Meon Medical Centre - Meon Patient Group Meeting Wednesday 4th August 2021

Present	**Phil Maundrill Marilyn Phillips Tim Phillips Keith Turner Rebecca Farthing Peter Seymour Mead Lesley Brown Ken Jackson Kev Balchin Tina Balchin Rebecca Edie Andrew Skinner Dr Karen Clarke Andrea Stevinson**
Apologies	**Lynn Milliken Jonathan Collins Barbara Craig Pam Bowen Ian Clark Susan Clark Graham Woodhouse Caroline Weatherly**
Subject	**Discussion**
Covid 19: next stage	Dr Clarke keen to canvas opinion of PPG about moving forward. Recapped on events since 19th July when NHS England advised primary care to 'open up' and Public Health England recommended to remain mainly virtual. Decision taken at Meon to open up and offer face to face appointments at first touch, if needed. Face to face appointments staggered to minimise number of patients in the waiting room. Has been working this way for just over 2 weeks and has caused some challenges, not sure if it is workable at present. Many asking for face to face when it is not necessary, whilst others need to be examined. Do we go back to telephone triage? (we are the only Practice who have opened F2F in the area) We have had doors open most of the time in the pandemic but public perception is that we haven't. PSM: Not aware that I can ask for a F2F appt. RF: triage worked really well. If an emergency, we were able to come down or if a GP wanted to see us. RE: As a young Mum, what is the policy for worried parents? KC: Children under 1 will be brought down, older children will be triaged first. Urgent appt slots are blocked out daily. RE: Does the Practice use Facebook? The Meon Vale Community has an active forum. KC: Yes we do, but not active enough. Our workforce is more active on Facebook and we are planning to use regularly going forward. TP: You mentioned NHSE and PHE earlier, who is in charge? KC: NHSE is in charge of health care, PHE is in charge of infection control and protection. TP: I don't always want to discuss my medical issues with a receptionist. KC: have you tried E Consult? LB: Receptionist told me you weren't doing these anymore. KC: That isn't correct. The E Consults were taking a whole morning for a GP to complete but now a nurse triages them first. KT: With a growing population and limited resources, triage will be needed more than ever. I have experience of this working, and also being seen in an hour or so when necessary. Some want f2f for the wrong reasons. Triage does need to be more robust with a better skill level of staff. Patients need to be given clear information about the need for staff to question if F2F is needed. PSM: I was told to fill in an online form. Then the next person offered me an appointment. Staff are very nice mostly! I have been unable to view documents on Patient Access recently. AS: There is a temporary issue with EMIS- the patient record system- so documents once scanned are visible to patients before they have been checked by a GP. This could cause a problem if there is a new diagnosis and the GP has not spoken to the patient before seeing the document. We do not have a date yet for the fix to be in place.

	KJ: What is the E Consult SLA (answer: actioned by 6.30pm the following day.) You need to have proper communication and consistency from the Reception team, there are definitely some issues there. Example I turned up for an 8.20am apt to be told it would be a phone call after 9am. KC: We do need continuity on Reception. They have a very difficult job, with demand for appts far exceeding availability. Demand is now higher than pre-Covid. Lots of anger and frustration from patients that is directed at admin staff, never Clinicians. RE: E Consults are not easy to find on the website and there are too many questions. KC: We can't change the questions, but E Consult ask for patient feedback and that is a regular comment. RF: Older people may not be able to use the E Consult service. KC: E Consults are very good for some things such as repeat sick note requests, chronic skin conditions. Not good for more critical issues such as tonsillitis. A Ski: This is an enormous challenge for KC. When do you say 'no more patients to be taken on?' How will you manage demand with the housing development on Long Marston airfield? KC: New patients can register here or in a central Stratford Practice. There is a difference between working in a hospital or surgery. In hospital, shift patterns mean 24/7 shifts and handovers. In surgery, there are one or two GPs working in a day. So very limited resource and you are told 'you must see this patient' even when your session is full. GPs need to maintain safety, have 16 appts morning and 16 in the afternoon and good memory, compassion, capability maintained. When appts go to 40 a day and more, this may impair safety and things get missed. Sometimes we have to tell patients if they can't get an appt, to ring 111 or go to A&E instead. PM: Care Quality Commission rate Practices on certain things including safety KC: we have agreed that Dr Emma Vickers will do another session on Wed pm from next week. Michelle, the Health Care Assistant, is doing an extra 9 hours nursing a week. This mean that nurses can action E Consults and free up more GP time>
New Additional Roles	New Additional Roles across the Primary Care Network to support GPs: Jas Matharu is the Clinical Pharmacist working with us 3-5 days a week Katherine White is the Care Co-ordinator Jacqui Close is the Social Prescriber Vicki Guise is the Health and Well Being Coach Example of what they can do: frail elderly patient requiring home visits, needs social services involvement , safeguarding, mental health assessment. This takes a lot of time and resource and could be helped by the Care Co-ordinator. Other roles are also there to help patients and reduce GP workload, signpost support networks etc. HAWBC is there to help with motivational change, example a newly diagnosed diabetic. Kam Sangha is the Pharmacy Technician, working at Meon one day a week. Her role is to monitor dangerous drugs, such as those for kidney and liver function. RF asked if Meon run clinics, for diabetics or to complete skin cancer checks. KC responded that the HAWBC can possibly organise weight management clubs. Not for skin cancers, as GPs are not dermatologists.

