

Minutes of Thurleigh Road patient participation group 24 November 2020

Present Sue Stern, Ivor Rawlinson, Gwen Rosen, Viv Taylor Gee, Janice Price, Patrizia Kwella, Suzy Pawlak, Shushma Leidig (Practice Manager) and Sandra Reeves, (Management Partner), Dr Jonathon Christopher (GP Partner).

Apologies Kate Swinburn, Patty Hemingway, Sara Jayne Stanes

1. Practice report back from Sandra Reeves:

A. **Website.** A new website had at last been almost finalised and should go live next week. She would let the group know when it has been launched. There would be a page for the Patient Participation Group.

The new site should make information clearer and navigation simpler, and it will explain about the triage system. The triage system in the practice has been refined, and some reception staff have been trained as care navigators to ensure that callers are redirected to the right person to help them. As part of the Primary Care Network (PCN), some new roles are emerging for staff.

B. **COVID-19 vaccine.** With short notice, the practice had been required to give feedback to the Clinical Commissioning Group (CCG) to identify sites for vaccination. GPs would be involved in some way for specific groups as well as carrying on their normal service for its 14,500 patients. The arrangements for vaccination were being made at PCN level and above.

- CCG was identifying big national vaccination sites such as Wimbledon Stadium or the Tennis Club.
- The practice had joined with the other Battersea practices to choose the Junction Walk-in building as the most likely site.
- Central London Community Healthcare (CLCH) would take care of those people who are housebound and who see district nurses or in homes,

The vaccines would be given in two doses, some needing storage below minus 80 degrees and need to be made up, and only last 5 days. The Oxford vaccine could be stored in a normal fridge. The first cohort was likely to be the over-85s, people in care homes and key workers. Social distancing had to be followed throughout, so it would be a major operation.

Patrizia mentioned that a friend of hers who is a retired nurse had contacted the practice to help with this major effort but had heard nothing. Sandra would follow that up.

C. **Flu update.** Out of the 41 GP practices in Wandsworth, we were 3rd for the number of flu jabs we had given – 1,803. These had been delivered over six Saturday clinics and five on weekdays. 45% of the at-risk population has been done since October and when the appropriate vaccine was available. With doctors, nurses, and reception staff involved, it had been a case of all hands on deck, and the feedback from patients had been excellent. More of the over 65s (72%) had received their jab than last year, 36% of pregnant women, and 54% of two to three-year olds. Now they were preparing for the new cohort, 50 to 64-year olds.

D. **Practice performance.** In the eight months between 19 March and 19 November 2020, the practice had carried out 27,509 telephone consultations, 8,765 face-to-face appointments and 560

home visits. They had taken 86,509 telephone calls and issued 71,006 prescriptions. They were installing two new telephone lines.

Dr Christopher thanked patients for their patience, as it had been a steep learning curve, moving from a hundred years of face-to-face consultation to mostly digital contact. The practice was introducing Accurex technology, to provide the best digital experience. 90% of cases were safe to deal with by video. Face-to-face tended to be reserved for lumps (testicles, breast), or for some patients who really need it. Face-to-face was not being abandoned.

2. Donation. The group had been asked to donate towards the purchase of a special blood pressure monitor. A donation of £1000 was agreed unanimously in addition to the £288 for the lift handrail. There is just £700 remaining in the budget.

3. Staffing. Sandra reported that there was a new and experienced reception manager, Grace McCleary. Things were looking positive, they were still recruiting for the reception team, and strengthening the medical assistance team who work with the doctors. They are also recruiting for some additional roles under the PCN, such as a care coordinator to focus on vulnerable patients. They had received 16 applications for a second pharmacist to join Romy.

In other news, Dr Catherine Ellis had had a little girl and the group sent their warm congratulations. Dr Roger Schofield, Dr Nikki Salt and Dr Anita Agua were doing some sessions. One of the reception team was a phlebotomist at St Georges and was going to be providing blood tests in particular cases, including the over-70s and under 10s.

AOB

Viv suggested that given the interesting developments in the practice – website, triage, new technology, vaccine etc, could they consider sending out to a newsy email to patients, also explaining how things work now? Sandra agreed that this would be a good idea and will see to it.

Shushma proposed that the group develop a welcome pack for new members, particularly covering the need for confidentiality. She had seen this work well elsewhere. It was produced by the Patients Association. Sue noted that the National Association of Patient Participation (NAPP) also had relevant material. She suggested that the group look at what guidance was available and then it should be looked at in the context of mutual expectations by and of the group, in order to create some guidelines. Shushma will send some examples.

Ivor asked for the demographic makeup of the practice patients, so that we could try to ensure they were proportionally represented on the group. Sandra agreed.

Gwen asked about having a virtual group that patients could join. The Bridge Lane practice does this, on zoom, and 29 people joined in. GPs could give information sessions on it, and Dr Christopher was keen on the idea, he said they could do a regular briefing with highlights of the month and he saw no difficulty with that.

In response to Do Not Attends – patients who miss their appointments - he said very few did miss them now because they were normally made on the same day after a phone call. He added that telephone consultations are difficult to schedule for a specific time as each telephone consultation was unpredictable in length. He hoped patients could accept being given “morning” or “afternoon”, and have their phones with them all the time in that period, so as not to miss the call.

Sue Stern kindly volunteered to stay on as Chair. Everyone cheered!

She pointed out that this meeting was supposed to be the AGM, but given the pandemic, it would be postponed. The next meeting would be on Thursday 28th January at 5.30pm and continue thereafter every two months on the last Thursday of the month.

VTG.