

Thurleigh Road Practice Patient Participation Group

Meeting held via Microsoft Teams on 27.5.21 at 5.30pm

Minutes

1. **Apologies** were received from Sue Stern and Viv Taylor Gee

In attendance (via Microsoft Teams):

Ivor Rawlinson – Vice Chair who kindly chaired the meeting in Sue's absence

Suzy Pawlak- Minutes

Reeves Sandra – Management Partner

Shushma Leidig – practice manager

Dr Shazia Ovaisi – GP Partner

Gwen Rosen

Carolyn O'Grady

Janice Price

Patrizia Kwella,

Sara Jayne Stanes

Sara Turner

Ivor welcomed our new member Sara Turner

Unfortunately much of the start of the meeting was difficult to hear and understand because of sound and vision distortion. Apologies for anything that has been missed.

2. **Minutes of last meeting**

Minutes were agreed

There were no matters arising.

3. **Post-Covid access to the surgery and our doctors and nurses.**

Ivor introduced this item. The Healthwatch Report on the subject had been forwarded to the Group by Sue Stern. Ivor explained that Healthwatch was a patients' watchdog.

The Report said pandemic had exacerbated a pre-existing problem- access to practices.

Patients nationwide had said it was becoming more difficult to book appointments and access treatment.

The way people accessed care had quite suddenly changed. Patients could no longer enter the surgery and ask for an appointment; they could no longer automatically obtain an appointment by phone. Face-to-face appointments, which used to be the norm, had often been replaced by phone consultations.

Receptions had been triaging calls. And there had been long, long waits for phones to be answered, lines were continuously engaged, callers were held in long queues. This had led, the Report said, to patients' frustration and anxiety – and had put some of them at risk. The impact of not being able to get through could be profound. Many callers simply gave up. Others went to A & E, increasing pressure on hospitals.

Some patients had found remote appointments satisfactory. But research by Deloitte found that 75% of people intended not to continue with remote medical appointments after social distancing restrictions were lifted.

People said they were confused about accessing care during the pandemic. There had been an increase in the reporting of difficulties of using practice websites. Patients were confused as to why surgeries were closed when other services – opticians, pharmacies, veterinary clinics – were open for face-to-face appointments. This often led to anger directed towards GP practices.

Older people in particular had difficulties. Many sadly had chosen not to go to the doctor. As a result they have not had regular health check-ups, medication reviews, blood tests. Some were therefore unable to manage their conditions.

There was evidence that some practices had not been taking on new patients.

The Report concluded with recommendations including:-

- NHS should commission a formal review into GP access including the effectiveness of new methods of access;
- Need for relevant, up-to-date information on websites. “Some people may need to visit a practice in person if they cannot get through on the phone or cannot use e-consult to book an appointment”;
- Maintaining public confidence that GP’s are available must remain a priority. Support to be provided to practices to update their websites in a timely manner;
- Wherever possible, practices should offer patients a choice of type of appointment they would prefer. If it is not possible, they should be given a clear reason why.
- People with special needs should be better identified.
- Call handling training should be provided for all staff answering phones. The Royal College of GP’s has set up a Covid 19 resource hub including training and online and phone triaging and consultations;
- Practices should have contingency plans so patients can contact services during staff absences eg when they are self-isolating.

Ivor said that we must remember that as well as their day-to-day work, all practice staffs had made a huge effort to coordinate the vaccine roll-out and had successfully delivered the biggest ever flu vaccination campaign. He said we must remember that as hospital appointments and operations were delayed, more people sought advice from GP practices. And that there was a nationwide shortage of doctors and staff and resources.

Only that day, the Health Foundation, an independent charity, had said that practices were at risk of being overwhelmed by record numbers of sick people – a tsunami as one GP put it. Only the tip of the ice-berg said another.

Sara Turner said that the Health Watch Wandsworth Report conclusion was that a blend of options should be offered including face-to-face, telephone consultations, video and email and that the digitally excluded should be given special attention.

