

PPG MEETING - Friday 16th of October 2020

ATTENDEES:

Robert Gurd
Moria Black
Rosin Holden
Jean Rower
David Jenkins
Jill Morris
Ann Smith
Ellen Epstein
Neha Bamrah (reception)
Dr C Mendes da Costa (GP)

APOLOGIES:

Owen Grainger
Robin Carlyle
Adrienne Ventura
Emma Hayter

Chaired by Sangeeta Kathuria

Sangeeta opened the meeting by thanking everybody for attending the meeting this afternoon welcoming Neha from the reception team to the meeting too.

The first point that Sangeeta opened with for discussion was a question that had been put forward by Mr Robert Gurd about the future of the surgery and to find out if there had been any changes since the last time this had been discussed. Sangeeta clarified that nothing has changed and the surgery is still the way it is with Dr Keen's management and ownership. If there are to be any changes in the New Year, Sangeeta will ensure that she advises the members first and discusses this with Dr Keen present, before we discuss it with the patients, but so far nothing has changed.

PATIENT SURVEY

Sangeeta discussed the patient survey and went through all the positive and negative points as a result of what patients had fed back.

She discussed how the majority of patients have been aware of the various appointment options that they have access to, for example telephone consultations, triage face-to-face appointments, video consultations. However E consult bookings via the website and email consultations were less known in proportion to the ones that patients knew about, which is something that we need to address. Also from the question asked about the selection of appointments that patients had available to access, the majority of patients said they would prefer telephone consultations and face-to-face consultations which was very popular, showing that patients still want to have that face-to-face consultation with the GP and the nurse. With regard to nurse appointments they did show that they would prefer to have them on the phone for example asthma reviews diabetic reviews and this has proven to be very positive in the past few months. Patients who have never come in for their appointments before have actually attended video consultations with the nurse or telephone consultations and this has been very positive, as we have been able to care plan and review at least over 60% of our patients this year, which is not normal at this time of the year.

A very high majority of patients are aware of electronic prescribing and we have a very good percentage of patients who are now signed up with their nominated pharmacy and getting the

prescriptions in this way which is a very positive area and we also check for this when we do the new patient registration to ensure that patients have always signed up to this from the beginning .

With regard to apps there has been a very high percentage of patients who are not aware of the apps i.e. system one online or Airmid or the NHS app which is something that we have to promote in the upcoming months. There has been a new focus from Ealing CCG as part of new standard to try and get a high percentage of patients using the apps. In any case, to date, the patients who do have access to the apps, a high majority of patients use them to book appointments or request prescriptions more than anything else and a very small majority use it to access immunisations or blood test results or managing any other information or sending messages to the surgery.

There is a very high percentage of patients who find the surgery text messaging of information very useful to them and also very high percentage of patients found our new coronavirus page on our website very useful to navigate and find ways to manage their health care during recent Covid times. The health and safety and infection control question also garnered a very good response from patients who have been in the surgery have been reassured that they've been provided with hand sanitisers, assurance of good social distancing in the waiting room, confidence that PPE is being worn by the clinicians, high levels of cleanliness and pleased to see that we have the right signs in the surgery to direct patients, as well as a fact that we have patients coming in with facemasks now. We also take the temperature of all staff on a daily basis as well as any patients or people coming in to the surgery for longer than 15 minutes.

With regard to the open ended question about the areas where they experienced the most difficulty during Covid times, the most majority of patients have voted for the fact that the referral to secondary care has been very difficult and some referrals to local primary care has also been a challenge. Sangeeta commented that this has been a challenge as a whole in the entire CCG in Ealing and neighbouring boroughs, and is one that is going to take some time to sort out. Referrals have started to slowly be processed but the backlog is great and there has been no advice on how this will be managed in months to come.

With regard to the last question about health talks we've had a lot of patients who have said that they would like to have health talks via zoom or Microsoft teams with the consultants discussing various health issues. Based on this, we will now be holding health talks hopefully on a monthly basis. There has been a variety of suggestions to talk about for example COPD, healthy ageing, diabetes, memory loss, menopause, dermatology, social prescribing, urology, high blood pressure, cardiology and we will try and tackle these in the upcoming months on a monthly basis. We already have one talk organised for the 30th of October which is a cardiology talk and we hope that a lot of patients will sign up to that.

Sangeeta asked for support in the challenge of the Apps and why more patients don't know about them. One of the problems is that the NHS is very clunky to download and a lot of patients may not be able to navigate around the app or download it or go through the download, as there are a lot of security processes to go through to get it working. There was a recommendation that Sangeeta or someone should do a helpful video which is suitable for patients trying to download the app, and how to navigate around it for example a YouTube video, to train people how to use it and not to make them feel afraid of using it. It was recommended to use layman's terminology in order to design the video. Also there was a suggestion to look at the age group who answered the survey as there may be a lot of patients we have registered above the age of 60 or 70 who may not be having the use of smart phones and cannot access a mail or NHS app and it will be worth having a look at the breakdown of the demographics and age population of the surgery and see how we can target them to use the app.

Advertising the apps was also a very important suggestion and one idea was to maybe do a bit of a plug-in at the beginning of the next talk so the patients that are attending the health talk, can be targeted easily and quickly. Also texting patients or send them a link to the website with the video guide to promote the apps would be useful. Asking GPs and the nurse to promote the app when patients are seen in consultation with the doctor was another idea. Another suggestion was for one of the reception staff if possible, to call patients individually and discuss the app and guide them to the website to download the app as a lot of people don't have mobile phones or numbers have

changed and they may not receive the text. This is a big exercise and will require some work but Sangeeta will discuss it with reception and see if it's a possibility to do this.

