

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

### **March 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**

Sara Bains, Chris Baker, Sue Carter, Holly Goodrich (Practice Manager), Janice Heier (treasurer), Margaret Hooley (chairperson), Pete Horridge **VPE** (vice chairperson), Judith Kelf, Sally Lovatt (secretary), Baraba McCardle, Val Shelton and Vic Wright

#### **Apologies**

Joan Burton, Pat Harvey, Maisie Trotman and Ann Wood

The chair, MH, welcomed Barbara McCardle from Repton to the group.

#### **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.

##### **Long COVID**

This was an interesting presentation with some useful information and links to a new website.

[www.yourcovidrecovery.nhs.uk](http://www.yourcovidrecovery.nhs.uk)

The concern, as always, is the digital link which excludes some patients and is true of all digital initiatives.

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

£5907.32 C/A and £5.47 petty cash. No change to accounts.

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

We have just moved to vaccinating the 60+ & 55+ as we are able to as a Local Hub have achieved 70% in the cohort above to move forward. The issue we have had with people sharing links has made Cohort 6 a tough one as we have had to physically call every patient to get them booked in.

We also only had very limited supplies the week of 4<sup>th</sup> March so the PCN Arena area didn't open.

Here are the Willington Results as of today (many of our 60+ and 55+ have now been sent the swift queue link to book in). The aim is to have the over 50's open for the end of March as the 2<sup>nd</sup> Vaccines start at the beginning of April from the Arena.

Practice	Over 80s		Over 75		Over 70	
	Total	Vaccinated	Total	Vaccinated	Total	Vaccinated
Willington	490	478	448	437	659	639
% of Willington patient vaccinated		98		98		97

Over 65		Over 60		Over 55		Over 50		CEV		16 to 64 ULHC	
Total	Vaccinated	Total	Vaccinated	Total	Vaccinated	Total	Vaccinated	Total	Vaccinated	Total	Vaccinated
661	645	642	571	769	357	784	253	132	128	798	762
	98		88		46		32		97		95

Arena Target % = 70%

We are then moving to:

Cohort 10 – Age 40 to 49 – who haven't been in any other cohort – 951 patients

Cohort 11 – Age 30 to 39 - who haven't been in any other cohort – 900 patients

Cohort 12 – Age 18 to 29 - who haven't been in any other cohort – 962 patients

Sue C will post on 'Spotted'. Generally, the CCG and LMC have been managing publication of statistics.

The new PCN staff are settling in; we have Ella doing medication reviews, Kiran who is doing Physio appointments and Jude who is helping with social issues. They are all helping to shape how Primary care will look moving forward.

We have been reviewing our appointment system again as we are now "seeing" more people face to face but with the telephone triage appointment beforehand this is "double bubbling" so takes approx. 50 appointments per week away from us. We have done an initial review with an aim of keeping the best of the technology pieces but bringing more direct face to face back in.

VS asked for clarification. HG clarified that there are a number of patients who the GPs know need to be seen, for example patients with 'lumps and bumps'. The reception team have a list of conditions and if patients phone with a particular problem then they will be booked immediately for a face to face appointment rather than triage first and this should help to free up appointments.

One of the things I'm so proud of is though the last year (it was 12 months yesterday when I received the first "standard operating procedure document") we have not had to lock our doors – while many other surgeries still have the door locked, we feel this has worked for the patients really well.

Friend and family feedback, we received was again really good, but we are also getting a lot more aggression from some patients – this is really hard on the team after they have worked so hard. It seems that some (and it is always a minority) feel it is ok to bash the receptionist and have no empathy for their mental health and anxiety levels. We are working on ideas to staff wellbeing (which is difficult in current rules but Pizza helped on Wednesday) and I have started to listen to calls and send letters out to individuals explaining that the attitude, language and tone really effects the team and asking people to be more aware of how their behaviour impacts. I've attached the Friends and Family report for you to see.

Our new telephone system is finally going to be installed on Wednesday 21<sup>st</sup> April 2021. We have chosen this date as it's our half day closing and so have less impact. The porting process can take up to 4 hours and we are doing it on this date as we would be using 111 anyway. The new system is a cloud base system which will give us options for a call back system for patients but also give unlimited lines out and the 12 lines in. One issue we have had is GP's not being able to get a line as the 12 are taken with incoming calls or patents not being able to get onto the queue. I am planning on announcing this early closing on our website, greeting message and the 'Spotted' sites to help manage it.

### **111 First**

For anything that is an emergency or urgent (but not a 999 situation) then this is the number to call for advice and support. An appointment can be booked into the surgery system or arrange a timed appointment at A&E.

### **Social Prescribing Link Worker**

Jude has iPads available on loan from 'Getting Together Matters' but so far there has been no interest in uptake.

SB commented that the 'gap' needs to be closed between those able to access digital support and those who 'just don't want to' or 'can't'.

BM commented that there are some Repton patients who feel isolated and frightened by use of digital technology.

C Baker asked what patients might be 'terrified of' and how can we help. MH suggested that they may be afraid of scams.

BM suggested carers could be helpful to facilitate on-line consultations.

SC added that we need to be respectful of those who 'don't want to.....'

### **Digital Exclusion and 'Digital Buddies'**

SC suggested that this should be dealt with at county level and SL agreed suggesting that a protocol is required to ensure that patients are not put at risk and there are no safeguarding issues.

PPG may be able to host an IT workshop or help with use of NHSApp. There is work to be done but there is need for guidance.

## **Promoting PPG**

The Willington Newsletter will have a full page (A5) article on PPG and it was suggested that there may be other villages with similar communication methods. BM will contact Repton Parish Magazine and VW will see if there is anything in Findern.

## **POST MEETING NOTE**

Vic Wright:

Have spoken to the Clerk of Findern Parish Council and she is putting up our notice on the village boards and also on the Council website and possibly on Facebook. There is no village newsletter anymore as no-one was prepared to do it.

Barbara McCardle:

I've asked for it to go in Repton Parish Magazine. We can but hope!

## **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.

#### **NAPP**

National Association for Patient Participation now have an on-line platform with comment and suggestions from other PPG.

This is the link for the new NAPP Connect Platform

<https://members.napp.org.uk/newsfeed>

If anyone would like to have a look please let me know. (SL)

There are some interesting comments and suggestions.

#### **Pharmacy**

Ann Wood said thank you for the response about the pharmacy and will pass on the information.

Chris Baker mentioned 'Patients Know Best' which is being promoted by RDH.

### **Patients Know Best (Information from [www.nhs.uk](http://www.nhs.uk))**

**Free where available**

Patients Know Best works with the NHS to give patients instant access to their medical records. You can access up-to-date information on treatments, medication, allergies and more from any device. This information can be shared with different medical teams and carers to speed up and improve your treatment.

#### **Who is it suitable for?**

Patients Know Best is for people who want more control over decisions about their healthcare.

#### **How does it work?**

Patients Know Best stores your medical notes from any healthcare provider connected to its service.

You have secure access to your notes on the go, which is handy if you're abroad or seeing a clinician for the first time.

You can send messages to your healthcare team, have online consultations, track symptoms and edit your care plans with your clinicians online.

The service can also store information from a range of devices and apps that track and monitor your health.

**Next meeting Tuesday 20<sup>th</sup> April 2021 by 'zoom' at 11am**

Agenda Items please forward to Margaret Hooley

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