# BAILDON MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

**Minutes of PPG Full Group Meeting 4th March 2021 3.30 p.m.**

**Present:** Sister Joanne Bibby, John Bromley (Practice Manager), Janet Davidson, Kevin Holland, Dr. Stephen Patterson, Jean Robinson

**Approval of Minutes of Meeting on 2nd January 2020**

Approval proposed by Jean Robinson and seconded by John Bromley.

**Matters Arising**

Practice-based Pharmacist

An update was given on this by Dr. Patterson.

Initially there were 2 Practice-based Pharmacists across the Bingley Bubble (comprising Baildon, Bingley Medical Centre, Springfield Road, Oakglen at Gilstead  and Wilsden).

The service was then expanded: there are now 6 pharmacists on a part-time basis, i.e. 5.5 full time equivalent. .  Each pharmacist works as part of their own surgery team.  At Baildon, Roshida  Begum (who joined in February) works full-time and Nafeesa Fiaz works Monday to Wednesday.  .  From April 2022, it is hoped there would be two staff in this role in Baildon

They work historically with GPs but there are plans to develop services they provide, perhaps including patient-facing work.  They have been a real bonus adding an additional level of quality and safety.

First Contact Physiotherapist

  Another additional role  chosen by Baildon was that of First Contact Physiotherapist.  This role was piloted a few years ago. The role is to make a detailed first assessment of patients by a physiotherapist.  The service will be available from April and has been subcontracted from Bradford Physio.

Social Prescriber

At Baildon, this is currently a one day a week post held by Janet Menebhi. The role is by nature responsive, dynamic and wide-ranging and, therefore, somewhat difficult to define.  It provides patients with non-clinical support in appropriate areas according to need, e.g. support for loneliness, introduction to local groups, advice on where to get financial support etc.

At present, the main ways patients are referred for this provision are

* clinical staff identify a need and refer. Sister Jo Bibby refers many patients through her work.
* the Reception team are currently asking more questions of patients ringing to arrange appointments, and they can also identify a need
* word of mouth.

The service is very valuable and very well used.

Community Matron

The nature of this role is outlined in the Minutes of the meeting on 2nd January 2020.  Since the last meeting, there has been a change in personnel.  The service is currently under review, with best methods of service delivery being reconsidered.

Changes in this role in the Bingley Bubble will be made in April; there will be 2 full time Community Matrons and .5 of a Case Manager.

Discussions are taking place to review how the service is delivered across the Bingley Bubble area.

Annual GP Survey

There is still some self-effacing reluctance on the part of the Practice announce how well it had been judged.  However, all group members did understand why this item had not felt like a priority to Practice staff during the Covid-19 pandemic!

**Agenda**

**Overview of Practice Response to Covid**

*Revised Appointment System*

In the last 12 months, Practice staff had to reinvent the primary care service overnight.  Very quickly a move was made from mainly face-to-face contact to telephone appointments.  Face-to-face appointments were offered only when there was a clinical need.

An online system which enabled video calls and photographic information to be incorporated into virtual appointments is being used. This can be less efficient than a face-to-face appointment.  It was reported that, using the current system, doctors in the Practice were getting faster at operating using virtual appointments.

PPG members were asked for their perspectives.

Janet Davidson reported she had found the system had operated very well in terms of attendance at a regular clinic but pointed out there was nowhere to wait under cover if one did not arrive in a car.  John Bromley stated that the Practice had “now opened its doors” and there was an option for a reduced number of patients to use the waiting room.

Kevin Holland reported he thought the Practice had done a fantastic job health wise.  He preferred a virtual system. One advantage to this was that patients could upload clinical information online and that this led to a more ‘self-monitoring’ approach by the patient.  Telephone appointments were convenient.  There was no need to sit in a waiting room, surrounded by other patients who, perhaps, could inadvertently spread illnesses.

Jean Robinson mentioned a successful telephone appointment which required photographs to be sent to the doctor.  However, she had some questions about the system in general.  It seemed as though it would lead to a ‘clunky’ or ‘bitty’ workflow for a doctor to operate (i.e. with an initial call to a patient, a link to be sent for photos, attendance to another patient or task whilst waiting for photos to be uploaded,  a diagnosis using perhaps less than adequate photos, another call to the patient, and the emailing of a prescription).