	RE asked if there are no male GPs at Meon. KC confirmed that is correct, since Dr Richard Woods left last year. All the applicants were female. despite advertising that men's health interest was important. RE asked about staff welfare during the pandemic. AS discussed the NHS support available called '#Looking after You Too' that offers some free apps for NHS staff for sleep issues, stress management etc. There is now also a service offering three free counselling season for staff. At Meon, AS looks out for staff showing signs of stress or upset, also taking over telephone calls if patients are being very difficult and causing upset to Receptionists.
Patient base growth & Practice premises	KC: careful planning is needed now with the additional roles to make the space work. There are no plans to extend the premises at the moment. This will be a CCG decision and there is a complex funding model in place. There is a project to fully digitise medical records and this will free up space. Some funds may be available from the big housing development, but rent will have to be paid on these premises. PM offered support and input to the forthcoming meeting.
Flu/Covid clinics	We have completed phase 1 (over 50s) and 2 (18-50s) at Hastings House. Last clinic was early July, until vaccinating the 18-30s with Astra Zeneca became an issue and the clinics were taken over by the large centres. Phase 3: the booster campaign starts 6/9/21. We will sign up to this plan, ideally giving flu and Covid jabs at the same time. Is still going through safety checks. We cannot deliver this locally to all over 50s with the 15 minute observation requirement, it would mean losing our nursing staff for several weeks. We may be able to use Stratford racecourse instead, this will be available for up to 7 local Practices. Will probably need volunteers for this again. Final decision being made on 10th August. We will keep back some flu jabs for the very frail to be given locally.
AOB	KT asked if the diabetic and asthma checks will be 6 monthly in future. KC replied that some can be managed on a 12 monthly basis. E Consults work very well for well managed asthmatic patients. A Ski asked about frequency of future PPG meetings. Found the meeting useful to get a better understanding, feels the challenges are scary! PM responded that meetings were 3-4 times a year pre-COVID. Currently meetings have been more ad-hoc, usually following a catch up between PM and AS. Plan in future to be very 3-4 months. PSM reflected how sad he is to hear Dr Woods has moved on. It is his pipe dream that the flu and Covid jab could be delivered together. RF: asked if fund raising needed for the Practice, possibly a sponsored walk. KC will need to think about if funds are required for anything. Had to replace the flooring with hard covering in 2020 which was a big expense. Currently buying BP monitors for patients to borrow if they can't or won't buy one, asking for £10 refundable deposit. LB asked what had happened to the patient survey mentioned at the last PPG. AS has compiled the survey, but unfortunately the IT system that will send out the mass texts is not working. Will work to resolve this. KC mentioned the national survey that was very positive for Meon, a link to this is attached: Practice Overview (gp-patient.co.uk) PM explained that the local CCG (Coventry, Warwick, and Rugby) is merging to become a larger Integrated Care Service and asked if we would see any changes? KC stated that the CCG previously worked with a big pot of money that was distributed to local authorities, social services, health and social care. Trusts were paid by results with some doing well and others not as they were unable to commission other services and so were out of pocket. Example, hospital trusts could quickly put on a clinic for hip operations and earn more funds. With ICS, the money is in

	one pot and is designed to wrap around care for the patient. It is a huge reconfiguration but will rebalance the system. Primary care will still be paid per patient head, and for enhanced services. KJ: asked if there was an agenda available prior to the meeting and were timings published? AS replied that agendas were sent out to all confirmed attendees. That there were no timings, ideally the meeting should last an hour. However, as they have been held infrequently, they tend to run over as there are a lot of questions. KJ feels the communication neds to be improved. KC and AS agreed, again the IT system used for the patient survey need to be working so that any messages that go on the website/ Facebook are also communicated to the patients individually.
Next meeting date	Wednesday 3rd November 201 5.30pm on Teams