

## Minutes of the Patient Group held on Zoom, Wednesday 3 February 2021

Present: Adeeba Malik (Chair)  
John Stone (Co-Chair)  
Kathy Bairstow (Minutes)  
Wilma Nichol  
John Solomon  
Marian Le Pla  
Richard Dunbar (Councillor)  
Nicola Farrar (Hub Manager)  
Sandra Shallcross  
Sharon Barraclough (Practice Manager)  
Dr Chris Temperley (GP Partner)  
Dr Asim Suleman (GP Partner)

Apologies : Olga Green  
Andra Matthews  
Dr Arlene Raw (GP Partner)

### **Welcome, Introduction and Apologies**

Adeeba welcomed the group and thanked them for attending at relatively short notice. She noted apologies and explained that she had asked for a meeting to address concerns she had received through various mediums about services provided by HHWB.

### **Concerns Allerton site**

Both Adeeba, in her role as co-chair of the Patient Group, and Richard Dunbar in his role as ward councillor, had been contacted or approached by patients who were concerned that the Allerton site was being wound down in favour of the Clayton site, where services appeared to be centred. Richard elaborated on some of the comments people had made about Allerton 'feeling like the poor relation'. They both also expressed their concerns that some people were having access problems in getting to Clayton, as many are young families or elderly people and have no transport.

Dr Suleman and Dr Temperley told the group that, in very uncertain times at first lockdown, a decision had to be made as to how staff and other resources could provide the most efficient service to patients. This had to happen while

safeguarding and shielding practice staff, including GPs and nursing staff, those who were unwell, and those who were isolating. Also, one GP was due to take maternity leave and one GP was currently on maternity leave. Due to having too few staff resources for both sites, they decided to temporarily close the Allerton site. This was felt reasonable as lockdown restriction meant that 95% of all consultations would have to move to telephone or video consultations, with only 5% being face-to-face, so should have little impact on the majority of patients.

When lockdown ended in July, Allerton opened with one GP and a limited number of face-to-face appointments. In August, Allerton opened three days each week. Allerton is now open every day, but closes at 1.00pm on Monday, Wednesday and Fridays (due to the above reasons re safety and staffing) but opens 8-6pm on Tuesday and Thursdays. Limited face to face services are available at both sites, after a clinical triage telephone call has taken place. Services include maternity services, baby clinics and mental health services.

While this highlighted how many services were now being run from Allerton, Kathy wondered whether some patient concerns were due to a lack of communication, as not everyone was aware of the work going on at the Allerton site. The group discussed this and wondered whether there were ways that could be communicated to people without the necessary IT access to use the website. Richard suggested that the practice work with community settings, such as Café West, to tell people that the Allerton site is very much up and running, and not in danger of closure. (Café West has new staff who have not had any links with the practice previously.) Sharon and Nicola confirmed they would take this on-board. **ACTION** Sharon and Nicola.

Although the website was considered a good way of telling patients what was happening in the practice, Sandra was concerned it wasn't as up-to-date or accessible as those of other practices. Adeeba offered the services of one of her team to help make the website more visual and accessible. Sharon and Nicola agreed that they would prioritise the updating of the website and send information to the Patient Group for their comments. **ACTION** Sharon, Nicola and Adeeba.

## **Remote consultations**

There were concerns that serious conditions could be missed in remote consultations. Dr Temperley thought this was unlikely, with history-taking the most important aspect of assessing a patient's condition, and that was still possible in a remote consultation. Dr Suleman acknowledged that not everyone was happy with remote consultations, but these were likely to be the only options available for the foreseeable future, at least until the R Rate drops to .5. Indeed, the Health Minister is keen for technology to be embraced more widely in healthcare, to make the services more efficient. Dr Temperley agreed that remote consultations are actually quicker than face-to-face appointments, meaning that more people could access care in a shorter time. And people who needed to be seen face-to-face had less time to wait for an appointment.

Adeeba illustrated how a remote consultation had worked for her. She had taken a photo of her mother's very painful toe, which had enabled Dr Doore to refer her urgently to the diabetic podiatry services.

