provided with that information. • Our main concern is that this is not confusing for patients, and that there is not an unnecessary delay in them having blood taken
<ul style="list-style-type: none"> • AOB 	<ul style="list-style-type: none"> • Flu Vaccination programme 20/21- NW explained that although there has been lots of information in the press around additional patients who will be eligible for the programme this year, GP practices have not yet received any official confirmation of this. This does present challenges for planning, on top of the existing challenges of how we safely vaccinate a high volume of patient whilst still observing social distancing, and PPE/infection control due to Covid 19. We do plan to run some Flu clinics at the surgery as we would normally, but with reduced patient numbers and a one way system to support social distancing. We have also contacted St Edwards School, who have been

	<p>extremely supportive of our request to run drive through flu clinics using their driveway. This would give us a separate entrance and exit, and allow queueing on the drive thereby not obstructing the main road. We will be providing further information to patient on this once we have completed all necessary risk assessments etc. The PPG member felt that this was an innovative potential solution.</p> <ul style="list-style-type: none">• Carers support programme- a PPG member commented that she had been grateful to receive contact from the practice to confirm if she was a carer, and provide information about the Gloucestershire Carers Hub. NW confirmed that we have a project in practice currently to improve our support to Carers, and have two reception leads who are working with the Carers Hub.• Those attending felt that the meeting had gone well, although there did seem to be some synchronisation issues with Zoom. NW suggested that we try Microsoft Teams for our next meeting. Suggested that we have another meeting in early September, NW to share invite.• The PPG members wished to express their thanks to the whole practice team for their work, care and support throughout the last few months. It has been very much appreciated.
--	--