

**CENTRAL SURGERY**  
**Patient Group Meeting**  
**Via Zoom**  
**4<sup>th</sup> November 2020**

**Present:** Jenny Young, Dr Kearns, Liz Scott, Valerie Simmons, Dave Manser, Verina Pettigrew, Janet Search, Heather Riches, Maxine Tilley

|          |   | <b>Action</b> |
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| <b>1</b> | <b>Apologies:</b> Sally Ruddy, Olivia Purdie, Les Kuypers   |               |
| <b>2</b> | <b>Minutes of 30<sup>th</sup> September for accuracy:</b> No amendments   |               |
| <b>3</b> | <p><b>Briefing from Dr Kearns:</b><br/>           Dr Kearns thought that this was a good opportunity to regroup and refresh how we have meaningful communication and a two-way process with the wider patient group.<br/>           She detailed the challenging times and felt the surgery had done well in keeping the services going. They have been open every day and seeing patients face to face, when necessary, through the whole pandemic, keeping non-Covid services running. The surgery has struggled to keep up with the constant changing processes and protocols being imposed from both NHS England and the CCG and has encountered problems which were not anticipated. They were told to stop many routine services. They have had adequate staff throughout and all staff undertake a risk assessment. The phone lines have been busier than usual with up to 850 calls in a day.<br/>           There is a morning briefing between all five practices in the Primary Care Network.<br/>           Dr Kearns explained why the surgery had been reluctant to open up following a Covid positive patient attending in person, exposing staff and the patient area to Covid. Joy queried why surgery staff do not have full PPE but Dr Kearns said that it was not required as they do not generally deal with the Covid positive patients. They send Covid patients to the 'hot site' at H&amp;E Hospital where the staff have full PPE. It is critical that the surgery is kept as a 'cold site' for the protection of both vulnerable patients and staff. Valerie felt that better communication was vital and agreed to put in the Newsletter that a suspected Covid positive patient should not attend the surgery.<br/>           An announcement was not made about opening up as this may have to change again as it is such a fast-moving situation. Dr Kearns stated that the surgery has to be careful information is not misrepresented as the surgery is under a lot of control from NHS England and the CCG.<br/>           Dr Kearns said that the practice is now having to deal with winter ailments and long-term conditions (LTC) and it is difficult to sometimes determine whether patients are Covid positive or it is an exacerbation of their LTC. The surgery has opened up more blood services and support for LTC's.<br/>           The 'virtual ward' for ill patients not needing to go to hospital has worked extremely well with close monitoring in their own home by GP's from Central Surgery and South Street Practice.</p> |               |

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|          | <p>There has been no communication from NHS England or the CCG regarding the latest lockdown measures so the surgery needs to continue to provide routine services.</p> <p>She felt that the rapid advancement in the use of technology will continue after Covid19 and that the old model of General Practice would not return.</p> <p>A GP is not able to attend our meetings currently due to work pressures and childcare provision.</p>   |                     |
| <b>4</b> | <p><b>Partners Meeting:</b></p> <p>This was not dealt with as a separate item as the information was included in the briefing from Dr Kearns.</p>  |                     |
| <b>5</b> | <p><b>Communication with Patients:</b></p> <p>Jenny said that the Patient Group were aware of the challenges faced by the surgery but felt that we could have helped to communicate these issues on their behalf to a wider patient group, which may have reduced the number of phone calls being received. Lack of communication had become a major issue for the Patient Group.</p> <p>Valerie asked how we can communicate quickly to patients in an alternative way to the Newsletter. Liz told the meeting that now the surgery has Mjog it can send out campaign messages to all patients who have signed up for SMS texting. It can be used at short notice and rapidly communicate with patients. A campaign message is due to be sent out tomorrow on the new ways of working at the surgery. The surgery also continues to use Facebook and Twitter.</p> <p>Verina thought it would be useful to put statistics on surgery usage in the Newsletter to enable patients to understand more fully how busy the surgery still is.</p> <p>Dr Kearns agreed that the website was not fit for purpose and that members from the PPG would be involved in the creation of a new website.</p> <p>Jenny asked what we could do to improve communication with the wider group as she felt that if patients had the correct information and understood the processes, there would be less frustration from patients and potential abuse to staff. It was agreed that there could be an increase in the use of the texting service, use campaign messages, publish surgery data and statistics and give a synopsis of the new ways of working at the surgery.</p> <p>Jenny had been told that the surgery had received funding for a Communications Champion at the surgery and queried who this was. Liz said it was Natalie Miles but the role was intended for use for communication to send out messages developed by the CCG. Following a meeting about the Herts and Essex Integrated Care System, which Jenny attended, Dr Sarah Dixon had written that she would have thought that involving members of the PPG with the Communications Champion would be a good idea. Jenny agreed to check this information with Dr Sarah Dixon.</p> <p>Dr Kearns explained the reasoning behind her decision to not do a video. Members of the group were pleased to have had the opportunity to raise concerns directly with Dr Kearns, who reassured the group that she would work with us in the future to improve communication.</p> | <p>LS</p> <p>JY</p> |
| <b>6</b> | <p><b>Waiting Room Update:</b></p> <p>See information in the briefing from Dr Kearns.</p>  |                     |
| <b>7</b> | <p><b>eConsult Usage:</b></p> <p>Liz had no figures to update but said that the use had increased and was working well.</p>  |                     |

