

# HADWEN HEALTH – PPG

24 September 2020 - 18:30-19:30 – via Zoom

Attendees	
Pat McCann	Chair
Ian Robertson	Management Partner
Dr Robert Estelrich	
Sam Dunn	Minutes
Diane Howitt	
Deborah Ssenabulya	
Tracey Howells	
Gillian Bliss	
Millie Barnes	
Chris Rogers	
Suzanne Donnolly	
Cheryl Charsley	
Keith Charsley	

Apologies	
Jo Robyns-Landricome	Toni Chilver
Andrew Gravells	John Chilver

Agenda Item	Actions
<b>1. Welcome</b> Chairman's welcome. For 1 <sup>st</sup> Zoom meeting for PPG.	
<b>2. Minutes from last minutes</b> Contents of previous minutes agreed by all, no queries.	
<b>3. Chairman's update</b> <ul style="list-style-type: none"><li>- Pat is stepping down as Chair as he has been chair for 6 years. Learnt a lot from outside speakers and feels it's time for someone else to step in. Lots of progress has been made over the last 6 years.</li><li>- Pat will be covering current meeting and December meeting and then Sam Dunn will be taking</li></ul>	

on Chair from January.

Sam has asked for anyone to volunteer for meetings to take minutes. – contact at sam.dunn.hadwenppg@gmail.com

#### 4. Practice & Cluster update.

Assessment at the moment is that the practice is struggling due to the COVID situation, last 5 months have been incredibly difficult with new ways of working as well as COVID impact (new appointment system and new patient services process). As a result, Patient dissatisfaction is higher than usual, patient expectations are high. All primary care networks are finding the same for their practices. Drs are under strain.

Practice are seeing the same challenges as many workplaces where staff are also having to self-isolate, sort child-care, kids have gone back to school which can then impact the service that can be provided.

##### eConsult:

- Started with eConsult 16 June as a way to respond to COVID to allow for appointments during the pandemic and also to allow the practice to enable the right professional to hold the appointment and provide the best possible service to the patients.
  - o Mixed response from patients. From practice perspective it's a work in progress. Ian has weekly meetings with the provider (50 practices in Gloucestershire using, approx. 4000 nationwide). Patients are answering the questions incorrectly to try and speed up the appointment.
  - o 12.30 appointment release has been removed to simplify system.
  - o Waiting time for appointment has reduced to 2 weeks (from 6-7 weeks).

The eConsult system may evolve or a different provider may end up being utilised as new providers become available – it's a national new market to try and encourage more IT usage in the health service.

##### SystemOne (new clinical system):

August – clinical system changed which was initially planned for March / April. Now in and working.

- It's been a successful implementation but all staff are learning to navigate the new system.
- Practice daily meeting each morning to ensure communication is improved across the practice.
- By the end of 2020, there will be no practices on the old system, so Hadwen really needed to ensure it was comparable to other practices, this should then aid with recruitment challenges as it means 70% of the Drs in Gloucestershire, use the same system across all practices. Communicating with other practices to learn from them. It also means that the Community Nurses can access all records and the practice can see the Community Nurse notes and IT can provide better support. This provides a better patient journey in the health system.

Keith has some feedback on the new SystemOne but will send an email to Ian / Practice as he has some concerns about the new system – including whether this has had patient testing. Ian confirmed this is a new system to the practice but not a new system. Ian is happy to take feedback to SystemOne on behalf of the practice. Dr Estelrich assured that due diligence is in place.

Keith mentioned that the patient system is closed off for appointment requests. Ian confirmed this

IAN

was due to the implementation of eConsult and from a practice perspective means that the appropriate appointment is made for a patient rather than a patient just being able to book any appointment with any GP when a different professional may be better placed.

Millie asked if all patients had full access to their patient records. Ian / Dr Estelrich confirmed that individual must ask for this access and provide ID which is verified.

**Action:** Millie had requested this on the previous system, but the access was not carried forward – Ian to investigate.

Ian to confirm where on the website it can be found.

Millie - EConsult – some of the questions where some questions have to have an answer but the answers available do not fit the circumstances s will then answer anything in order to proceed. Ian has had a meeting with the provider around improving the forms / questions in order to improve the system and improve the patient journey.

Ian confirmed that EConsult has a built in feedback form which the practice see and can then take action on.

Millie asked what percentage of contact is coming into the practice on eConsult rather than phone. Last week (week commencing 14 September) 420 eConsults were submitted.

- 74 were taken down self-help route
- 22 went to the pharmacy route.

