Minutes of The Cottons Patient Participation Zoom Meeting, held at 6.00 p.m.

On Thursday, 1stApril, 2021.

**Present:** Sam Adams (Practice Manager), Helen Boto (HB) Chair, John Fryatt (JF) Vice Chair,

Janet Harper (JH) Secretary, Jenny Randall (JR) Treasurer, Catherine Aldridge (CA), Ann Rooney (AR),

Mary-Anne Burch (MAB), Sue Wathen (SW), Mary Manion (MM), Tony Boto (TB), Gwen Cooper (GC),

Barrie Harper (BH)

**Apologies:** Ann Robinson

HB welcomed everyone to the meeting.

1. **Minutes of Last Meeting:**

The Minutes of the last Zoom meeting held on 14thJanuary, 2021, were approved.

1. **Practice Manager’s Report:**

SA reported that there were now 10,244 patients on the Practice list, which was a slight increase from January 2021. As before, DNAs were currently not applicable. Friends and Family recommendation remained the same at 94% and he was pleased to report that there had been no clinical complaints in the last quarter.

Regarding the vaccination programme, currently, 4,326 patients had received their first vaccination and 648 had received their second. In Cohorts 1-9 there were 149 patients who had not yet received their first vaccination for different reasons.

New patients for vaccinations were not being given the Pfizer vaccination on the basis of supply.

Pfizer second vaccinations had begun the previous week and the Astra Zeneca second vaccinations were just commencing.

The Moderna vaccine would be the next to become available, but there was no information as to exactly when this would be.

Practices had been contacted by NHS England and asked if they would be undertaking vaccinations for those in Cohorts 10 – 12 (40 – 49, 30 – 39, and 18 – 29 years of age) and The Cottons, along with others, such as Nene Valley, haddecided that they would not. This was because last year their Primary Medical Services Contract had been protected,whereas this year the Practice wasrequired to fulfil second vaccinations and also open their doors to patients in accordance with their Contract.

At the present time, the Practice was experiencing problems contacting Cohorts 8&9 (over 50 years and under 60 years of age). This group were being telephoned and sent texts, but were often not responding because they had already been contacted, probably by letter or were making their own arrangements at mass vaccination centres. Repeat telephone calls to these patients were, of course, very time consuming and this problem would probably be even greater with younger age groups.

The International GP, Dr Ligia Costa Rocha, who had been scheduled to join the Practice last year, was now commencing week beginning 3rd May.

HB reported that she had been asked to raise three concerns which had been voiced by PPG members . The first being that patients were not being seen in person by GPs. She referred to SA’s earlier reference to opening the Surgery doors to patients and asked if there was a definite date. SA replied that there was no definite date as yet, but after the new financial year, commencing 5th April, there would be direction given from our CCG as to when patients could start to come back to be seen in person. Telephone triage would continue where necessary. The meeting was generally very pleased to hear that the opening up of the surgery was imminent.

The second point raised by members had been general dissatisfaction with the introduction of ‘appointments on the day’. Patients complained that they telephoned for an acute appointment at 8.00 a.m. and were held in a queue for perhaps 20 minutes and then when they did get through were told that all appointments for the day were gone and to ring back the following day. Suggestions had been made that although it was appreciated that only a finite number of appointments were available, it might help to release some at 8.00 a.m. and then more at 1.30 p.m. for the afternoon. SA replied that there had been a shortage of appointments owing to annual leave and also, for some reason which was unclear, the volume of requests for appointments had increased. A Locum GP would be engaged to cover the time taken to train the new international GP.He added that extra appointments were issued at 1.30 p.m. and people could ring back at this time and try for an afternoon appointment.The meeting felt that Receptionists/Care Navigators should be informing patients that they could try again in the afternoon. This was noted by SA, who felt that perhaps this was a communication problem.

The third concern was in connection with Medication Review appointments. Patients were ringing to request an appointment and being told they had all gone and to ring back in 2 weeks. When they eventually did manage to get an appointment this was often a month further on and there was concern at the length of time and the fact that medication could be refused as a review had not taken place.

