



Waterfield House Surgery -Patients Participation Group (PPG)

Quarterly Meeting Minutes

26 May 2021

Attendees	<p><i>Waterfield House Surgery -Patients Participation Group Members:</i></p> <p><i>Peter Gonsalves (Practice Manager, Waterfield House Surgery)</i></p> <p><i>Anne Nicholls (Secretary)</i></p> <p><i>Tony Nicholls</i></p> <p><i>Hazel Daniell</i></p> <p><i>David Coleman</i></p> <p><i>Sue Giles</i></p> <p><i>Trudy Donachie (Chair)</i></p> <p><i>Nigel Stratten</i></p> <p><i>Gaby Molloy</i></p> <p><i>Ann Willingale</i></p> <p><i>Andrew Willingale</i></p> <p><i>Apologies for absence received from Pat Davis, Karen Denman & David Hanes</i></p> <p><i>No apologies for absence received from other PPG members.</i></p>	
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Agenda Item	Minutes, Q&A/Feedback and Actions	
Acronyms and Abbreviations	<p><i>CCG</i></p> <p><i>JCVI</i></p> <p><i>LMC</i></p> <p><i>PCN</i></p> <p><i>PCT</i></p> <p><i>PVN</i></p>	<p><i>Clinical Commissioning Groups</i></p> <p><i>Joint Committee on Vaccination and Immunisation</i></p> <p><i>LMC Local Medical Committee</i></p> <p><i>Primary Care Network</i></p> <p><i>Primary Care Trust</i></p> <p><i>Pembury Village News</i></p>
Agenda Items	<ul style="list-style-type: none"> • Welcome • Apologies for absence • Minutes from last meeting • Update from the chair • Update from the surgery • AOB • Date of next meeting. 	
Minutes of previous meeting	<ul style="list-style-type: none"> • The actions from January 2021 meeting were confirmed as complete. • Trudy thanked Anne for producing the meeting minutes and complemented the updated format which made it easier to separate out Q&A/Feedback and Actions from the general meeting notes. • No additional comments from the previous minutes which were then accepted by the PPG attendees. 	
Actions from Last Meeting	<ul style="list-style-type: none"> • No outstanding actions from the last meeting. 	
New members	<ul style="list-style-type: none"> • No new members. 	
2021 AGM	<ul style="list-style-type: none"> • Cancelled 	
Feedback from PPG Chairs meeting	<ul style="list-style-type: none"> • It has been quite a busy few months: I attended a chairs meeting on 19.1.21 where we were given a presentation by Katy Abson, from Involve, who lead on the role of Children's Health and Well- being navigator service. This is very similar to the role of the social prescribers that the 	



PCN currently employs to support adults. This is new role is to focus on children up to 24 who are having difficulties with the prime focus on mental health. At the time of the meeting Tunbridge Wells PCN had not employed anyone to fill this post.

- We also had an update of the vaccination programme to date.
- We then considered the future of chairs meeting, are they meeting the needs of the chairs in West Kent. A steering group is to be put together to discuss this further and take suggestion to the next chairs meeting.
- I volunteered to be the link for the Tunbridge Wells PCN. To ensure I knew the views of other chairs I arranged a meeting of the TW chairs to discuss the purpose of the chairs meeting and what we wanted from them.
- Most of the PPG,s in TW are similar to ours, some raise money and some do not have as much support from the surgery as we do.
- I have now attended 2 steering group meetings and we compiled three key purposes of the chairs meetings and identified the benefits of these purposes and how we can measure success.
- The last chairs meeting was last week 11.5.21. At this meeting the work of the steering group was discussed and the purposes we had identified agreed. One of the key measures to gauge success if using patient questionnaires. This has been done by several PPG with mixed success the main obstacle seems to be how it is sent out. It is also important that systems are in place to collate the information gained. It was felt that all PPGs should use the same key questions so we have consistency across West Kent. A working party is to be set up to put these questions together and they will be brought to the next chairs meeting in July. I have also had a further meeting with the Tunbridge Wells chairs and we are meeting face to face very soon.
- I know one member of the PPG wished to attend the end-of-life workshops but found they were full when they tried to book on. I asked the question at the chairs meeting. I was informed that 4 workshops were set up, 3 to be for professionals and 1 to be just for the public. As they will be on Zoom they wished to keep the numbers to 30 to enable the session and brake out rooms to be managed. Sorry you were disappointed but I will let you know when I have the outcomes of these workshops.