Shazia Ovaisi said that it had been a horrendous time for the whole practice. We were not yet post-Covid, we were still in a pandemic. Most of their consultations had been remote. They had done face-to-face when it was absolutely necessary. They had to have a way of controlling footfall. This week the partners had held a meeting to discuss ways of helping the digitally excluded. The Surgery still could not allow people in. If they did, they would need to check temperatures and organize social distancing. It’s a ‘curved ball’ with many unknown factors. Summer weather might help reduce infections, but the Indian variant and numbers of infections increasing might mean the end was not in sight. Then there were the problems of long covid, and the effects on children. Next winter's scenario could be different again. We were not over this yet and it could go on.

Ivor asked whether there was anything else we could do.

Sandra said that the Surgery now had a clinician in reception for the first hour to help deal with really urgent cases without delay. Training for new reception staff started last week.

Patrizia said that as a trial, she had asked her husband Robin to help book her an appointment with a doctor through the online booking system and even though he was very computer savvy, neither of them were able to succeed. It seemed that online bookings were unavailable, with no mention of that fact. She thought the fact that online bookings were no longer available, should be highlighted on the website. Her second point was that her friend (who was a critical cancer patient who wanted to remain anonymous) had tried to get an appointment with a doctor through the surgery reception on the phone. She had waited on the phone for 20 minutes, was cut off and subsequently found that she couldn't get through.

Shushma said demand was high. There was a new option which has been put in place. If you had on-line access you could book an appointment from 7.30 am.

Sandra explained that the Surgery was in a transition phase at the moment. They had been discussing how to make things easier for the first time this week. The phone system was being sorted out and a company has been working on it all day to get up to date. They were short staffed. They were using two agency staff in the reception team and training took time.

Janice asked if there were enough doctors given the very heavy workload there now was. Sandra said this was not the issue. She said 'signposting' by reception staff would help but the fact was the workload was extremely heavy. They felt overwhelmed and there had been the vaccination programme to organize too.

Shazia said that adolescent and childhood mental health issues had gone up during the pandemic across all age ranges. It was stressful dealing with this and other complex cases with no access to all the tools; it was like working with one hand tied behind one's back. For example, she said the two week rule on the urgent cancer pathway was being exceeded by hospitals who were disempowered. Shazia said she had many regular telephone consultations of 30 to 40 minutes with patients with depression. It was incredibly stressful. Doctors were now taking work home because they could log in remotely. They left the surgery late. Shazia says she rarely left before 9 at night. The media didn't help and there had been an alarming and frightening rise in the abuse of staff.

Janice said the Surgery was significantly understaffed for dealing with mental health patients and Sara Turner pointed out that 80% of mental health problems were dealt with in Primary Care. Shazia said she was holding on to a large proportion of mental cases. Their complexity had increased and demand had gone up because of the pandemic.

4. Report from the Practice

Sandra reported on challenges and staffing updates. They had lost two reception staff and were currently recruiting. They were continuing with agency staff and trying to make improvements. New staff: Karen has moved to being an HCA (Health Care Assistant). Lynelle Best started today. **(as what?)** Between 40 and 50 new patients were applying to join the practice every week. This was much higher than normal. Registration could take up to 5 weeks. They were short in that area because of staff sickness. Ivor asked if the Surgery could put a cap on numbers of new patients. Sandra said they were not closing their list. Numbers were steadily increasing, but patients left the practice too of course. A main reason for the wave of new registrations was because people had to be registered with a GP and have a n NHS number to have a vaccination. All this information had to be coded into the system and they were in uncharted territory. They had asked Wanndsworth for help but none was forthcoming.

Referring again to the stress on staff, Sushma said that they had never had this level of abuse before. Patients came to the door and didn't want to leave; staff were often shouted at, spat on and frequently staff and practitioners were reduced to tears.

On behalf of all present Ivor said that he was very upset by what he had just heard and commiserated with the doctors and staff. In all his time as a member of the patients group he had never heard a doctor speak from the heart and so passionately and so graphically as Dr Ovaisi just had. It was deeply worrying. He had the feeling that the public was at the end of its tether after 14 months of restrictions. And this affected everyone at the practice.

