

## Holly Tree Surgery (HTS)

### Patient Participation Group

*“Working together for best practice”*

#### Minutes and Action Points for meeting held 15<sup>th</sup> of July 2020 at 14:00

##### 1. Welcome and apologies

The meeting was held virtually on Microsoft Teams. Chris introduced Dr Steve Scott-Perry to the group. He is the newest partner in the practice having replaced Dr Adams.

Present: Malcom Arthur, Tim Coldicott, Bill Elliot, Jenny Grant, Chris James (Practice Manager), Robert Jones, David Kirk (acting chair), Steve Scott Perry (doctor), John Phipps, Christine Pointer and Caroline Stancell (secretary)

##### • Minutes of previous meeting

The minutes of the previous meeting were accepted as a true record.

##### • HTS PPG Annual Patient Survey

The results of the annual patient survey which was completed by 293 patients in the last quarter of 2019 were reviewed. As in previous years, patients were very positive about the surgery, its staff, its practices, and of course the walk-in appointment system.

The key findings were as follows:

- Patients continue to praise the walk-in appointment system with 94% of survey respondents saying the system was Excellent or Very Good.
  - Median wait to see doctor is 15-30 minutes, proportion of patients waiting for more than 45 minutes is 19%.
  - Respondents are still generally happy to wait, because they can see a doctor on the day
  - Patients under 60, seem to wait longer with median wait of 30-45 minutes.
- Longer surgery hours would be welcomed, particularly later evenings or a Saturday. However, most patients find existing hours to be satisfactory, given the benefits of the walk-in system.
- The surgery reception and dispensary service are well regarded and appreciated by patients
- 9% of survey respondents are carers (nearly double last year's percentage), and one third of them are registered as such with HTS. Registered carers are generally happy with support received. Primary negative comment (often from those unregistered- is that they have not been offered help- did not know support was available)
- The extended hours service still needs more publicity, only 30% of patients (20% of patients under 60) know it exists. HTS patients do not see a high need for the service, BUT those who use it are very satisfied. Infrequency of service and uncertainty around how to make appointments prevent use.
- When choosing a surgery, the number 1 thing respondents look for is a walk-in appointment system
- Patients are split in their attitudes towards introducing e-technology into the patient / GP interaction. 40-50% are very open to the idea. Around half, don't like the concept. 8% feel that they do not have the ability to cope with an increased patient/doctor e-interaction.

The full survey report was circulated to the PPG who approved its publication. It should be remembered that this survey was completed in pre-Covid times. Results, particularly around the use of technology could be very different now.

- **Update on the impact of Covid-19 on Holly Tree Surgery**

At the start of lockdown, the surgery had very few calls. For 1 week there was almost nothing to do as patients were very reluctant to contact the practice. Now, that has changed. The practice is very busy, making up for treatments and issues that must have been deferred by patients during the early stages of lockdown.

The surgery's walk-in appointment system is temporarily suspended, as the walk-in system and social distancing are incompatible. Instead, patients are asked to contact the surgery by phone, during the normal walk-in hours. The phone is answered by an automated routing system, instructing you to push different numbers for different services. It has been essential to introduce this in order to deal with the new and very high level of calls received each day. Those wishing to see a doctor or nurse will first speak to a receptionist who will enquire about the nature of the problem. The receptionist will note the patient's name and the nature of the problem. The receptionist may also email the patient a link asking them to upload a photo of the issue, if appropriate. A doctor then triages the list of all calls received for the surgery session, dividing everything into an urgent and a non-urgent list. The doctors on duty then work through the lists (urgent first) in the order in which the calls came in. Where it is possible, the doctor will deal with the patient over the phone, or through a video link. For some issues this works remarkably well – an iPhone camera can enlarge a patient's throat, for example, making it if anything easier to diagnose the issue through the picture than face to face. For other issues, however, it is much better or even essential for the doctor or nurse to physically see the patient. In these instances, the patient will be invited down to the surgery for a timed appointment, after completing a COVID questionnaire.

All patients coming to the surgery are dealt with in a manner to absolutely minimize the time in the surgery. There are now 3 sterile consulting rooms available. The doctor may, for example, start a patient's consultation on the phone, request that they come to the surgery for a physical check, send the patient back home and complete the consultation on the phone/video. The 3 sterile rooms are cleaned and given a 10 minute "settle" time between patients.

It is expected that this system will be in place until at least March 2021, with the potential of a 2<sup>nd</sup> Covid surge in November 2020.

Overall, the system is working pretty well, but it is a great deal more time consuming. This means that patients phoning the surgery after 17:15 are asked if their issue can wait until tomorrow. If yes, they are put at the start of tomorrow's list. If not, the patient needs to explain why the issue must be dealt with today. Also, because of the extra time pressure required for cleaning protocols, etc, patients are no longer able to request a particular doctor. Nevertheless, all patients calling the surgery during normal walk-in hours before 17:15 are dealt with by a doctor on the day on which they phoned the surgery.

Another manner in which the surgery has been impacted is in the number of requests for prescriptions. The demand has gone up by 30% since the start of the crisis. This has led to increased work and pressure to process all prescriptions in a timely manner. As a result, the dispensary is no longer able to take calls from patients enquiring whether or not their prescription is ready. Patients with mobile phones are being sent text messages when their prescription is ready for collection. Those without mobiles, can collect the prescription 5 working days after placing the order. There is simply not time in the day to answer calls regarding prescriptions and process all the orders at the new demand level. All patients coming into the surgery to collect prescriptions are required to wear masks.

In total HTS has had 9 patients contract COVID19.

- **Issues raised by VPPG**

There was not time to deal with this topic during the meeting. It will be dealt with through email circulation.

- **AOB**

- **Farnham Hospital Hot Hub**

All Farnham Hospital beds have been converted for use as Covid rehab. The hospital is also being used to see all patients suspected of having Corona Virus (showing symptoms). As such, it is referred to as the hothub. In this capacity, it works almost as a drive through surgery, where patients who might have Corona Virus are examined in portacabins. As the prevalence of the virus has decreased, it is required less. At present, HTS provides 3 doctor afternoons per week to the hothub. It is hoped that some of this resource will be able to return to normal HTS surgery practice following the introduction of the new "blackcab" paramedic service. This service, which is being introduced imminently, will be used by the entire Farnham CCG for "potential" COVID patients going forward.

- **Next PPG patient Survey**

The next PPG annual survey will take place in Q4 2020. We need to think about the survey structure. In particular we should try to capture patients views on how to adapt the walk-in appointment system to the COVID situation. It is unlikely that people will want to sit in a waiting room prior to a vaccine.

- **Flu Vaccine**

The surgery is beginning to plan for this year's flu vaccination programme. NHS England will be offering the vaccine to a wider group this year. Normally, the vaccine is available for those 65 and over, this year it may be offered to those 50 and over. If this is the case, it will mean the vaccine is available to an additional 1500 HTS patients raising the total number eligible for vaccine to 4000. The logistics to do this, while maintaining social distancing and minimal contact is a challenge and will require a different approach.

- **HTS Doctors**

The surgery now has 6 doctors. There are 3 partners: Dr Rob Price, Dr Lynwen Phillips, and Dr Steve Scott-Perry. There are also 3 salaried doctors: Dr Elizabeth Colyer, Dr Christopher Sartori, and Dr Sarah Masterman.

- **Date of next meeting.**

The next meeting will be scheduled through email. It will be combined with a BGM and will be online.