Surgery Update

- Peter started with an apology for the confusion and late cancellation of the meeting from 12 May. This was due to a family emergency. Peter was not able to get onto the computer, or to get on-line until 10 o'clock in the evening. Peter also thanked Trudy and Anne for quickly rearranging the meeting and to the PPG members for attending the rearranged meeting.
- General information:
 - ✓ We have not had one case of surgery staff going off sick during the last 14 to 15 months of the Coronavirus pandemic, this is really good as otherwise we wouldn't have known how we would cope difficult. As it was everybody was so overstretched but we just glad that we have come through unscathed.
 - ✓ Many other surgeries have seen quite a few cases/absenteeism amongst staff and they have had to seek help from the CCG or just as a last resort put their phones off to 111.
 - ✓ We are hoping that the changes to restrictions will help us serve you in a better way than what we did in the during the lockdown.
- Covid Update
 - ✓ Since we met in January when we had just started the Covid vaccination program, I am glad to report that 60% of our practice population has received their first dose of the vaccine and 40% of the practice population has had their second doses. Unfortunately, I do not have the figures for just the practice adult population – but the percentages would be much higher as children and young people under 18 are not vaccinated (unless there is an absolute need for them to have the vaccine).
 - ✓ Currently the PCN runs a vaccination hub at the Masonic Hall in Tunbridge Wells from which most of our practice patients have received their vaccination. That centre is in the process of being closed down as it is a very resource intensive operation 25 + people needed to keep



in running smoothly) drawing not only on volunteers such as Trudy and Gaby, but also calling on resources from the general practice surgeries which are expected to provide a full service at the general practice alongside their vaccination support. With the longer spring and summer days, and Coronavirus restriction easing, it is getting harder to run these long vaccination clinics. The last clinic will be run on 9th June 2021. People under 50 can book the vaccination through the national booking system, or by calling 119.

Question: where would be the nearest centre that people from Pembury could get their vaccine?

Answer: *This would be the Angel Centre in Tonbridge, but there is another clinic in Ticehurst but that is further away.*

Feedback from PPG membership: *There are a number of pharmacies in the area offering the vaccination, for example East Peckham*

Question: when it comes to the booster vaccination will this be carried out at the surgery?

Answer: *Yes, that is the current thinking especially now that it has been shown that the Pfizer-BioNTech vaccine can be stored in a fridge for 30 days, making it a possibility to be handled within the practice. But this is still under discussion, but practices have been asked to get ourselves ready for this programme alongside the influenza vaccine role out. I will ensure that any communication regarding booster vaccinations is circulated.*

Question: Will patients who received their first dose of the Covid vaccine from the Masonic Hall centre get their second dose at the same centre prior to its closing down or will they need to go to another clinic, regardless of when they had their first vaccination?

Answer: *There is a commitment that whoever received their first dose at the Masonic Hall will get their second dose there too.*

Question: Please can you confirm that it is now only 8 weeks between the first and second vaccinations?

Answer: *Yes, the time period between vaccinations has been reduced from 12 to 8 weeks to increase the number of fully vaccinated people. This time period has been reduced in response to the Covid 19 variant that was first identified in India, and which has been found in various areas of the UK.*

Feedback: *We have received feedback that within two days, or so, of the second vaccination date people have not been contacted by the surgery to advise them of the time they are due at the clinic. They did not seem to be aware that their time slot was the same as for their first vaccination. This may be why people have not turned up for their second appointment.*

Response: *Unfortunately, the surgery does not know who has what appointment at a vaccination clinic as these appointments are booked through an external NHS system, and therefore we cannot do any chasing.*

- ✓ We are feeling a bit sad to see the closure of the Masonic Hall, but at the same time we know that everyone, especially the practices, can set up a sigh of relief and start to focus on the surgery activities.