SA explained that before the pandemic each doctor did 4 medication reviews each day. When the pandemic occurred they had been instructed by our CCG to reduce this number to 2 a day. Obviously, this created a backlog. Doctors would now be reverting back to 4 each day and were having meetings to discuss how they could best reduce the existing backlog. He added that it may not even be necessary to conduct some reviews over the telephone.

SW reported that she understood that at a friend’s surgery, they operated a ‘call back’ service to relieve the morning rush for appointments. She asked if The Cottons had considered anything similar. SA replied that they had not considered this, but it could be discussed. He added that when the current appointment system had been introduced last September more telephone lines had been installed, but there were only a set number of staff to take the calls.

SW asked when the Practice closed for training purposes and SA replied that they closed on set Wednesday afternoons only and these afternoons were listed on the website.

GC raised the problem of steroid injections and the fact that a doctor had told a patient to make an appointment for such an injection, yet when the patient had requested this the Receptionist/Care Navigator had said that this could not be done at the Surgery. SA replied that steroid injections had been given at the Practice in the past, but had then been stopped and subsequently it had been decided that it would be down to the individual doctor if he/she was prepared to give such injections. He added that staff were often part-time and perhaps missed communications and updates – he was working on improving communication.

JF asked what would be happening regarding vaccinations to Cohorts 10 – 12, if it had been decided that the Practice would not be undertaking vaccinating these groups. SA said that they were waiting to be told how these groups would be dealt with and itwould probably mean redirection to mass vaccination centres.

JF remarked that it would be very useful if the PPG could put some of the information being discussed at the meeting in a Newsletter. It was agreed that a Newsletter, checked first by SA to see that everything stated was correct,could be produced. It was pointed out that if the information was also displayed on the Practice website, this would be very helpful in keeping patients updated.

SA remarked that the Practice was looking to the future and was in discussion with the landlord to add even more rooms for consultation purposes.

BH highlighted the problem of a patient telephoning and attempting to book a medication review appointment, albeit unsuccessfully, and asked if the call could be registered in order to avoid the possibility of medication being refused owing to the fact that the review was long overdue. SA replied that when a patient attempted to make a review appointment this should be logged on their record and this meant that their repeat medication would not be blocked. He reiterated that the Practice were doing their upmost to reduce the backlog in this area.

MAB asked if somebody moving to the area in the Autumn would be allowed to join the Practice and SA confirmed that they would.

MAB referred to the existing systems in centres and asked if vaccination information would be relayed to the patient’s record. SA replied that when a vaccination was given the information would be sent to the Practice, probably the next day, and would appear on the patient’s record. However, as was being illustrated by those in Cohorts 8 and 9, when the Surgery texted a patient to ask them to go for a vaccination they would not know if that patient had been contacted by letter and had already booked an appointment for a future date. If this was the case it would be most helpful if those concerned could inform the Surgery that they had an appointment booked for the future and this would negate the need for the Surgery staff to keep trying to contact them.

SW felt that notifications to go for a vaccination seemed to be operated in a somewhat random fashion and often mass vaccination centres suggested were a considerable way away from the patient’s home. SA agreed, but said that this was not in his remit and the Practice had nothing to do with the mass vaccination centres.

1. **Report from the Chair:**

HB thanked SA for his full and frank answers to all questions.

There was very little to report in connection with the PPG owing to current circumstances, but JF would begin to put together a Newsletter.

As had been previously stated, JR had taken over the Treasurer’s position, but it had not been possible for HB and JR to go in person to the bank in order to sign the relevant documents and make this appointment official.

It was necessary to hold a PPG AGM, usually in April, but as this would be extremely short and was simply an official requirement, it was proposed to incorporate the proceedings into the next general meeting. There was no objection to this proposal.

1. **Any Other Business:**

JF wished to record that he felt GPs and NHS in general had done an excellent job regarding the mammoth vaccination programme. SW and the meeting in general strongly supported his comment.

SA reminded patients that if they experienced side effects from a vaccination paracetamol was recommended.

SA added that Nene Valley Surgery in Thrapston were completing approximately 600 vaccinations each day.

1. **Date of Next Meeting:**

This was set for 6.00 p.m. on 3rdJune, 2021, and would be a zoom meeting.

This meeting has been recorded for accuracy purposes only.