During the meeting, one of our patients Ellen Epstein actually downloaded the NHS app and tried to use it. She did express how difficult it was to navigate around and get through the security settings so this is something that should be addressed. The Airmid and NHS app are more or less the same thing as they offer the same facility; you can make appointments, you can make requests for your prescriptions, you can access your medical records. However with Airmid, you also have the possibility of sending information about blood pressure results or your weight for example and other attachments as messages which can be downloaded into your clinical record. All these plus points need to be shown to the patients to encourage them to use the app which is something Sangeeta will work on in coming months.

Sangeeta did also clarify that Systm one online uses the exact same log in as Airmid so patients who already have the Systm one online log in details can use these to log into Airmid.

HEALTH TALKS FOR PATIENTS

Sangeeta discussed the pilot talk that we had a few weeks ago with the Consultant Cardiologist. We didn't have many members who attended, however the few that did give gave back the feedback that the talk was very much geared towards people who have a lot of medical knowledge about the area and the future talks should be set up more by using layman's terms, so patients without the medical background, can understand how to manage their health. Sangeeta will be taking this feedback back to Anjana, who is the organiser and discussing this with her for the next talk.

Sangeeta suggested that we should have talks on a monthly basis and she will be doing an agenda with Anjana, to see what topics of talks to have. The next talk after the Cardiology may be one about Covid and how to manage your healthcare during Covid. And a few other popular ones might be arthritis, high blood pressure, children's allergies, weight management, diabetes, depression, all of which we will put on through the year.

There has been a request by Roisin, to see if the talks the health talks can be held during the week rather than Wednesday Sangeeta will try and see if she can hold the next talk which will be in November on a Wednesday evening rather than a Friday evening.

FLU UPTAKE AND PROVISION OF VACCINES

Sangeeta discussed how well the surgery has done with the flu uptake so far, and how well we have been running the clinics with patients coming in through one door out the other and literally one minute to have the vaccine done in the waiting room. She discussed how the clinics have been run with Dr Mendes da Costa, Dr Keen and Noko who will be running the child flu clinic in the coming week as well in the same way.

The majority of patients and the members of the PPG also have agreed that the flu clinic has been done very well and we've had very full positive feedback this year with the efficient way it has been carried out. Our housebound patients are being vaccinated by the district nurses too. We have been working with Alisha Pharmacy and our other pharmacists in order to make sure that the patients do get access to the flu vaccine either from ourselves or from the chemist and Sangeeta also discussed the fact that the government has opened access to more flu supplies which we can order for patients should we run short.

At the moment there are no talks of the 50 to 64 age group to have the flu vaccine which the government said they wanted done throughout UK. So far only the over 65 and the under 65 with high risk and children aged two and three are getting the vaccine and if there are changes or if we get more supply of vaccine Sangeeta will update the patients accordingly.

Moir Black also commented on the fact that we have been very good with a shingles vaccine program and she complimented the surgery on the fact that she was approached to get her shingles vaccine quite proactively. Sangeeta mentioned that this is another point of action that we are taking

at the surgery, as we are approaching all our patients to ensure they're getting their shingles and pneumonia vaccines as well as the flu which is going to be leading through till the end of December. Robert Gurd enquired if we can see a comparison of the data of 2020 with previous years on the uptake of the flu vaccines, to see how much higher the uptake has been this year. Sangeeta will try and get this data for the next meeting for the members.

FACE TO FACE AND ONLINE APPOINTMENTS

Sangeeta discussed how face-to-face appointments have come back now for both the doctors and the nurse and patients can book face-to-face appointments via system one online or via the reception staff, should they wish to see the doctor for things that cannot be dealt with over the video or phone consultations. We also have now switched on the access of offering video consultation appointments online, so patients can book video consults or telephone consults via online services or they can call the surgery. We are trying to get back to some sort of normality after Covid, so patients can have access to all types of appointments as they require.

This seems to be working very well and also is working very well for Noko's appointment too. We have furthermore ensured that there is space in between appointments for wipe down times when patients have been in the consultation rooms to comply with health infection control and health and safety.

NEW PHONE SYSTEM

Sangeeta discussed as part of following on from previous discussions with the PPG, at the beginning of last year, about the phone system and talks of changing it to accommodate things like recording phone calls for training purposes and other facilities. Sangeeta has now gone ahead and discussed the change of the phone system with a new company which is with through the Ealing CCG, which is a cloud-based system. We will be getting a new phone system by the end of December which will have the recording facilities to record conversations with reception and with doctors for training purposes. It will also have a better streamlined System in getting through to the surgery and having a better queue waiting system so patients don't have to wait for too long when they call.

One of the recommendations from the member was to make sure it is a very simple system with not too many "pressing buttons" to get through different departments and to have music which is suitable for the patient or perhaps have someone talking about the surgery instead of music while they wait in a queue.

Mr Gurd did ask the question if there was a fail back system if anything was to go wrong and Sangeeta said that as part of continuity plans if the system was to go wrong we would be able to use our basic mobile handset to use an app to make phone calls and receive calls to divert calls in case the system must full or breakdown for any reason.