Question: Is there a possibility that the Covid 19 booster vaccination will be a different vaccine form the one we may have initially received?

Answer: *We do not know whether it will be Pfizer-BioNTech, Oxford-AstraZeneca or any other UK approved vaccine as, like the seasonal flu vaccine we may need a different strain*



every year.

The surgery will let people know if they are eligible for the vaccine and send out invitations to attend clinics.

Question: Do we know how many people have so far refused to take the vaccine?

Answer: *The number is around 45 – but some of those will be from patients on palliative (end of life) care where either they, or their relatives have declined due to the potential reactions. There are some people that have declined because of the various things posted on social media and also in general media.*

I am sure Gaby and Trudy can confirm that there are occasions where people just do not turn up for their second vaccine dose. In such instances the staff at the Masonic Hall will try and chase up the non-show people as they do not want to see the vaccine wasted. The surgery practice does try to follow up and get people to attend the clinic at another date.

✓ In terms of vaccine usage, the clinic has done really well at ensuring there is no wastage.

• Face to Face Appointments:

- ✓ As reported in the media, though not experienced within our surgery, there have been many complaints about the lack of face-to-face consultations.
- ✓ Just to confirm that during the pandemic the surgery was open for some face-to-face appointments where necessary and we still continue to offer these appointments. For example, ALL appointments with the nurses are face-to-face. All other appointments are triaged to determine whether a face-to-face appointment is needed with a GP or whether the consultation can be handled via a telephone or video call. The GPs will determine if a face-to-face consultation is needed e.g. where physical examination, or mother & baby assessments.
- ✓ The reasoning behind maintaining the triaging system is to continue to ensure social distancing within the surgery, both in terms of clinic areas and the waiting room. We have a very busy surgery with 9 clinical staff (Doctors, Nurses, Phlebotomist etc) as well as reception staff. With phlebotomy appointments running every 5 minutes and all nursing and GP appointments the surgery could be over-full if appointments run late, patients turn up early or with an additional person (e.g. carer) – the waiting room would not be big enough to maintain social distancing and keep people safe, and you cannot have people waiting in the reception area or outside, neither do we have corridor space for people to wait in. We also have to consider how people feel about waiting in the surgery – people must be made to feel comfortable and safe.
- ✓ We will also be having other clinicians from the PCN visiting the surgery and this means that we will be running out of room space as well.
- ✓ There is a plan in place to extend the surgery, but this needs approval of funding.
- ✓ Should restriction changes planned for 21st June 2021 go ahead we will reassess the situation, but we may still need to act cautiously as healthcare facilities are a perfect place for transmission of illnesses.

Question: But with all pubs, restaurants and schools opening and potentially removing social distance/mask wearing restrictions, why should the surgery not open fully?

Answer: *We need to be sure that we have a safe environment, we need to assess the situation with the various variants and the assurances/effectiveness from the vaccination programme. As a surgery we can, contractually, decide on how we want to progress with opening up the surgery to increase face-to-face appointments and we will review the situation nearer to 21st June.*

✓ A couple of links are provided below regarding this topic:



Kent LMC Chairman, Dr Gaurav Gupta, appeared on BBC Radio Kent Breakfast show on 18/5/21 to discuss NHSEI's letter regarding face to face appointments in Primary Care. You can listen to this [here](#). The segment begins from approximately 1 hour and 20 minutes.

Dr Gupta also appeared on the Mid-morning show on the BBC Radio Kent Mid-morning show on 19/5/20. You can list [here](#). The segment starts at 1 hour 15 minutes with Dr Gupta speaking from around 1 hour 37 minutes

- Physician Associate

- ✓ The practice Physician Associate joined us in February 2021. She is seconded from the PCN and working 4 sessions a week with us but also covers the other 9 surgeries in the PCN .

- ✓ What are Physician Associates?

Physician Associate (PA) are one such clinical practitioner. PA is a graduate, usually with a science degree, who has completed a 2 year Post Graduate programme in clinical skills. Trained to assess patients' problems in a similar way to doctors. PAs assist doctors through consulting, managing challenging tasks, and allowing GPs to concentrate on the most complex cases. Currently they are unable to prescribe medications or request ionising radiation (eg chest x-ray or CT scan). PAs are a relatively new discipline and have great potential within General Practice.

