# SIDNEY HOUSE AND THE LAURELS SURGERY PATIENT PARTICIPATION GROUP

# MINUTES OF A MEETING HELD via ZOOM ON 29<sup>TH</sup> APRIL 2021 AT 7.00 PM

**Members attending:-** John Galley (JG), Beverley Jones (BJ), Alexandra Jones (AJ), Vanessa Benson (VB), Bob Farrell (BF), Robert Bates (RB), Ann Martin (AM), Peter Elkington (PE).

## 1. Apologies for absence

Apologies had been received from Dr Karen Hall.

#### 2. Minutes of last meeting / matters arising

The minutes of the meetings held on 15<sup>th</sup> October 2020 and 25<sup>th</sup> February 2021 were accepted as a true record. There were no matters arising.

### 3. Practice up-date

BJ advised that following hard work and commitment in the successful flu campaign and in collaborative working with Danbury Medical Centre over the Covid vaccination programme, Ally Jones' job title had changed from Practice Operations Administrator to Operations Manager. Her role remains substantially the same, but she will take the lead in Surgery / Practice-related projects to improve efficiencies in patient care.

BJ also advised that Dr Tom Cunningham (in the absence of an ANP) had lead the Nurse team for several years, and that it was an appropriate time for the role of a Lead Nurse to be considered. An internal advert was placed and following an interview process, Nurse Stacey Gardiner was appointed to the role of Lead Nurse. The Lead Nurse role is responsible for the line management of the Nurse Team, including HCA's and Phlebotomists.

AJ commented on the Covid vaccination uptake. She said that (on the basis of figures correct at 5 pm on the day before the meeting) Danbury Medical Centre and other centres had administered the first vaccine to 5949 patients on the Practice's "active" list, of whom 2549 had also received their second dose. Nearly all the residents in Care Homes included in the Practice's list had had their second dose.

AJ further commented that vaccine uptake had been particularly strong in the older age groups. 94% of these patients had had their first dose and, so far, 73% had had their second. Only 40 patients had actively declined the offer of a vaccination.

A good working relationship had been forged with Danbury Medical Centre, and the Practice was looking at further ways of co-operating with them and with other surgeries.

BJ advised the meeting that Covid restrictions remained in place at the Practice. However, some face-to-face appointments were available at Boreham (in addition to those at Hatfield Peverel), and it was expected that a Phlebotomy service would be re-introduced from 17<sup>th</sup> May 2021 for two mornings per week at Boreham. It was also expected that the Practice would return to "Open doors" by the middle of June, subject to Government guidelines. Some patients were not happy with the continuing Covid-related restrictions, but the Practice asked patients to bear in mind that they were necessary for everyone's wellbeing and health and safety. The Practice had noticed that there was a degree of pent-up frustration amongst some patients, perhaps caused by the necessity to remain indoors for such a long period of time.

On behalf of Dr Hall (who was unable to attend for personal reasons) BJ informed everyone that a free-standing Blood Pressure checking machine had been re-sited at Boreham. This had generated some negative comments from a few patients who stated their preference for their BP to be checked by a Nurse. Some patients commented on the apparent lack of privacy when using the machine, some felt it to be inhuman, akin to a self-service checkout. BJ commented that patients' use of the machine would enable clinicians to be available to undertake other duties and/or free up more appointment slots for our patients. She said that further discussion would be held with the Partners to consider ways to make the machine more acceptable to patients. Through BJ, Dr Hall made the point that the Practice was very, very, busy with some patients having to wait to be seen. The Practice had to review all methods of working to provide the best overall service. Such pressures were being felt all across the NHS.

An additional Phlebotomist had joined the team mid-March 2021, to assist the current Phlebotomist, thus providing appointments 5 mornings a week (2 at Boreham and 3 at Hatfield Peverel).

#### 4. <u>Update on PCN staff</u>

BJ said that while the Practice had lobbied for staff to provide a mental health service, the PCN informed the Practice the funding had to be used to fund clinicians. The Committee members were informed an additional Clinical Pharmacist would be starting work at the Practice in September to conduct med. reviews to help free up GPs.

#### 5. Any other business

There was a discussion about the Newsletter. It was thought that an issue should be produced in the autumn, and its content could be considered around the end of May. VB offered to contribute a piece on mental health. Regarding the Newsletter's availability, it was thought that most people would be happy with reading the content on a website, but that a minority would still like to see it on paper. A paper edition usually on display at the Surgery entrance, would prove costly to laminate the publication due to possible Covid transmission. BF suggested that the Newsletter could be e-mailed out to all the patients on the Practice list. BJ said that this is more complex than it appeared. The e-mailing process can only be done in batches of 250 people, and takes time. Not all patients advise the Practice of changes to their e-mail addresses. Subject to agreement, there may be a possibility that an Apprentice be employed and include such tasks as part of their role.

BJ summed up by saying that the Practice was working harder than ever, trying to deliver a good service. In order to maintain the service, certain Covid-related procedures - telephone triages and video conferencing, for example - might be retained even when Covid did not present such a severe threat.

#### **IMPORTANT POST MEETING NOTE:**

Unless the host has a business account with Zoom, then all meetings are restricted to 40/45mins and users are randomly removed from the meeting, as happened to AM. It is strongly suggested that two adjacent meetings are set up so that at an agreed time all can continue with the meeting (by joining the next zoom meeting) without being cut off. The Practice IT Team inform that there is a higher level of security if remote meetings were conducted by Microsoft Teams – is this the time to consider all parties to register access to this and use this method in future?

# 6. Date of next meeting

It was agreed that the next meeting would take place on Thursday 1<sup>st</sup> July.

PE/AM

16/5/21