Minutes of patient participation group 30 July 2020

Present Sue Stern (Chair), Kate Swinburn, Janice Price, Patty Hemingway, Sara Jayne Stanes, Gwen Rosen, Suzy Pawlak, Viv Taylor-Gee, Sandra Reeves, and Tor Godfrey.

Apologies Ivor Rawlinson, Richard Stern

1) **Members were invited to share their personal experiences** of contact with the surgery over lockdown: these were varied, and were responded to where appropriate. Inter alia, they reported: –

- A very good response from the surgery in for example, helping to get blood tests done away from home, or helping family members.
- Praise for general support from the surgery followed by excellent A and E treatment at St Georges.
- Difficult times with disappearing appointments, chaos and no test results. In one case, Stephanie Papalaskaris the social prescriber had begun to call once a week and this was much appreciated.
- One member of the group had felt lost. Sixteen clinicians or other care professionals were involved in her care, but she had not heard from a GP at all. It was suggested, that when someone is very ill, the surgery appoint one link person who would be their contact point. (Tor Godfrey and Sandra Reeves said this was what was supposed to happen, but in the current situation some people slipped through the net) Tor agreed to follow this up for the group member.
- 25 minutes on the phone waiting for answer. Fear about disappearance of face to face consultation. (see later item)
- Some uncertainty as to how the current system of telephone triage was supposed to work as most appointments could not currently be booked online, and it was unclear from the website what you were supposed to do. (Tor Godfrey responded that the triage ran from 8 to 10 am. Anybody could call and it was rarely full up – 60 to 70

calls could be taken. Five clinicians worked on it and went down the list. Some extra triage slots could be booked online.)

- Concern that no specific appointment could be made to talk to a clinician on the phone, only morning or afternoon until 6.30pm. The patient had to stay in and even then, the call might not be made. (Response: the workload was too great to make specific times).
- If a patient had a chronic and serious disease or condition, did this pop up on the screen to avoid having to describe it each time? (Response was no, but the disease would be in the summary which would be read before every call or prescription. But some patients who were very ill did have a priority status and that did pop up.)
- Hospitals' outpatient clinics seemed to be difficult or impossible to reach. The response was that many of them were not functioning yet and others were simply having to reduce the number of patients they could see – with each appointment taking an hour as it had to be followed by thorough cleaning. It was agreed that this was inevitable and to be applauded.

2) Digital contact

Secretary of State for Health and Social Care Matt Hancock had been on the radio that morning talking about GPs increasing digital contact and consultations in the future. Sue Stern asked how members felt about this.

The members of the group emphasised the value of personal consultations: they should not disappear. The general opinion was that seeing people on the screen was better than just talking on the phone, but it was hoped that the surgery would not prioritise increasing digital contact over face to face consultation: Tor Godfrey. and Sandra Reeves said this was very much not the case. The pressure to increase digital development was not new, and it had its place but as Tor Godfrey said, "We all worry about it. We are all missing you, touching, talking to you. We will not be going completely digital. We have had to adopt it over this COVID-19 period, but we do need to see and examine people: seeing them personally often provides 50% of the diagnosis. We are doing our best to bring in more people after the triage". Sandra Reeves said digital contact would be used if appropriate but not to the detriment of personal face-to -face contact.

Kate Swinburn suggested that there should be an audit, to track the different experiences of patients and doctors with personal and digital consultations.

Sue Stern said she would send the views of the group to the current survey on digital contact.

3) Current situation

The surgery was acquiring a Perspex screen for reception, and a one-way system, to start in the next fortnight. The flu season would be the next challenge, as everyone over 50 was entitled to have the vaccine. The vaccine doses had been ordered in 2019, but now there would be a doubling of numbers - over two thousand more patients - and it was unclear how this was going to be organised and funded, whether centrally or through the Clinical Commissioning Group. Vulnerable patients and those who were sheltering and their families must also be reached. The first batch would arrive in September, starting with the vaccine for the over-60s. The practice would keep patients informed as soon as the picture was clearer.

4) The next virtual meeting

will be 24th September at 5.30pm. Kate Swinburn kindly agreed to host it on zoom.

VTG, 30 July 2020