

## **Willington Medical Practice Patient Participation Group (PPG)**

### **April 2021 PPG Meeting (ZOOM)**

The minutes of the last update have been approved by the group electronically and will be displayed on PPG notice board and surgery website.

#### **Present**

Chris Baker, Sue Carter, Holly Goodrich (Practice Manager), Janice Heier (treasurer), Margaret Hooley (chairperson), Pete Horridge **VPE** (vice chairperson), Sally Lovatt (secretary), Barbara McCardle, and Val Shelton

#### **Apologies**

Sara Bains, Joan Burton, Pat Harvey, Judith Kelf, Maisie Trotman, Ann Wood and Vic Wright

### **From the last and previous meetings**

#### **Mother and baby Group**

The present midwife is retiring so Mother and Baby group to be postponed for further consideration at a later date when new midwife settled and 'things' are back to normal.

#### **Website**

Update from HG: A new website is planned which should have the type of information suggested. Currently on hold as so much more occupying management time.

#### **Treasurer's report**

£5907.32 C/A and £5.47 petty cash. No change to accounts. JH has been trying to change the account to on line banking since last November but in February the bank stated there was no record of the application so JH had to start again. PH offered to help with technology. HG suggested writing to local branch rather than trying to phone a national help line. MH offered to go into the bank with JH to sort this out.

#### **Surgery Update by Holly Goodrich**

Covid vaccination program is still very much on our "to do lists" we have this week moved to the 35 + age group and in addition are also booking in people 16+ who live with someone who is immunosuppressed. We have had to deal with many calls regarding the AZ vaccine but can confirm none of our patient have had any blood clots or reported side effects.

Figures for the vaccines for Willington – Total first vaccine = 6095

Total second vaccine = 1060

See sheet attached

The Friends and Family report – we picked up on a few people commenting about waiting to check in – which is why we have opened the self-check in again as we still have to focus most of the team on the telephones due to call numbers. It is set up in Covid secure way with a dabber pen rather than touching the screen which helps with the wiping down etc.

We are still continuing to monitor the appointment system and have gone to having 2 weeks in advance again (same as it was before covid) as we do not have a such a high risk of GP's not being in surgery due to isolating and they are all set up so that they can work from home if required.

The new telephone system goes in on Wednesday afternoon – I have updated the voice message and website and will be sending out a text message to all patient that can access them on the day to help patients be aware of the situation, as the phones will be down between 12pm and 4pm so patients will need to contact 111. We chose this day as we are closed for training anyway so it is only 1.5 hours difference. But we expect Thursday to be a tough day.

SL suggested advising the Pharmacy as they tend to get calls if patients cannot get through to surgery.

The new system allows for 12 incoming lines and the extra outgoing calls will be cloud based and allows GPs to use mobiles or desk top as well as the facility to take a phone home and work from home.

The incoming calls allow 'call back'. This means that when informed of the queue position, after about 2 minutes, patients will be given the option of a call back and do not lose their place in the queue but need to answer the phone when receiving the call back from surgery.

I would also like to hear your thoughts regarding call recording as we are now being advised we need to inform everyone that we call that the call is being recorded – would you think they are anyway?

Maisie T responded:....my thoughts on recording of calls which is just about everyone you ring states calls will be recorded. I have absolutely no problem with that, protection works both ways both for Health Workers and patients and ensures any confusion can be clarified.

Staff making calls out will have to inform patients that the call is recorded.

We are considering a Social Prescriber campaign to make people more aware of Jude – but some of the team are concerned she would be inundated – this is what we are looking to put out there; would be good to get your thoughts on it?

*Social prescribing involves helping patients to improve their health, wellbeing and social welfare by connecting them to community services. Your social prescriber can help you to find out where you would go to learn a new skill, participate in a new activity, get involved in your community or simply to meet new people. They will also be able to help you with housing, benefits & financial advice or accessing specialist services and support that can help you.*

*If you think you would benefit from this service, please ask a member of staff at this surgery to refer you to Jude our social prescriber.*

Here is a link for more information on Social Prescribing and a short you tube video <https://derbycitysouthhealthcare.co.uk/page1.aspx?p=2&t=3>

The campaign would be added to 'Spotted' Repton, Willington etc and it would be helpful to ask followers to share the video and information.

SC commented that it read well and felt it was better to be inundated with enquiries than not enough. It is a difficult role to describe especially as it is a new role but the video is really useful. The previous Social prescribers were probably not quite right for the role but Jude is settling well and the plan is to employ another Social prescribed eventually.

The First Contact Physio has been very busy and providing a really good service and utilising skills to relieve the GPs time in providing an alternative option for patient.

Treatment.

The Pharmacist, Ella, has been busy conducting medicine reviews, is very patient and has a good relationship with patients. She is able to spend more time discussing medication than the GPs would normally be able to.

### **Digital Exclusion and 'Digital Buddies' PeH, C Ba, SB, VS Meeting**

Meeting Notes from PeH

Thank you Chris, Val and Sarah I thought that was a very useful meeting.

I will contact Jude to see what technology she has available and also what the mechanism is by which she works out who needs to use the laptop or iPad. (Jude does not have anything available at present)

I think you were going to discuss with CVS what they've got available Sara.

And I think you Chris were going to talk to the chairman of Willington parish council about what they can do or could provide.

I will also talk to Barbara McArdle the chair of Repton parish council especially as she is a member of the PPG.

I also wondered whether we could ask Holly how the doctors would identify someone who needs to access a self-help facility or utilise technology such that ours and Jude's endeavours are aimed at the greatest need first, even before we seek to provide a wider general workshop or event aimed at a larger number of people.

The other thing I wanted to capture from our initial meeting was that perhaps being able to use a screen share facility that someone who has been given a pre-configured laptop or iPad could then be shown online via the screen share facility how to access whatever it is they want.

Plan:

- It was decided that we need to try and understand needs and then try and work out how this can be achieved
- Explore what is currently available
- A small scale trial
- Buddy to assist those in need of help with technology
- Share and learn from the experience

## **Any Other Business**

### **Future Plans**

**MH** suggested that we gave some thought to how we might try and plan some form of activity, education event or similar which could be planned (either in or out of lockdown). With no end to the restrictions due to the pandemic it is difficult to begin to consider any planning.

**Our previous suggestions are below**

### **Skin Lesions**

Skin Lesions education event. Not likely to be held due to COVID19. Plan for 2021.

**SG** suggested a support group for patients with health anxiety. **HG** suggested that it could be a PCN development held on neutral ground.

### **Doctors at Urgent Care Centres**

Val S had been asked why there are no GPs at Urgent Care Centres. She had been informed that there is no Doctor at Swadlincote or London Rd.

**HG** informed the group that there has to be a Doctor on site but that clinics are run by nurses, physios and other Health Care Professionals. This is to balance the books and in order to achieve the target number of appointments then there has to be use of appointments for phlebotomy or smear clinics etc. But there is always a supervising Doctor on site for emergencies.

### **Future meetings**

Maisie T expressed the hope that we will all be able to meet up again before too long. Her suggestion was that all participants have had 2 jabs before attending in person, masks to be worn, and until then continue with Zoom from the meeting for those unable to attend.

### **AGM**

The suggested format for the AGM is an on-line summary with the officials continuing and to include a short summary by **MH**, **JH** and **HG**.

Virtual PPG group also to be invited.

**Next meeting Monday 17<sup>th</sup> May 2021 by 'zoom' at 6pm**

Agenda Items please forward to Margaret Hooley

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