Patient Participation Group Meeting 24.05.21

With the agreement of the group, due to on-going COVID-19 restrictions, the meeting was co-ordinated and led by F Meadowcroft, the Practice Business Manager.

The Zoom meeting was arranged for an earlier start time of 6pm which had been well received by the group. The historical start time of 6.30pm was in place as it was after practice hours when the meeting was held on-site.

**COVID-19 vaccination service**

FM provided a summary of the COVID vaccination work that the practice has been directly and indirectly involved in.

The most up-to-date data available from the GP practice system shows that from the original cohorts i.e. 1-9, those identified as having had both vaccination jabs stands at 5550 out of a possible 6163.

More people in younger age groups have begun to be invited for their vaccination, of which 2232 had had their first jab. Although the majority of patients in the younger age groups have not historically had vaccinations since their childhood it appears there has been a genuine engagement to have it which has been very positive to see.

Some recent communications shared with GP practises indicate that a decision has been taken to reduce the time between the two vaccines to 8 weeks in an attempt to have all adults receiving their two jabs by the end of the summer.

This is really positive news, however, FM said but this will then lead into the autumn flu vaccination season, with the possible need to offer boosters for the COVID vaccination. If this is the case GP practises will need to start planning well in advance.

**Patient services**

After reporting in the last meeting that demand for patient services was still rising, FM was both pleased and relieved to inform the group that the average numbers of calls received had levelled out (2500 per week in April with 95.6% answered) and the average number of prescription requests had fallen slightly (750 per week).

From 1st March to 30th April, the practise is showing as having provided 20035 appointments, which equates to approximately 465 per day and around 40 appointments per clinician (Nurse/GP/Advanced Practitioner) per day

However, whereas previously reported, the practice had been able maintain its staffing levels which had really helped meet demand, increased staff absence (both holidays and sickness) had meant the workload had been more difficult to manage.

Nevertheless, the team continued to work to the best of their ability and – for the most part - the patients continued to provide lots of positive feedback about the service they received.

**Patient Online services**

At the previous meeting, FM had outlined the introduction of the digital online triage service – Accurx – which was becoming increasingly popular with patients. In the 90 days prior to the meeting, the practice was showing as having received 2200 individual patient contacts.

Usage at the start of this period was relatively low and has increased week on week. The week commencing 10th May saw the practice receive just under 400 contacts. Each of these contacts requires a response and usually results in a task for a member of the administration or clinical team. It is not uncommon that one contact can lead to three or four additional actions for the practise. It is hoped that this method of communication will – in time - see a reduction in the number of phone calls received by the practise.

**Primary Care Summit**

Following communication from a NHS England which outlined their expectations GP practises would be returning to pre-pandemic working, the British Medical Association (BMA) responded by pointing out that there continued to be a high level of risk for staff and patients which needed to be managed appropriately.

As a result of these discussions, a meeting was called for all GP practise in Salford to attend to provide a local response. The first point of note from the discussion was that a number of practices were not only offering the same services as before the pandemic but had actually increased their number of patient contacts, albeit in a variety of ways rather than the historic face-to-face model.

However, the most lengthiest discussions centred on increased level of risk due to fatigue from an ever-increasing workload and low staff morale.

One practise manager spoke about the amount of abuse from and lack of respect shown by patients to her staff - on a daily basis - to such an extent that rarely did a day pass without at least one member of staff sitting in her office crying because of the way they had been spoken to by a patient.

A number of actions were agreed at the summit – mostly around improving communication across the local health and social care systems and with patients (to manage their expectations), but at the time of writing nothing tangible has come of the discussion.

**IT**

FM Informed the group that each workstation in the practise had a new PC installed. So, over the course of three days, 43 new desktop computers were installed with the relevant software uploaded to them.

Any programme of work like this rarely runs smoothly, however, the issues appear to have remained within the practice and had not affected any of the patient services. Nevertheless, the staff are most grateful to have new computers which work considerably quicker than the ones they replaced!

**Primary Care Network**

The Swinton primary care network continues to work together to recruit staff which will work across the four practises (Sides, Lakes, Poplars & Silverdale).

An additional physiotherapist has been recruited to work alongside the one recruited in February. Three pharmacists and two pharmacy technicians have also been recruited to work alongside in-house prescription services teams.

The next group of staff to be recruited are mental health workers who will support practises in delivering low-level psychological therapy services to patients who it is felt would benefit from this support.

**Estates**

FM told the group that there had been a number of conversations with their water services retailer – WaterPlus - as it has recently come to light the practise does not have a water meter. This is surprising given the two other businesses which share the building have their own water meters. Consequently, the practise has been charged a flat rate for its water usage, and initial discussions indicate that there is likely to have been an overcharge, which will result in a refund for the practice that will be paid back to NHS Finance.

FM informed the group that discussions around installation of a canopy positioned above the front entrance (this was first requested at a meeting in winter 2018) are now at a more advanced stage, following agreement from the landlord - who is responsible for any change to the outside of the building - to look at different designs.

**Any Other Business**

FM asked the group if any of them knew of a reputable plumber. FM had reached out to a number of different plumbers, soon of whom had attended to look at the work needing to be done but not submitted a quote and others who had simply not returned the call.

A member of the group said they would contact FM directly with details of a local tradesperson who was highly recommended.

Meeting ended at 7pm

FM 170621