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| 8  | <b>Annual GP Survey:</b><br>This was not discussed. To be put on a future agenda.  | MT                             |
| 9  | <b>Action Plan/Annual Patient Survey:</b><br>Liz had made no progress on analysis of the figures due to other work pressures.  |                                |
| 10 | <b>External Meetings:</b><br>Jenny had circulated notes and minutes from PNQ, Hertfordshire and West Essex Integrated Care System Community Reference Group and a Winter Communications workshop attended by Maxine and herself prior to the meeting. Jenny asked what happened to the information and minutes from other meetings she sent and Liz said they were shared on the intranet in the surgery which goes to all surgery staff and acts as their 'library'. The information can be categorised.  |                                |
| 11 | <b>Patient Group News and Media:</b><br>Valerie voiced her concerns regarding a lack of support and co-operation on the Newsletter. She acknowledged that due to a time lag of between 4-5 weeks in publishing the Newsletter, it was not a flexible service or useful tool for rapidly communicating pertinent and time-sensitive information.<br>It was agreed that information on the appointment requirement for blood tests, zero tolerance of abuse, statistics on the surgery activity and a message that the surgery is still open would be included in the Newsletter. She will also include the information about the over 50's flu vaccine if she has capacity.<br>Valerie had added a link to this month's Newsletter about a useful leaflet but did not think it worked. She asked all group members to try and open it and let her know before she included it in its present format.<br>Dr Kearns agreed to liaise directly with Valerie on the Newsletter.                     | VS<br><br>All members<br>VS/DK |
| 12 | <b>Partners Report:</b><br>Jenny felt that the report for the partners worked quite well but she gets no response or feedback. Liz agreed to bring back a response and circulate it.<br>It was agreed that no Partners Report would be sent this month as Dr Kearns was present at the meeting.  |                                |
| 13 | <b>Actions Not Met:</b> <ul style="list-style-type: none"> <li>• eConsult figures</li> <li>• Discussion of GP survey</li> <li>• Action Plan</li> </ul>   |                                |
| 14 | <b>Any Other Business:</b> <ul style="list-style-type: none"> <li>• Sally wished to praise Dr Portelly for his care and follow up support during her recent episode.</li> <li>• Jenny asked about the work of the Carers' Champions as there has been a drop in referrals to Carers in Herts at a time when they are likely to need even more support. Liz said that they had been phoning carers but she would check with Sharon as to how many carers referrals had been made.</li> <li>• Joy asked when the over 50's would be receiving their flu jabs. Liz said that the vaccine is not yet available for that age group.</li> <li>• Verina questioned why several text messages about flu appointments had been sent out. Liz said that the software would not allow them to send out a confirmed appointment prior to 7 days in advance.</li> <li>• Valerie had just received an email from Matt Hancock and Robert Jenrick with advice on precautionary shielding measures.</li> </ul> | LS                             |
| 15 | <b>Date of Next Meeting: 2<sup>nd</sup> December at 6.0pm</b>  |                                |