- ✓ The Physician Associate can do the majority of things a GP can do with the exception of prescribing medication and requesting x-rays/CT scans, referrals etc.

Question: What happens if I am seen by the PA and need medication or referral?

Answer: The Physician Associate will consult with your GP to ensure that any medication is prescribed and/or any referral is made. There is legislation in the pipeline to increase the limitations of the Physician Associate, but this may be another two to three years away!

- Paramedic Practitioner

- ✓ Our paramedic practitioner left at the end of January and unfortunately, we have not been in the position to replace him due to a limited number of qualified people and other PCNs are trying to fill this role too (so we are competing with the other PCNs). We have also advertised for the role, initially no taker but on re-advertising we interviewed and offered to role to someone. Unfortunately, they turned down the job as they were leaving the country! So not we are back to square one in terms of hiring.
- ✓ We are still hoping to fulfil this role not only to help put our GPS bit also to provide support and act as an overseer for the nursing staff in the practice.

Question: If I ring up the surgery with a range of symptoms who decides whether I am assessed by a GP or a Physician Associate?

Answer: it is the receptionists that decide – they have a list of the activities the Physician Associate cannot deal with, so if your condition is on that list then you will not be seen by Physician Associate. There are only a few things on the list that they cannot do, for example, consultations with children under 2 years of age, and some gynaecological conditions. In addition, any ongoing chronic conditions that our patients may have e.g. cancer/diabetes etc will be handled by the GP.

- GP Cover

- ✓ Dr de Boer has been asked if she was able to provide some cover for the practice, although she was willing to help she has not been able to return from South Africa after Christmas due to Covid restrictions.



Any Other Business

- Making Appointments

Feedback: *I know someone who has ringing the surgery at eight o'clock in the morning, or two o'clock in the afternoon for an appointment, and they waited for a while and then they get a recorded message saying there are no appointments, all the appointments today have gone. They could probably understand that if by 8:30/2:30 all appointments would be filled, but not as soon as you ring at 8am or 2pm; so perhaps you could just explain that to me.*

Response: *The way it works is that we got a queuing system on the telephone system. So, when people start calling when the lines open at 8am or 2pm people get put into the queue. Another factor is the number of GP appointments available for that session, which is dependent on how many staff we have available. The reception staff will initiate an automatic response which informs new callers, that are not in the queue that the GP appointments for that session are unavailable.*

This doesn't mean that you cannot book GP appointment for any other time or with nurses. Unfortunately, if you are in the queue and are awaiting to get through the reception you will not get this automated message of 'GP appointments being unavailable for the session'.

Mondays are our busiest days where we have nine clinicians operating from the building - you shouldn't have any problems getting appointments that day. But then there are days in the week where we have less clinical coverage where staff are not working and therefore, we have less appointments. So, on that day, possibly, there are chances that you may get a quicker message saying that the appointments for the sessions have gone.

Feedback: *Several people from the PPG membership reported that they had experienced this problem as well, and I think it would be useful to test out the system, not just once but on a regular basis. But not only do you get the appointments full announcement, you then cannot do anything else such as speak to the receptionist about making an appointment for a future date and there have been instances where the call was cut off.*

Response: *Thank you for pointing out this issue to me. The provide message to the callers a message that the 'GP appointments for the session are unavailable' but it shouldn't cut off any patients and callers should be able to get through to the receptionists.*

Feedback: *Because I was cut off from speaking to reception staff I called in to the surgery and spoke to staff, they were unaware that there was a problem with the telephone system and notified me that there were available appointments for the day. The error may have been due to someone hitting the wrong button.*

Can I also suggest that there is some kind of checklist that can be used routinely to verify the system is working correctly?

