

# Hughenden Valley Patient Participation Group

## Meeting Tuesday 20<sup>th</sup> April 2021

### 18:00 via Zoom

#### Present:

Elizabeth Carless (Chair), Scott Ridley, Simon Laurie, Christine Powell, Rosemary Hillyard, Anne Banks, Anne Smart, Paul Day, and Dr Sarah Avery

#### Apologies:

Maria Power, Kevin Wadham. Angela Townsend, Jodie Clements, Diane Westray

#### Minutes from the last meeting

The minutes from the last meeting were visited and agreed

#### Vaccine Update

- ❑ Lots of second invites
  - Difficulty with Chesham and Prestwood
    - Use of staff – three members of the clinical team plus Admin at Prestwood plus Chesham means 4 or 5 clinical staff involved
      - Has a knock on with patient care
- ❑ Now we have vaccinated the most vulnerable patients, decided not going into Phase 2 at Chesham
  - Under 50s will be vaccinated at our own Pharmacy
    - More income from pharmacy vaccinations
      - More beneficial than clinical
  - Can run it in the Practice with pharmacy staff and volunteer vaccinators
    - Will need volunteers from the PPG for Hughenden Valley
      - People booking can use 119
- ❑ Will end working in Chesham at the beginning of June when we finish the over 50s second vaccination

#### Mental Health

- ❑ 40 Bucks County Council Leap boxes are available to be delivered.

## **Cruise**

- ❑ The point was made that Cruise's support applies to any bereavement, as well as pre-bereavement

## **Social Prescribers**

- ❑ The PCN are interviewing this week
  - Two positions
    - Carol, one of our nurses, is applying for one of the positions

## **Telephone System**

- ❑ Concern regarding the telephone system
  - Three patients are known to have left
    - One lady tried to get through 3 times
- ❑ Issue is one of demand – not just us
  - Going to get worse rather than better
    - We have four staff on the phones in the morning and afternoon
      - Chesham vaccinations might slow it down and make it better
- ❑ People are not getting the message
  - If people don't like the message they get they persist in going on
- ❑ Scott's presentation
  - Welcoming patients back
    - Need to carry on as a surgery safely
  - Backlog in hospitals
    - Referrals start with the surgeries

## **Repeat Testing Kits**

- ❑ Available at the Pharmacy

## **Scott's Presentation (Slide pack to follow)**

- ❑ The Practice
- ❑ How it was
- ❑ How to make it better for both staff and patients
- ❑ Have to start with the staff

- ❑ Why change?
  - World is changing, so we need to change
  - Demand is increasing
  - Covid restrictions
  - Patients showing increasing demand
  - Staff morale
  - Silo working

### What can we change?

- ❑ End of silo working
- ❑ No longer lock our doors
- ❑ Practice meetings – alternate sites
- ❑ Management working across both sites
- ❑ Nurse appointments changed to 10 minutes from 20 minutes
- ❑ Review our boundaries
  - Get more patients and increase our list size
    - Younger, fitter and healthy
      - Demographics – we have a higher-than-average number of older patients
        - This will increase funding
- ❑ Change appointments – increase GP sessions
  - GP personal lists
  - Duty Doctor – less “squeeze-ins”
- ❑ Stop doing work we are not paid for – up to the hospitals who get the funding
  - We have to look after our patients
    - Do follow up investigations
      - ECG
      - In line with other practices
- ❑ Remove Document Management Software – DocMan
  - Slows us down
    - Just use one piece of software
      - Triage documents so they do not go to a doctor just for filing
        - Get 55 documents a day down to 5
- ❑ Use EPS – Electronic Prescription Service
  - Automatically signed on software
  - EPS from other surgeries can be sent in remotely
- ❑ Pre bookable appointments
- ❑ PCN
  - Look for funding from them
    - Dr Gallagher is the partner link to the PCN

- ❑ Patients over 80 will be given 20-minute appointments
- ❑ No more messages from Care Navigators to “ring back tomorrow at 08:00”
- ❑ Strong message that if you want information about Covid, don’t phone your GP – they probably don’t know any more than you can access via websites
- ❑ GP triage same day appointments
  - Duty Doctor
    - Not about do you need it, it’s when
- ❑ Learning experience from the last year:
  - Offer face-to-face consultations or by phone (someone could be in London or elsewhere and that would make it far more convenient)
- ❑ Being asked personal questions by Care Navigators
  - Can’t triage in an appropriate way without that information
    - Care Navigators are under the same legal constraints of GDPR as clinical staff

## **Next Meeting**

- ❑ 25<sup>th</sup> May 2021
  - Decision to be made with regard to Zoom or face-to-face – or possibly blended