Other questions were around a potential lack of technical equipment or skill in some patients making virtual appointments impossible, problematic or stressful, and the ability for a doctor/patient relationship to develop using virtual appointments.

She also suggested that a decision about how much of the new, virtual appointment system should be kept post-Covid was an important one and should be made carefully, taking into account the issue of patient choice and the reason behind the appointment.

Also, whatever system is in operation, patients should be kept up-to-date with how appointments are operating and why the system has been chosen.

Several further points were made.  Apps are available on which patients can upload personal data, e.g. blood pressure.  Digital discrimination should not take place, disadvantaging those without access to smartphones etc. Protocols were to be developed to help Reception staff facilitate virtual appointments.

Dr. Patterson stated that the Practice Nurses and Phlebotomists had carried out face-to-face appointments and clinics, throughout the pandemic and the doctors have continued face-to-face appointments where there is a clinical need  Doctors were able to do many phone appointments which were quick, and they could send electronic prescriptions, all without patients needing to attend the surgery.  In the future, some Practices may take an approach where virtual appointments remain the main vehicle for consultations.  In the past, many patients used to see telephone appointments as ‘being fobbed off’ and wanted to see a doctor in person always.  Now there is a greater variety of opinion amongst patients.

Kevin Holland stated that virtual appointments, including the uploading of information by the patient, has made experiences of hospital appointments much better, requiring less waiting at the hospital.  He added that though Baildon’s website is good it is still a bit clunky with some functions not being available, e.g. booking of blood tests.

*Flu Clinics*

All PPG members had found the system at the flu clinic to be excellent: very efficient, with a good one-way system and very short waits.

Elderly patients were reported to have stated it was much better than in previous years.

*Covid Vaccination Clinics*

The Practice had had to overcome many practical issues with the arrangements for and administration of the vaccine.

*Informing patients*:  post was used initially but there were difficulties with the postal service.  Subsequently, telephone calls were made

*Volume of supply*: this was frequently unclear from NHS England.  Demand outstripped supply. There was uncertainty about how many people would be eager to take the vaccine. Deliveries were planned, cancelled, and then reinstated.

*Differences between vaccines*: The Pfizer vaccine had to be administered at Canalside  in Bingley due to its storage requirements.  The  Astra Zeneca vaccine could be administered at the Baildon surgery.

*Patient reaction*: Many patients telephoned the surgery to arrange a vaccine, even though there were requests on the website for this not to happen.  Frequently, patients had read this but thought it did not apply to them personally.  At times, the volume of calls was crippling. Some confusion was caused by NHS letters to people about how to access the vaccine.

*General issues:* Changes in guidance from NHS England occurred on a daily basis.  One example of this is the recommended timing of the second dose: firstly three weeks after the first dose, then 12 weeks, then 11 weeks.  Also, local political involvement caused some confusion.  There are now queries  regarding when informal carers can access vaccines.

PPG members were asked for their perspectives on the vaccine clinics.

Janet Davidson had attended Bingley, was attended to very quickly and found the service excellent.  It was acknowledged that the Practice’s ‘flu clinic experience had helped.

Kevin Holland stated that those attending Jacobs’ Well, organised through the NHS online system, got a second appointment date immediately.  He suggested all patients being vaccinated by the Practice staff might think they have been forgotten and suggested they should be told by text they haven’t been forgotten.  Dr. Patterson highlighted the discrepancy in NHS advice about the timing of the second dose, (i.e. 3/12/11 weeks).

Jean Robinson had done two voluntary sessions at Canalside and was hugely impressed by the system devised by Practice staff and how it had been constantly tweaked and adapted.  It operated very smoothly and was complimented by many patients.

In the future, cohorts will continue to be vaccinated by age, so patients will be texted.

**Returning to Normal**

 April, it is hoped, will see an increase in the volume of condition management clinics.  It was suggested that whatever is decided about changing provision, it should be communicated to patients for clarity and so they understand fully their options.