Ian confirmed that eConsult has led to the practice having to redesign their working days to include eConsults as well as in person appointments. EConsult can allow for the identification of requirement of blood-tests prior to an appointment with a GP or Nurse Practitioner, rather than a GP appointment, a blood test and then a further GP appointment, the eConsult system can simplify the journey.

Tracey is finding she has had to provide false information in order to proceed on eConsult. Tracey also asked how the aging population can access this when a lot don't necessarily have access to the internet.

Ian & Dr Estelrich confirmed that the practice are happy for elderly or vulnerable patients who are unable to use are able to phone and this will then follow a similar process to the eConsult to ensure the right professional is identified for any required appointment. Dr Estelrich confirmed the process is around trying to make sure the patients journey to see the right person at the earliest opportunity.

Gillian asked about the problems that can be caused from phone blackspots – Dr Estelrich confirmed that 2 attempts will be made to call the patient, however also confirmed that the landline number can be put on the eConsult (rather than mobile) and Dr Estelrich said phone number preferences can be prioritised on the system at the choice of the patient.

Gillian asked about the clinical pharmacist and whether they will be taking on medication review. Dr Estelrich confirmed this links into a larger piece of work coming down the from NHS around patient medication reviews and this then leads to challenges on resource of how to implement this, even though the longer term goals are for patients to be on the correct medication, potentially newer versions (and potentially more cost effective for the NHS), but it's the practicalities of getting to this point which is the real challenge.

<p>Millie asked about patient access to the building. Are patients now able to come into the building (for instance to bring in ID). Ian confirmed that the front doors are now open for patients, but the practice are asking that people only come in only when the question etc has to be attended to physically rather than something that can be done over the phone or email.</p> <ul style="list-style-type: none"> <li>- Ian confirmed that staff on the reception are able to copy and certify the ID.</li> <li>- Dr Estelrich confirmed concerns with second wave to try and reduce footfall where possible without denying access to people and ensuring is safe for all participants.</li> <li>- Preference is for email to be sent where possible (even for sending in ID).</li> </ul>	
<p><b>Recruitment:</b></p> <p>EConsult has significantly increased the workload in Patient Services (reception and prescription).</p> <ul style="list-style-type: none"> <li>- Advert out for a Clinical Prescribing pharmacists,</li> <li>- 2 Social prescribers now in place</li> </ul>	
<p><b>CCG update:</b></p> <p>Rosebank have taken on the Bartongate surgery so are no longer part of the CCG group, so Hadwen are now the lead on the enhanced service requirements for the CCG (which is now just Hadwen and Quedgeley) due to the potential growth for both practices this was agreed (currently 24,500 patients – usually 30,000 minimum required within each CCG).</p>	
<p><b>Flu Clinic.</b></p> <p>Dates 2020:</p> <ul style="list-style-type: none"> <li>- 26th September</li> <li>- 10th October</li> <li>- 14th November</li> </ul> <p>This year, this will be done slightly differently to ensure COVID safe environment: In the main entrance, turn right, out the door onto Glevum way (step free exit). Distancing in place, masks to be worn and all staff will be in full PPE.</p> <p>Dr Estelrich confirmed that the under 65 vaccine is not yet available and any under 65's turning up on 26 September would be turned away. Sam is under 65 and confirmed that her letter shows that her invited clinic is 10 October, but specifically says to come on the 26 September (rather than the later November clinic) if the date doesn't work. This could therefore cause a problem for the practice if a large volume of under 65s have received a letter offering Saturday 26 September as an option if they can't make the later clinic.</p> <p><b>Action</b> Ian &amp; Dr Estelrich to look at flu letters to see how many have an error.</p>	IAN
<p><b>4. Any other business</b></p> <p><b>Patients with Hearing Loss</b></p> <p>Tracey raised the issue about patients with hearing loss and the difficulties masks cause for those who rely on lip reading. Tracey asked if the practice can get some masks that have a clear section to allow for lip-reading.</p>	

<p><b>Action</b></p> <p>Ian &amp; Dr Estelrich to look at clear face masks / visors. Also to look at guidance within the appointments where it may be appropriate with relevant distancing for masks to be lowered during any discussions.</p> <p>Dr Estelrich confirmed that there is no availability or facility for practice to swab staff on a regular basis unless clearly symptomatic.</p> <p>Cheryl asked about the removal of Edward Jenner service for blood tests and asked if there is any provision for specific / specialist patients when HCA can't get the bloods usually. Dr Estelrich has said that the HCA are generally more experienced and able to take blood, but individual negotiations can be made.</p>	<p>IAN / Practice</p>
<p><b>AOB</b></p> <p>Next meeting: 3 December @ 6.30 pm (via Zoom)</p>	