**PATIENT PARTICIPATION GROUP MEETING – TEAMS**

**WEDNESDAY 2ND DECEMBER 2020**

PRESENT: Brian Doyle Dawn Dennison

1 participant

**1**

Brian explained the new system for entering the building and the role of the door staff.

Patients are only allowed to enter the building if they have a pre-booked appointment and must be alone unless with a Carer.

There is a one way system in operation in the waiting room and the door staff clean seats routinely. Ann suggested that patients should be reminded of the one way system

All GP and Nurse Practitioner appointments are triaged and signposted as appropriate.

We have an allocated “hot room” for patients who have a small possibility of having COVID. This is at the back of the building and these patients would be brought in through the back door to avoid the waiting room.

Appointment times have been increased to allow clinicians to clean between consultations to avoid cross contamination

Clinicians are trying to see more face to face appointments but continuing to use Tele-medicine (Accurix) for video consultations and to safely transfer images. Although this does have limitations it has proved to be a very useful tool.

Patient contact (not necessarily face to face) is more or less same as before COVID.

We have a room available with telephone if patient needs a telephone consultation but does not have a phone.

Referrals for secondary care dropped during pandemic, we are trying to ensure there is continued access to all patients.

All staff have been provided with scrubs and majority are wearing daily. Staff are aware of the appropriate washing procedure.

PPE, (facemasks, gloves, visors) hand sanitiser, scrubs etc were purchased at a cost to practice and are not 100% refundable.

**2 EFFECT OF PANDEMIC ON PATIENTS AND STAFF**

Although some staff had COVID and they have recovered and are back at work.

Staff absence due to self isolating following contact with a positive case has been a bigger issue. Brian commended WMG staff for dealing with these obstacles as they arose.

The CCG provided laptops for clinicians and admin staff to use when working from home. This has proved very beneficial.

We have made use of the 111 telephone triage system for minor illnesses such as ear infections etc.

**3 CHANGES TO STAFF**

We have recruited two Practice Nurses following the departure of Gemma and Nicola. Our new nurses are Sarah Jones who joins us from the Community Team and Emma Hall who comes from Freeman Hospital. Sarah and Emma have already begun relevant training for their roles.

Brad Simpson, agency Practice Nurse has been helping us out greatly

We have employed a receptionist for afternoons/evenings.

Door staff; we have 4 positions working on a rota basis and the system is working well.

Caoimhe Fretwell is our new Pharmacist. She will be dealing with more complex cases and relieving work from GPs.

The Primary Care Network will help increase our staffing as necessary.

**5 TRIAGE SYSTEM**

We have always had a good triage system and this is now more crucial in the surgery.

Clinicians will telephone patients and advise on best plan of action; pharmacist, prescription, face to face, video calling. This system is working very well and will most likely be here to stay.

Ann asked if this made patients more agreeable to receptionists asking for more information as to why an appointment in requested. Brian said although some patients understand, some will never accept receptionists asking questions. Ann suggested a Facebook/website post could inform patients as to how well this has worked.

**5 TELEHEALTH (including video consultation)**

E-Consult:- This system is working very well. It is a secure and easy way for patients to contact the GP for medical or administrative advice.

Patients are able to send photos to clinicians and also video consultations are used more and more frequently. These services are very secure and although do have limitations, are working very well.

Ann also felt this was a good service

**6 PROGRESS ON FLU AND COVID VACCINATION PROGRESS**

Flu clinics were very different this year; patient footfall in practice was limited. We operated a one way system, in front door and out the back door. We are still inviting patients in and have plenty vaccines available.

Everyone from age of 50 is now eligible for vaccine. We are unsure how many of this age group will take up the offer of vaccine and will probably not finish the vaccination programme until Jan/Feb. Some patients have had the vaccine at their local pharmacy.

It was announced this morning that the new COVID vaccine has been approved and the vaccination process will start very soon. The vaccine is to be stored at -70degrees so is big task.

One tray contains many vaccines and once defrosted these must be used within one week so logistically this is going to be mammoth task. Vaccines cannot be transported so will have to be administered at centres with immunisation teams. Primary care & hospitals will be involved. It is a two stage process and patients will not be covered until had both.

Nothing is confirmed yet but it is doubtful that the vaccination will be given at Practice although possible that staff will be needed to go to centre to help.

Brian envisaged that our biggest role will be in the recall of patients.

**8 NEW TEXT SERVICE**

We have a new text service working in conjunction with the MyGP app. This will allow the Practice to be a lot more flexible with campaigns such as flu etc.

Friends and Family feedback – positive and reassuring.

**9 BUSINESS NOW**

Video conferencing, e-consults, telephone triage s the new normal.

We will continue to try to ensure all patients with long term conditions are still seen in surgery

**10 Airmid**

Ann asked about the Airmid app which is promoted on WMG website.

Brian is not aware of this but will investigate.

**11 AOB**

Ann and Paul suggested next meeting can be open to wider audience as virtual PPG member. Brian agreed that now that it has been trialled this could work well in the future and we will advertise this on Social Media.

**NEXT VIRTUAL MEETING – TO BE CONFIRMED AS BRIAN IS NOT AVAILABLE ON SUGGESTED DATE, 17TH DECEMBER.**