5. NHS Apps (Sara Turner)

After hearing about the problems the practice was having at the moment and the daunting workload facing all the staff, Sara said she was diffident about introducing this interesting research. She had prepared a table for the meeting, copies of which had been circulated beforehand. It is reproduced below. Sara said that she had found Amir very helpful.

Apps to access personal NHS information and questions for the Practice

Three apps are available (as far as I know)

	A p p o i n t m e n t s	Proble ms / Healt h Condi tions	M e d i c a t i o n s / P r e s c r i p t i o n s	Test resu lts	Documen ts	Im mu nisa tion s	Con sult atio ns	Alle rgie s	GP sha red rec ord his tory
Patient Access	Y	Y	Y	Y	Y – limited viewing	Y	N	Y	Y
My GP	Y	N	Y	N	N	N	N	N	N
NHS App **	Y	Y	Y	Y	Y	Y	N***	Y	N

**This is not the NHS COVID app but an app which has been updated since 17 May 2021 specifically to show COVID vaccine status. There have been some access issues with information dropping out.

*** The facility to access information about Consultations exists but the practice is not permitting this at present.

Illustrative example

	Actual Timeline	NHS app record
2008 March	Diagnosis of Illness A	General mention but full diagnosis given as November 2010
2008 October	Important procedure for Illness A	Noted correctly
2019 Sept	Diagnosis of Illness B	Not noted
2019 November	Surgery for B	Surgery noted but not reason / incomplete info
2020 March	Diagnosis of Illness C	Not noted in record
2020 July	Surgery for Illness C	Not noted in record
2021 April	Follow up appointment for Illnesses B & C	Full diagnosis given for B&C as one illness as if new

There were serious implications.

- In a recent referral, incorrect information was extracted and gave dates as on the NHS record.
- The record could also lead to an insurance claim being rejected saying, for example, that an illness was not declared or was incorrectly declared.

Further information

It is the admin staff in the Practice who enter the data based on letters or results received.

The questions Sara had were:

1. When she initially signed up and requested access to her medical record, the permission request said that one had to let the practice know if there was anything incorrect. How can patients correct the information held without causing undue burden to admin staff?
2. Should the facility to access information about Consultations be activated?

Sandra said Amir had lots of calls from patients about their medical records. She confirmed that patients had to put their concerns about incorrect information in their medical records in writing to their GP to get it changed. The coding was wrong and had to be changed. It is the patient's duty to check their records. It is important to check your own records. Usually consultants' letters list all medical diagnoses past and present. Errors are rectified on a case-by-case basis. To get one's record corrected it was best to contact ones GP by email. Sandra said that online access was being pushed as available. It would be made clear on the website. She was looking into the NHS App to find out from where their information came.

Janice said she would like to see copies of referral letters and what clinicians should have access to. Shazia said referral letters give a brief summary, main past history and latest investigations.

6. AOB

Ivor asked on his wife's behalf if someone might help look after the surgery garden for her during July and August. Gwen kindly volunteered.

Gwen gave her apologies for joining the meeting late and asked a question of Sandra. If there were so many new patients, why were there no more staff to help with the extra work? Sandra said that the Practice has 14,500 patients approximately. There was now a Clinical Pharmacist to help patients with questions about their drugs and to carry out prescription reviews.. Gwen asked where was it that the practice needed help - more nurses, more GP's.

Sara Turner asked if the waiting list for Talk Wandsworth was getting longer. (Health Watch Mental Health). Dr. Ovaisi said there was a 6 week referral even for a triage appointment.

7. Date of the next meeting:

Thursday 22nd July at 5:30

Patrizia said hoped that the next meeting might be held face to face. All agreed but Ivor said it would depend on what restrictions were in force then. We would have to wait and see.

Gwen kindly offered her garden in Thurleigh Road as a venue for up to 10 or 11 people if it would help.