Response: *Peter confirmed that he was not made aware of the issue at the time and was upset to find out that it had occurred, and for which he sends his apologies for what was eventually raised as a critical incident.*

ACTION: *Peter was not made aware of the issue and was upset to find out that it had occurred, and for which he sends his apologies for what was eventually raised as a critical incident. He has agreed to check out the system and report back on whether it was working correctly.*

28 May 21

✓ **Action complete** *"I have now tested the telephone voice instructions when it states the 'GP appointment are full for this session'. The patients are given a choice to press 0 if they will like to speak to the reception. Even if patients don't press 0, they are passed onto reception.*

The phone is not getting disconnected in either of the situations.

Question: *What happens if you do not press any of the buttons required when direct to press 1*



for “x”, 2 for “y” etc?

***Answer:** You would get through as this is how the system was designed to function*

***Feedback:** The on-line appointment booking system has also proved not to function correctly via the NHS app.*

***Response:** Try booking via Patient Access*

- NHS App

The NHS app is going to be the central reservoir for holding your Covid vaccination details (whether you are fully covered etc) as well as other vaccination and medication information. The app can be loaded directly onto a smart phone through an app store or via a computer – the latter is a more complicated way to access the app as there is a thorough check on identification using email address, pass codes and additional confirmation of identity via comparison with your passport or driving licence photo. Downloading the app onto a smart phone is easier as just involves confirmation of NHS number, provision of mobile phone number and email address.

***Question:** with the app needing a smartphone how, when you are going on holiday, would you be able to confirm your Covid vaccination status if you do not have a smart phone?*

***Answer:** You will eventually be able to get hold of a paper copy of your vaccination status. We have added information on Covid vaccination on the surgery website, so please look there for additional information.*

So just to confirm there are two ways of getting you “Vaccination Passport” – via the NHS App (this is different from the NHS Covid app) or by calling 119.

***Feedback:** When downloading the NHS App via a computer I was informed that it may take up to 7 weeks before the confirmation of identity was received and access granted because of high demand.*

***Question:** Is the NHS app secure or is it something that can be hacked into by other people? Can fraudulent information be added, or can data be removed?*

***Answer:** We may just have to accept and trust the system as we have had to do with on-line banking etc.*

***Question:** When using the app on a smartphone, can two (or more people) be linked with the same email address?*

***Answer:** I think the app will require 2 different email addresses but am not 100% sure.*

***Feedback:** I would like to share that the online prescription service is fabulous, and very quick and efficient.*

***Feedback:** The Covid vaccination card will not be formally used as it is easily faked, especially as people are posting photos of it, with their names and the type and batch they received on social media networks!*

- Pembury Care Homes

***Question:** is the surgery still responsible for providing Covid vaccination support for Hazeldene House and other care homes in Pembury or are other surgeries within the PCN helping out?*

***Answer:** Yes. The pandemic has however resulted in a reduction in the number of people getting into the care homes and therefore there was less pressure on the surgery. But because hospital admissions were high there was a requirement from the CCG to discharge patients into care homes.*

Contractually we do not have responsibility or an obligation to provide such care to patients



and therefore the CCG has organised other GPs to cover such patients. It is roughly a 50:50 split of patients in care homes looked after by us and other GPs. PCN resources are also being set up to establish a pharmacist to be deployed in the care homes to manage patient medication. With all these measures in place there should, for the short term at least, be a reduction in pressure on the surgery.

- Urgent Care Centres
 - ✓ At a recent Chairs meeting one question was asked about using Urgent Care/Treatment Centres as opposed to GP surgeries if people are struggling to get appointments. The answer they gave was yes.
 - ✓ From the NHS website (<https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>)

“Urgent treatment centres (UTCs) are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.

UTCs will also ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases. The UTC offer will result in decreased attendance at A&E, or, in co-located services offer the opportunity for streaming at the front door. All UTC services will be considered a Type 3 A&E.”

- ✓ So what happens is:
 - You call 111.
 - You will be asked a set of questions to gauge the nature of the problem
 - The case will be triaged and if it is really urgent, they will book into the urgent care centre, or they will book into the GP surgery for the next day.
- ✓ But remember there are always A&E services available

Annual General Meeting

- Will be postponed until 2022

Next, and Subsequent Meeting

- NEXT MEETING
- 22 September 2021 – decision as to whether the meeting will be held Face-to-Face or via Zoom will be made nearer the time.