

## ASHWELL PATIENTS' GROUP

### MINUTES OF THE MEETING HELD ON WENESDAY16th JUNE 2021 (via Teams)

1. PRESENT: Peter Chapman (Chair), Hilary Hodge, Harry King, Dr Matt Jarvis, Linda Johnson, Mike Pearch, Detlev Popp,

2. APOLOGIES: T. Cathcart, Wendy Kitchener, Graham Lee, Andrea Rowlands.

#### 3. STAFFING NEWS:

Our new Practice Manager, Katie Dearman, will start in August. PC will try and meet her before the next committee meeting.

Dr Cole has now left and we have secured temporary cover until her replacement, Dr Geraldine Odor joins in November. Dr Jarvis explained that, thanks to efforts by LJ, we had a good supply of locums to count on when gaps arise. PC pointed out that figures for vacancies for GPs and nurses in our area (East and North Herts) showed a significant shortfall. We are lucky to be fully staffed. However, MJ pointed out that the situation was fragile given the very difficult recruitment situation nationally because of a shortage of clinical staff.

#### 4. VACCINATION UPDATE:

LJ informed the committee that all but a very few of the 40+ on our books had now been fully vaccinated. The local centre near Sainsbury's run by our Primary Care Network (PCN) is only dealing with the very few patients not yet vaccinated. The regional centres (Robertson House and da Vinci) are catering for the under 40s. We have not been informed about how the booster programme will be delivered.

LJ pointed out that we are in the process of organising Pneumonia(P) and Shingles(S) vaccination clinics. P will be held at both Ashwell and Bassingbourn in car parks; S at Ashwell at the back door with access to a clinical room.

#### 5. APPOINTMENTS:

- COLD AND WARM SITES: Since the start of the pandemic all surgeries have been required by government to operate "cold" and "warm" facilities, to maximise infection control. The need to exercise caution was exemplified by another Herts surgery where the virus got in infecting many staff members one of whom sadly died. The impact was of course felt by patients. We are unusual locally in having 2 bases, Ashwell and Bassingbourn, with the first designated as "cold" with very limited physical access to patients, the second being Bassingbourn ("warm") where most face-to-face consultations occur. Ashwell deals with phone, video and eConsult links with patients. Our staff currently work exclusively in one or other venue to minimise cross contamination. GL, on behalf of Ashwell Parish Council, was anxious to understand why Ashwell residents were routinely being sent to Bassingbourn especially if getting there was problematic. Dr Jarvis responded that whilst the current infection control rules necessitated limiting physical access to Ashwell as our cold site, patients in particular circumstances can still be seen at Ashwell. He pointed out that whilst receptionists were expected to offer Bassingbourn in the first instance, patients could explain their situation or difficulties and request an appointment at Ashwell. MJ was asked how other local practices managed. He said that we were unique in the area in having 2 sites which made separating cold and warm matters more straightforward (although perhaps being less convenient to some patients). Other practices (Baldock, Letchworth) only had one site so patients weren't required to travel more than they would normally. However, those surgeries were still having to implement warm and cold arrangements as best they could which meant that their service was not business as

usual. The extension of the national measures till July 19<sup>th</sup> means that cold/warm rules will continue for some time. The committee understood MJ's explanation and found the arrangements for our surgeries to be reasonable, especially given that exceptions were possible depending on circumstances. It was agreed that it would be useful to publish an explanation of the cold/warm arrangements. PC to work on this.

#### - FACE TO FACE AS OPPOSED TO DIGITAL CONSULTATIONS:

Dr Jarvis estimated that currently around 68% of consultations were digital. That said, we have augmented capacity for in-person consultations by increasing the number of locums we employ. We have also shortened the length of consultations to make more available. PC reported that doctors from across the area were reporting rather surprisingly that digital communications were often more time consuming. MJ said that this could arise if during a phone consultation a doctor felt it was necessary to see the patient, resulting effectively in 2 consultations. An unfortunate consequence of telecommunication.

#### - WAITING TIMES:

These are not over-long at present. We have a duty doctor available daily for emergencies as well as a minor injuries nurse. Non-urgent patients are asked to email or use eConsult. There are no waiting lists for general nursing needs. Sometimes patients express a wish to see a doctor for an on-going issue which could be dealt with by a nurse. Blood test results come back daily and doctors contact patients if there needs to be further action.

#### 6. BLOOD TESTS:

Members were alerted to the fact that patients were now required to book appointments for blood tests in hospital and that walk-ins were no longer possible. LJ said the system was working well and was useful for emergencies or for when surgery times were inconvenient. This is an additional to the phlebotomy service offered 3 times a week offered at Ashwell (despite Covid precautions at the "cold" site). We are the only practice in the area to offer such a service. Patients at other surgeries need to go to hospital for testing. PC will circulate the information to local websites.

#### 7. PRESSURE ON SURGERY STAFF:

PC reported that at the recent CCG (Clinical Commissioning Group) board meeting GPs from all over Herts and West Essex were experiencing a tsunami of demand, unprecedented in their experience. This, together with Covid restrictions, was impacting on waiting times and frequently causing disgruntlement among patients leading to a deterioration in surgery-patient relations and often abusive behaviour. MJ and LJ both acknowledged that we too were experiencing a surge in demand but Dr Jarvis said that in our case we were managing it. A rise in abuse from patients is an issue nationally.

#### 8. PROBLEMS WITH THE PHONE SYSTEM:

PC and Mark Pilling recently gave a talk to Ashwell Mothers' Union at which one patient told how on several occasions, after a long wait on the phone, she was cut off. MJ reported that he and Mark had discussed this and found it unacceptable. They had called in the provider who had been unable to identify the fault. We think this occurs when the system is overloaded. The PCN (Primary Care Network) is considering adopting a common phone system but MJ was sceptical that this would resolve the problem. Sadly we are at an impasse at present.

#### 9. GENERAL PRACTICE DATA FOR PLANNING AND RESEARCH (GPDFPR):

The government has plans to collect patient data (anonymised) from GP records. This information is potentially extremely valuable in the fight against disease. However there are fears that the data could be acquired by commercial interests which could lead to adverse effects on individuals or groups. Patients had until the end of June to withdraw their willingness to share their data. However the government has postponed this till September. Discussion ensued. Watch this space.

10. "CANCEL OUT CANCER":

DP reported that his mens' group in Guilden Morden had received this briefing offered by the CCG and that it had gone well. PC invited other groups to take advantage of the offer.

DATE OF NEXT MEERING:

PC to liaise with MJ about a date mid September.