The issue of communication was discussed.  The website is one easy way to communicate but not all patients have access to this and alternatives were discussed.  John Bromley stated what a challenge it is to communicate with all of the 9200 patients.  The Bingley Bubble Community Partnership has started a newsletter; the first issue has been published.  This could be placed in community based groups.  Kevin Holland suggested the use of an app such as the ones schools use and asked whether there was a similar app in the NHS.  John Bromley suggested that PPG members should give some independent thought to this.  Dr. Patterson stated the method of communication depended on what was to be shared.  Receptionists had been checking when people called whether they agreed to be contacted by text.  There can be some confidentiality issues with texts but these seem to be a safe option if permission is gained.  Kevin Holland stated that bulk texts can be expensive but push apps cost nothing to send.  This could be a good option if messages can be individualised.

***Action:***

***PPG members to give independent thought to methods of communication***

**Recruitment of PPG members**

Kevin Holland suggested that the  pandemic may have actually helped with recruitment of younger members as it may have ignited an interest in health in more young people.  This is the age group that will shape the future of both physical and mental health provision.  However, he also suggested that some young people in the 16+ age group would be going away to university and that this may cause issues of continuity in PPG group membership.  It was then suggested that the youngest members may have two years of membership before leaving, and also that not all of the 16+ group would be leaving home to go to university.

Janet Davidson stated that the Methodist Centre would be getting a grant to help set up a variety of groups including one to help develop  IT skills of the Centre users.  It was agreed that she would contact Chris Flecknoe to attempt to recruit members from that source.  An additional point was made that the Practice Social  Prescriber could send people there.

It was decided that the action noted in the last minutes regarding recruitment would be taken forward.  This action is noted under the bullet points below.

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* ***Local secondary schools*** *(Salts and Guiseley) and colleges (Shipley College) could be contacted, asking for involvement of students over 16 yrs.  JB suggested participation could be a useful experience for students, and also be a valued addition to a UCAS form.* ***JR*** *said she would be willing to do this if possible before her holiday.*
* ***Young parents*** *could be contacted via National Childbirth Trust classes and though midwife contact.* ***Practice staff*** *agreed to liaise re this.*
* ***Baildon Belles WI*** *–* ***JBr*** *agreed to contact a Practice member of staff, Angela, about this.*
* ***Baildon Runners******– JBr*** *agreed to contact the ex-treasurer of this group.*
* ***Walkers are Welcome*** *–* ***JD*** *agreed to speak to her husband about this group.*
* ***Text Drop******–*** *this was suggested by SC.  It seemed to be an excellent and efficient method of contacting patients directly as groups can be targeted in terms of age.* ***JBr*** *agreed to investigate this.*
* *Before any of these groups are contacted it was agreed that* ***JR*** *would draft a ‘script’ which could maybe be used as the basis of a poster or flyer outlining the remit of the PPG, methods of expressing an interest, and a date by which the Practice should be contacted.  This date was suggested as 6 weeks after the information was communicated.  (This ‘script’ will follow in a separate communication from the Minutes of the meeting.)  Any communication on behalf of the PPG must be agreed by JBr.*

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Jean Robinson had drafted an A4 flyer giving basic information about the PPG and had sent this to John Bromley following the last meeting suggesting that it be improved in presentation.  It had been amended by the addition of the Practice logo and turned into a booklet.  Kevin Holland offered to improve this further by the addition of photographs if John could send some to him.  Kevin also agreed to contact schools.

***Action:***

***Janet to contact Chris Flecknoe regarding recruitment.***

***John to forward copy of booklet to Janet.***

***John to forward copies of photographs to Kevin.***

***Kevin to organise improved presentation of booklet.  NB  Date by which John to be contacted regarding interest to be added to booklet***

***Kevin to contact schools***

**Any Other Business**

Jean Robinson asked if the minutes of the current PPG were to be placed on the Practice Website. John Bromley said he would look into this.

**Date of Next Meeting**

Thursday 1st July.  The format (face-to-face or Zoom) and time are yet to be decided.