

Thurleigh Road Practice Group Friends meeting

28th May 2020

Present:

Patty Hemingway

Suzy Pawlak

Susan Stern

Viv Taylor-Gee

Gwen Rosen

Kate Swinburn (Host)

Ivor Rawlinson

Sandra Reeves

Sara Jayne Stanes

Apologies

Janice Price

NB: There was no formal agenda for this meeting.

- Current patients' experiences of surgery:

Most experiences were v positive. The surgery was congratulated on making proactive contact with vulnerable patients. Prescriptions were being well managed, including if needing redirection for collection from alternative pharmacists. Dr James Esdon has given notably good service to several of those present.

There had been a problem when a seriously ill patient contacted the surgery for emergency help and an incorrect message on the answerphone led to a delay which resulted in hospital admission. Sandra was notified and investigated this incident fully and the telephone recorded message amended to make it absolutely clear that appointments could still be booked by speaking to a receptionist as normal and not only via *MyGP*. The patient was contacted and given an apology.

- Sandra gave feedback on the state of the surgery

Currently:

The surgery has unsurprisingly been under significant pressure and has had to change many processes and procedures in a short space of time. Initially the Practice was overloaded with info and initiatives with multiple guidance from CCG and NHS England.

The Practice is working within guidelines provided by The front door is closed, and access to staff is through a phone call which leads to triage and a decision about whether the patient is a cold or hot patient and their clinical need.

The Practice also receives details of patients from NHS 111 who need a follow up at the Practice.

GPs are able to contact a consultant to have a pre-referral using a system called 'Kinesis' to ensure that the referral is appropriate. This system has been in place for some time but is now even more useful in helping to treat patients needing onward referral due to the backlog into secondary care.

NHS111 appears under pressure from a patient's perspective but the surgery had not had many referrals from NHS111. People appear to generally be contacting surgery directly.

Services that continue at the Practice include:

- face to face if triage shows they are 'cold' patients with non-Covid symptoms
- post natal checks/8 week checks,
- children's immunisations,
- Urgent IUCDs
- physio from Jeremy (our First Contact Practitioner funded via the Primary Care Network)
- New patient registrations (which can happen remotely)
- Medication Reviews
- High Risk Cervical Smears
- Newly funded posts of Pharmacist and Social Prescriber (Steph Papalaskaris) are working really well. Steph has a caseload of approx. 75 vulnerable patients whom she is making sure are supported. She then provides feedback to the relevant clinicians. Other clinicians are also proactively contacting high risk and vulnerable patients.
- Blood tests are happening if urgent but not at the surgery. (Patients can go to St Johns or Balham Park)

The surgery has implemented various initiatives to adhere to infection control requirements and ensure it is kept clean and safe for staff and patients who attend. E.g. :

- only using 3 ground floor consulting rooms (zoned off area in the Practice)
- Enhanced cleaning of rooms
- Patients enter premises from back door and escorted in and out of building by clinician wearing full PPE. Masks given to patients if necessary. Patients asked to come alone in possible and to wait in car until called by clinician
- utilising hardware provided by the CCG (e.g. laptops and webcams to undertake phone and video consultations) This allows for staff to be able to work remotely if necessary.
- Asking patients to send photos if appropriate and attaching these to the medical records prior to consultation.
- some home visiting is continuing
- sending Pulse oximeters to pts' front door to be delivered back to GP with a completed sats reading.
- utilising our local 'hot' hub at Bridge Lane for those with suspected Covid-19¹

¹ Hot hubs are staffed Mon- Fri 3-5pm by staff rotation. Our staff (3 GPs and a nurse) assess patients. Have to book the slot having been triaged and booked in by the practice. Niki and Roger have been back-filling the slots if our GPs need to man the Hot hub. Balham (our current and future partner in our local PCN) are using a different hot hub but this will not jeopardise the PCN in the future.

- reduced extended hours so now open temporarily only 8.00-6:30 to ensure sufficient staff during core hours.

Pressures:

Supply of masks is still an ongoing issue

Staff sickness and self isolation continues to be a pressure but the practice have successfully recruited to a reception post

Referrals to hospitals had been bouncing back but that is now being addressed by secondary care. Primary care can contact the CCG to highlight if becomes problematic again.

The future:

Covid is here to stay so many of these initiatives will become the new normal.

Demand is increasing but unpredictable.

Contingency plans are in place for too few staff, too many patients, etc. Testing is much easier now but still knocks staff out until the result is available.

The CCG is being responsive and helpful, including weekly Zoom calls from Nicola Jones, and being responsive to daily messaging about feedback of shortfall in staff or resources.

Have done helpful scenario back-up plans worked out.

We are working closely with Balham Park and can buddy up with them if needed to ensure services continue if that was necessary.

AOB:

It has been suggested that there is evidence that copper kills the virus instantly.

Date of next meeting:

Thursday 30th July 5:30 Zoom (KS to send invite).