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| Constable Country Medical Practice |
| Patient Participation Group |
| Minutes of meeting held on Monday, 10th August, 2020 on Zoom at 3:30 |
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| Present: Kathy Pollard (KP) Chair, Mike Huard (MH), Jan Cheng (JC), Andrew Ravasio (AR) (Minutes), Nancy Cohn (NC), Kirsty Nicholls (KN) ) (joined later), Dr Parikh (Dr P) (joined later), Pete Keeble (PK) (Practice Manager) |
|  |  | **ACTION** |
| 1. | **Apologies:** Peter Wright (moving away, no longer a member), Gill Jones, Lyn Matthews. |  |
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| 2. | **Declaration of Interest**: None |  |
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| 3. | **Issues from Meeting of 8 July 2020****Prescribing Batch System.**PK stated Dr P is responsible for this area and will follow up with him. (This item was discussed prior to Dr P attending the meeting).Frank’s order of service and edited video of the funeral are available on the Capel Community Church website: <http://www.capelcommunitychurch.org.uk/>There’s also an opportunity to donate to the Worshipful Society of Apothecaries charity (they provide bursaries for poorer medical students) or to Capel Community Church at the following link<https://www.eastofengland.coop/funeral-details?tribute=franciswells> | PK to report back at next meeting.. |
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| 4. | **Tackling obesity and management of patients with diabetes**PK reported the number of obesity cases continues to increase and there are programmes for people with this condition that the practice can refer them to. He added that patients suffering with obesity have a responsibility for managing their own condition. MH suggested obesity might be a subject for a future presentation. KP stated an increasing number of people are suffering from anxiety due to the restrictions placed on us all from Covid. NC said the Red Cross has a telephone number for a support line on its website. KP also gave a telephone number of a mental health support line, which was posted through everyone’s door earlier during lockdown. JC said that full-blown mental health services are not always needed and neighbours and communities in villages can be a great help in supporting people.  |  |
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| 5. | **Diagnostic testing with remote working**KP informed the meeting of a situation where she developed an infection with high temperature. Antibiotics for a UTI were prescribed, although no urine test was suggested. Several days later she requested a urine test which was carried out but was inconclusive. Still feeling really ill she attended A&E on the Saturday. Again the urine test was inconclusive and she was examined and given a blood test form. No phlebotomy appointments were available either at the surgery or Landseer Road in the week following, but she was given an appointment on the Monday at the hospital. The doctor also organised a follow up with the District Nurse as she had other issues requiring treatment. She felt testing should have been offered at the first telephone appointment – including a suggestion of a Covid test. She wondered, with remote working within the practice, whether people are slipping through the net. Dr P responded by saying it was difficult to comment on the case without more information and went on to explain how the procedure should work. He added the CCG are encouraging GPs to reduce the prescribing of antibiotics. PK said there is heavy demand for phlebotomy services and they are struggling to fit everybody in as they need to space appointments out due to the need for social distancing. |  |
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| 6. | **Website – updating and layout**It had been noticed that the practice website was out of date and needs work done on it. PK agreed it had been neglected and needs refreshing. It is one of Sophie’s areas of responsibility and he will see that it is updated. Healthwatch is due to come up with advice and guidance on what needs to be on a practice website. | PK to review the website and bring it fully up-to-date. |
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| 7. | **Practice telephone message and contacting receptionists**It was reported that a number of patients are confused when attempting to telephone the surgery. There is a long delay between the initial message and callers being asked to press a number for who they would like to speak to. Many people think at the end of the initial message, that is the end of the call as all is quiet for a quite a number of seconds and callers and terminate the call. PK agreed to rectify this. | PK to end the confusion by making the recorded message more fluent. |
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| 8. | **Update on study into future premises for practice**PK has not seen the commissioned report and has no update at present. | PK to update the PPG as and when information is available |
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| 9. | **NAPP subscription**Subscription will be renewed. |  |
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| 10. | **Repair and plans for further reopening of Capel premises**PK has given the approval for builders to undertake the necessary repair work. | PK will chase this up and report back. |
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| 11. | **Capel pharmacy – availability of prescribed medicines**PK stated a meeting is due to take place shortly to determine whether the reception can be reopened. One of the problems is the layout is not conducive to safe distancing between people attending the pharmacy and those attending to see doctors/nurses. He emphasised the practice does want to get Capel up-and-running as soon as possible. | PK to report back with an update. |
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| 12. | **Patient survey report**A discussion took place regarding the findings of the survey, especially the poor results of CCMP in a number of areas being surveyed, in comparison with national and local CCG results. PK said the survey was undertaken earlier this year when many CCMP patient were not fully conversant with the new appointments system. He is hoping to see an improvement in the next survey.  |  |
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| 13. | **Plans for flu vaccinations**PK explained that this year we can’t have the system we have had in the past when people arrive and wait their turn in a queue. It will now probably be an appointment system over 6 – 7 weeks. Nurses and HCAs will probably administer the vaccinations all day, approximately 100 vaccinations per day. Premises will be a problem for Capel and further work is needed to identify anywhere suitable. PK went on to say making appointments will be very labour intensive and wondered if PPG members could assist with this if such problems as confidentiality could be overcome. PPG members stated they would be willing to assist. It is estimated overall approximately 3000 – 4000 people will qualify for vaccination. |  |
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| 14. | **Any other practice issues**PK has nothing to report. Demand is gradually increasing all of the time and flu vaccinations is the big issue at present for the practice. |  |
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| 15. | **Person taking minutes of next meeting**Mike. |  |
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| 16. | **Date of next meeting**Tuesday 15 September at 3.30 pm |  |