**Patient Participation Group Meeting - Minutes**

**Staff Attendees:** Shahanaz (Practice Manager), Haidar (Administrator), Dr Sherlock (Clinical Lead GP), Zakya (Physician Associate)

**Patient Attendees:** SB, MB

**Minutes by:** Shahanaz

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| **Agenda Item:** | **Notes:** | **Feedback:** |
| 1. **Introductions** | Shahanaz introduced herself as the new Practice Manager, as of May 2021.  Haidar - Practice Administrator  Dr Sherlock – Clinical Lead GP  Patients who joined the meeting: SB and MB |  |
| 1. **Changes since the start of the pandemic** | There is now less available seating in the Practice as some seats have been marked as “not in use” in order to maintain social distancing.  Hand sanitiser is readily available for patients to use at Reception.  Clinicians will be wearing PPE when seeing patients face to face.  We have been conducting COVID screening for patients who enter the Practice, both expected and un-expected.   * For patients who are booked in for a face to face appointment, Reception will be sending a text message with the COVID screening questions. The patient is expected to respond to each of the questions via text message before arriving at the Practice. * For patients who are not booked it, they will be screened by Reception staff over the telecom before they can enter the Practice.   Despite the lifting of lockdown measures, patients are still expected to wear a mask when they come in to the Practice, for the protection of our staff and other patients.  The COVID-19 pandemic saw the launch of the Dr iQ app. The app has allowed our patients to access our services throughout the pandemic from the safety of their homes.   * We have learnt that many cases can be dealt with over the phone, thus reducing face to face contact and the potential spread of the virus.   We have now reintroduced face to face clinics with our clinicians which are bookable if deemed appropriate by a clinician.   * Dr Sherlock and Dr Ali do one face to face clinic each per week. * Qaes (Pharmacist) and Melissa (Physician Associate) do one face to face clinic each per week. * If deemed medically urgent, patients will be brought in on the same day by the clinician, following a telephone consultation. | SB said that she has had a few experiences where she did not receive the screening text message until she had already entered the building.   * Shahanaz said she will continue to re-iterate to staff that screening prior to entry is absolutely mandatory.   MB highlighted that telephone consultations are not always useful and not all problems can be addressed this way. What a clinician can see from someone in person, they may not be able to identify over the phone.   * We completely agree with this point that Marcus made, and for this reason, where a patient would really prefer to be seen in person, or where it is deemed necessary by the clinician, the patient will be asked to come in to the Practice. |
| 1. **GP Patient Survey** | <https://gp-patient.co.uk/report?practicecode=F83056>  Our GP Patient Survey found that we had a patient satisfaction rate well above the national average as well as the local (CCG) average. We are very pleased to hear that our patients are happy with our service; nevertheless, we are always looking to improve.  The survey told us that *26% of respondents usually see or get to speak to their preferred GP when they would like to.*   * In order to improve this, our GPs have increased their weekly sessions. * Dr Sherlock has gone from 6 sessions a week to 8. * Dr Ali has gone from 6 sessions a week to 8. * Dr Amin has gone from 2 sessions a week to 4. * We also have a multi-disciplinary team made up of two Physician Associates and a Practice Pharmacist. They are able to deal with the bulk of our acute issues, allowing more time for our GPs to provide continuity of care.   Zakya went on to explain the role of a PA (Physician Associate):   * PAs work under GP supervision, alongside the medical model. * At Mitchison, the PAs handle a vast majority of the queries that come in via Dr iQ and consult/pass on to a doctor where required. * Zakya leads on diabetic care for our patients, particularly ensuring that blood sugar and cholesterol levels as well as blood pressure are within range – this is part of our goal to provide optimal care for our patients. |  |
| 1. **COVID vaccinations: first, second, third and booster doses** | We have found that most patients were being redirected to the Practice by 119, NHS Digital, and secondary care services where issues regarding vaccination status arise within the NHS app. Unfortunately, at Practice level, we are unable to enter codes that would then reflect in the NHS app. Nevertheless, any codes we do enter can be printed off as vaccination evidence but will not suffice as an official “COVID passport”.  We can, however, send an e-mail to the vaccination service manager requesting that the records are updated – this has proven to be effective on most occasions.  The problem we are having as of recent is arranging the third dose of the COVID vaccination for immunosuppressed patients. Although we have received communications about the third dose from NHS England, we have not been provided with guidance on how to book these appointments. | SB mentioned that she recognises that not all information is communicated with GP Practices immediately and it appears that all services are in a state of confusion about the COVID vaccines most of the time.  \*\*Update regarding the third dose as of 08.10.2021:  Shahanaz has contacted the Clinical Lead from the vaccination centre who has informed us that there are plans to open up bookable slots within the next week for those patients who are eligible for a third dose of the COVID vaccine – this will be determined by a clinician at the Practice after reviewing the patient records.\*\* |
| 1. **New Practice Website** | <https://islingtongp.co.uk/>  Our Practice website has changed and is shared with our sister Practice, Hanley Primary Care Centre; this is because both Practices are located in Islington and use the same local services.  The website provides our patients with lots of information about self-care and how to self-refer into various services.  There is also a COVID-19 section for patients who wanted to know more information about coronavirus and the vaccine. |  |
| 1. **Early Cancer Diagnosis** | Dr Sherlock discussed the importance of patient awareness with regards to cancer. Dr Sherlock has recognised that less patients have been presenting with cancer symptoms and we have been doing less referrals to secondary care, as a result. We want to hear from our patients more.  To help raise awareness, we have now put up some new posters across the Practice about cancer awareness (lift, waiting rooms, stairway)  We are also in the process of getting our waiting room screens repaired; once done, we will be putting up videos about cancer awareness.  Some links have also been added to the Practice website. These can be found on our website at: <https://islingtongp.co.uk/self-care/self-care-services/> |  |
| 1. **Feedback from Participants** |  | SB thanked the team at Mitchison for our hard work, SB said that our efforts made her experience as a patient throughout the pandemic less stressful.  MB said that he initially did not plan on attending this meeting but is glad he did, he found the information provided to be very useful. |