The group agreed this had been a successful outcome, but Richard and others, were still concerned about accessibility for hard-to-reach patients, such as those without mobile phones or access to computers. He wondered whether there was any information that could be produced for councillors/community groups to display. This was considered a good idea. **ACTION** Sharon and Nicola

In relation to elderly patients, Dr Temperley said practice staff were already calling all older people and those who were clinically extremely vulnerable to make sure they knew about the services available to help them. They were also signposting them to agencies, such as HALE, to make sure they had food, medicines etc.

### **Routine Reviews**

Services are currently limited. This is from NHS England guidance. However, services already open include maternity/baby health and mental health services. Most chronic disease management clinics, such as asthma, are being done remotely. Steroid injections for chronic pain are being done. Others, such as routine annual bloods are not being done. This is not just because of COVID, but because of the need to vaccinate so many people. It's also impossible to predict the availability of staff numbers due to shielding, isolating and sickness.

**ACTION** This subject will be re-visited at the net Patient Group meeting.

## **COVID vaccinations concerns**

Concerns were raised that patients don't know what the process is for getting the vaccine. There were also concerns that the practice was being inundated with enquiries. Staff explained that there is now information in the message played at the beginning of each call, which has reduced the number of enquiries. And staff are opportunistically asking anyone in the relevant groups who calls the practice whether they consent to the vaccine and telling them about the process. The Ridge also have a COVID helpline, with a dedicated team to answer questions.

A question was asked about how we could make sure that people without the necessary transport resources get their vaccines, given that there were several centres where people would be vaccinated. The response was that if people have good reason not to travel, they might be treated in the same way as the housebound. The final decision would be made by the clinician.

## **COVID vaccination roll out**

The Ridge are the hub for giving the vaccine. They are responsible for a total of 40,000 patients over 4 practices. This is because of the difficulty storing the Pfizer vaccine. The patients vaccinated with the Pfizer product will need to return to the Ridge for their second dose.

All patients in care homes in Clayton and Allerton who have consented to having the COVID vaccination have now been vaccinated, except one, where there was an outbreak at the time of the rollout. Those residents will be done next week. 104 housebound people have been contacted by Hollyns and consent received for their vaccinations. The Ridge have contacted all the over 80's and are now in the process of contacting all the over 70's and those considered clinically extremely vulnerable to ask them to book their jabs.

Hollyns are keen to be able to offer vaccines in the practice and will do so as soon as NHS England make available vaccines that can be stored in normal fridges.

## **Complaints regarding staff**

Although it is acknowledged that it is a difficult time for staff, (who are expected to know everything that everyone needs to know about COVID),

several people had had difficult conversations with first-line staff at the practice. This included reports that some people didn't want to give personal information to non-clinical staff, as they felt it was intrusive. Kathy had had two conversations with different team members where she felt patronised and contradicted.

On the question of triaging, it was explained to the group that this was the most effective way of getting patients into the best service for their needs, and most people accepted that. However, perhaps the message on the phone system could be clearer about the reasons for the questions. And it should be acknowledged that they can withhold information, but that might delay their treatment. **ACTION** Nicola

In respect of Kathy's experience, Nicola expressed surprise, as she sits amongst the team to monitor their responses, and would step in if she felt anyone was out of line. She said any future concerns should be reported to herself or Sharon, and they would listen to the recorded calls. She did emphasize that staff are under extreme pressure at the moment.

**ACTION** All

Adeeba wondered whether the customer-care training identified several years ago was still being implemented. Sharon stated that that was over 2 years ago, before Nicola was in post. Nicola advised the group that all the staff were thoroughly trained.

In balance, a group member recounted how a friend of hers had spoken to a senior member of the team about registering with the practice. She was very complimentary about the way her registration was handled.

### **Support from Patient Group**

Adeeba suggested there might be ways group members could help the practice at this difficult time. Sharon and Nicola thanked her but there were problems with DBS and enhanced NHS checking, which could make that difficult. They would, however, think about any tasks the group might be able to do.

**Next meeting:** Zoom meeting on Wednesday 7<sup>th</sup> April at 5.00pm, Dr Arlene Raw would be the GP Partner in attendance and a zoom invite will be sent out prior to the meeting.

4 February, 2021