**Constable Country Medical Practice**

**Notes from PPG Virtual Meeting via Zoom**

**10.06.20. @ 3.30pm**

Present: Kathy Pollard (Chair) Pete Keeble Lyn Matthews

Peter Wright Gill Jones Nancy Cohn

Mike Huard Andrew Ravasio Dr Parikh

Sophie Rising Jan Cheng (note taker)

Apologies: Kirstie Nicholls

Report back from PPG Network

Concern had been raised about the impact of Covid 19 on BAME communities. It was recognised that these communities need to be able to input into the shaping of health care services. It was noted that the term ‘household’ had been interpreted differently by some national groups to include the wider family, not just those living under one roof.

Practice Update

PK reported that the systems they have introduced to minimise infection within the Practice was working well. Most patients were happy to have their initial discussion over the phone. There has been an increase in volume of ‘e-consult’ too. The next question is how sustainable the current system is as demand is gradually increasing. People who have been happy to wait with their condition through the pandemic peak are now seeking advice and help. It is not felt that the waiting room can be forever in the car park. The practice are considering a number of options:

Long Term condition management - Currently bloods are booked if necessary before the patient comes to see the nurse for their annual review. This could change to the patient coming in and having bloods taken/BP measured etc and having a chat with the HCA. When the results come back the Nurse will follow up via phone call to the patient. They may also use video too.

There will be a challenge in how to manage the flu vacs. There won't be days set aside just for vaccination. Vacs will probably be given throughout the autumn and patients will be given an appointment. The practice is awaiting guidance from PHE.

They are moving over to a batch prescription system for repeat prescriptions. The practice would send a batch of post dated prescriptions electronically to the patients nominated pharmacy. This will result in a reduction of calls to reception and will be much simpler for patients who will merely need to turn up at the pharmacy at the time their meds are due to be dispensed. The changeover is a work in progress as 4-5k needs changing over. Pts are notified if/when they are transferred to the new system. It is anticipated that this system will be suitable for approx 70% of patients on repeat scripts. **Dr P** confirmed that patients can phone reception and request to be transferred to this system. **PK agreed to put some wording together inviting patients to request a transfer to the batch system, for members to put on their village FB pages.**

Phlebotomy is running at half capacity to allow time to change PPE. Demand is currently down for nurse and phlebotomy appointments though so there is currently capacity within the system.

**Discussion**

**GJ** commented that the NHS has leapt forward 10 yrs in 7 weeks in respect of IT/electronic use to deliver direct patient care.

The results of their Covid 19 survey is available on Healthwatch Suffolk’s webpage.

**MH** commented that in PMQ today the BAME issues were acknowledged and asked what protection was in place for BAME staff members. PK said the surgery had been zoned successfully so that staff had their own area to work. The important question was whether staff themselves felt safe and they had been able to take personal perception of this into account too. Doctors are able to work from home 2 days a week and some are working exclusively from home. **Dr P** commented that a blanket approach to staff working arrangements should not be taken. They will be using antibody tests to reassure staff while recognising there were still some doubts about their accuracy and the fact that no one knows how long the antibodies remain.

**GJ** asked if there had been any feedback from patients on the new ways of working? **PK** suggested that he felt people were getting used to it and found it a positive experience although there are some IT problems for some. The software companies were working hard to make the new systems work well. **Dr P** commented that if video consultations really didn't work then people will be called in.

**AR** asked about facilities for people who are hard of hearingand is there any technology used to help those people in a telephone consultation? PK said if the practice knows they will put a flag against the name so that an appointment to attend the practice in person will be made. It is also possible to have a member of the patients family to act as an intermediary (with consent).

**KP** about progress with the new premises. PK said that patients input needs to influence the decisions made. There are many things to consider. There has been a significant change in the way primary care works in the last 3 months. New premises will need to be fit for purpose in this changing world for the next 25 years. They have a company that is looking at options and it will be another month or two before they have anything to comment on. It would be good to get views early on though. **GJ** commented that it is good to start with reminding people what is *not* possible from the start so that expectations can be managed and time isn’t wasted on ideas that can’t possibly be implemented.

The role of and the way that Primary Care Networks will be funded in the future will mean that new premises will need to fit a new model of care. This will give opportunities to expand services available within a primary care setting. Patients want more capacity at Capel and EB could be continued. Nothing has been decided yet. We could see some staff shared within a PCN.

Finally JC asked if the practice needed any more homemade face masks for patients. PK said the ones already donated were well received and there were 5 left. KP said she had more from the sewing ladies in Capel and would drop them off at the EB surgery. PK will shout if more are needed thereafter.