

## **PPG Meeting Tuesday 13<sup>th</sup> October 2020**

**Apologies:** Mrs Knight, Mrs Stuttaford, Mrs Andrews, Mrs Marshall, Miss Carney, Mr and Mrs Vaughan, Mrs Hatton, Miss Simcox, Miss Kirby, Mrs Shilling.

**Attended:** Mr Burrill, Mrs Lee, Mrs Andrews, Mrs Sims, Mrs Peters, Mr Bridle, Mr Morley, Caron Browning, Mark Hughes, Dr Ruaux, Dr Rashid, Carol Orchard, Claire Cumming.

Around the virtual table done.

- 1. Agreement of minutes. Agreed.**
- 2. Matters arising from meeting 4<sup>th</sup> December 2019.**

**a) Practice Survey**

Mark informed the group that this would be held off due to the current covid pandemic and the effects on the practice. Mr Burrill commented that post covid the questions would need to be reviewed so that they were relevant to the current situation.

The updated TOR survey was completed pre covid and carried out in the best interests of both the patients and the practice. The survey was not distributed and will be updated to reflect the current situation.

Mark queried whether the updated version should be forwarded to the PPG group or in fact circulated to a larger patient group to get a wider view.

Dr Rashid agreed that the relevance of the survey would be very different from a pre covid version to a post covid version and would certainly need to be revised.

It was concluded that Mark will liaise with the focus group.

**3. Practice Update**

Dr Ruaux advised the group of the many positive changes that have occurred in the practice since the previous meeting. Dr Hussain was welcomed as a partner in June following a period of being a GP locum at the surgery. Dr Hussain has a specialist interest in diabetes. The practice also welcomed three new salaried GP's, Dr Ling and Dr Zhang and Dr Wood who was previously a GP registrar at the practice became the surgery's third salaried GP.

The practice will also be hosting medical students from 19<sup>th</sup> October onwards. These students will greatly benefit from education and first hand exposure to general practice.

**4. Impact of Covid-19 on the practice**

Dr Rashid commented firstly on how our nation had pulled together and adjusted to the effects of the covid pandemic.

The NHS had quickly responded to the crisis with shielding advice. The key elements for our practice were to protect not only the patients but also the practice staff.

It was commented that the previous "foot traffic" in the surgery now seemed like a distant memory and it was unlikely that primary care would ever return to the same workings as pre covid. Patient interaction has developed greatly in a short space of time with remote facilities including e-consultations, video consultations and the accurx system being set up and widely used benefitting not only the patient but also the practice staff.

Once triaged remotely by a clinician the practice has continued to see patients face to face when indicated using the recommended PPE. Dr Rashid commented that East Kent widely had adapted very quickly to remote working.

Dr Rashid did highlight that as a practice we have continued to enable patient contact (in East Kent 2/3 of surgeries had not had a single face to face appointment since March). New Hayesbank innovated very quickly to implement changes with the patients best interests at the forefront of this. Caron reiterated that as an employer it was their duty to keep the practice staff safe.

Remote working unfortunately does have negatives in that this way of working can exclude the more vulnerable of groups for example learning disability patients, blind and deaf patients and patients who are unable or didn't wish to access digital forms of contact. The practice continues to implement strategies to ensure that these groups can continue to assess health care.

Mr Burrill wished to applaud the surgery for the speed and innovation in implementing changes to the way of working and facing the difficulties that had arisen due to the covid pandemic.

He felt that the implementing of digital and remote interaction with patients should be embraced into the updated survey. He felt that a segment of patients would be unaware of the different forms of interaction now accessible ie video consultations. With this highlighted Dr Rashid asked Caron if the PCN (primary care network) survey had been shared with the PPG as this outlined the various modalities available to patients. Caron confirmed this would be distributed to the PPG members.

Dr Ruaux told the group that all clinicians were aware of the facility of video consultations and that it was already being used frequently for consultations with elderly and palliative patients but that as a practice we could certainly promote this more widely to certain patient groups.

Mark confirmed that the practice's new website would show this information. Mark also commented that a discussion had already taken place with regard to the practice telephone system accurately reflecting the options available for patients.

Mr Burrill felt it important that the group reflected on the pros and cons of the way the practice and the clinicians worked and continue to work in light of the pandemic. Dr Rashid agreed this was an important point and as a practice we would re-group to determine what changes we continue to build-on moving forward and what do we cull.

Dr Rashid discussed the role of the PCN (primary care network). The PCN is a national scheme that geographically aligns practices. Within our PCN are New Hayesbank Surgery, Kingsnorth Medical Practice, Sydenham House Surgery, Hollington Place, Wye Surgery and Sellindge Surgery totalling approximately 68,000 patients. When the covid pandemic peaked the PCN had already established a "red" practice within the PCN to host the covid patients. This ensured that all practices within our PCN were able to continue to look after both patients and staff in a safe manner. The PCN board members continue to have weekly consultations to enable shared learning across the sites.

Mr Morley raised the subject as to whether the patient voice articulates in the current circumstances but to ensure that the patient voice is heard Dr Rashid felt this was a

discussion to be taken to the ICP (integrated care partnership). The minutes of this could then be forwarded.

#### **5. Current access to NHS services**

Caron highlighted that there were two separate elements to this 1. New Hayesbank access and 2. Services not provided by New Hayesbank (community and secondary services). It was stressed by Caron and the GP's that primary care are very much the "gatekeepers" of the NHS and that due to the tight restrictions and strict guidance that secondary care has found itself under due to the covid pandemic primary care services are constantly having to update their way of working and what they can refer patients into secondary care for. It was recognised that patients have and will continue to have a delay in some services available to them in secondary care. Caron advised that new information about services and the way primary care operated was changing daily but the practice continues to implement these changes and update and pass these changes on.

#### **6. Future PPG meetings – virtual**

Caron confirmed that for the foreseeable future the PPG meetings would continue to be held virtually due to the covid restrictions. This was given a thumbs up by all attendees. Mark told the group that he had received feedback from some of the PPG participants that they were unable to access the virtual meetings, alternatives could be telephone participation. Dr Rashid highlighted how useful virtual meetings were in that they encourage more frequent meetings. It was agreed that a positive would be if the practice could encourage a wider cohort of patients to include younger families, patients with disabilities and ethnic groups. Caron confirmed that the practice could advertise the PPG on the both the practice website and the surgery facebook page to try and encourage more members. Mr Burrill agreed that this was would be good way of promoting the PPG.

#### **7. PPG role in Covid and the future**

Mark felt this was a point for further discussion in the future – how should the practice utilise the group going forward?

#### **8. Any other business**

It was discussed that the UTC (urgent treatment centres) were making good progress, within our locality Musgrove medical centre is our community site and the William Harvey our acute site. From a patients point of view it was a better service to navigate. From the 1<sup>st</sup> October the new 111 service went live. It was felt this service would give a more consistent and better service.

Mr Bridle thanked Caron and Mark for setting up the meeting with all participants agreeing that it was very worthwhile.

Mr Burrill felt that if the practice was looking to increase access to the PPG then it would be extremely helpful for all members of the group to have a list of the abbreviations that are often discussed in the group eg PCN, UTC etc – Caron agreed this would be valuable and would action this request.

Caron thanked everyone for their attendance and it was agreed that the next meeting should be held in two months' time.