

# Woosehill Patient Participation Group

## Amended Minutes of the Meeting held on 4<sup>th</sup> February 2021

Present: KC, CA, JB, MT, RS, ST, JJ, & MM

Apologies: Will assume apologies from other members as the meeting was late in starting due to technical difficulties.

1. The Minutes were accepted

2. Recent staff changes itemised below

- Dr Suchira McCarthy - salaried GP started July 2020
- Dr Haroon Sayed - Locum GP started May 2020 (covering maternity leave) will finish when Dr Dhunna returns
- Dr Reeta Dhunna returns on 17<sup>th</sup> May 21
- Dr Karthrika Arunachalam - Starts 08<sup>th</sup> March 2021
- This means that there will be 4 full time doctors, 3 doctors doing 2 days per week.
- Shared with PCN
  - Adrian Doyle - Paramedic started 25<sup>th</sup> Jan 21
  - Dot Connolly - Prescribing Pharmacist Wed 3<sup>rd</sup> Feb 21
  - Juliet Opoku-Apau - Clinical Pharmacist started Monday 8<sup>th</sup> FebThese last 2 mean there will be a Pharmacist every day (Monday to Friday)
- Kate Livesey HCA - Nov 2020 doing health checks (more of these being done than ever before) as well as phlebotomy clinics
- Possibly have Physiotherapist on site too - patients with muscular/skeletal problems will go to him/her before seeing a GP - not finalised as yet (COVID has meant delays)
- More receptionists employed (about 12-15 hours per week). Constant changes people starting & leaving. (main problems are the money & stress)
- New telephone lines (cost circa £15K) mean can choose to speak to different areas eg secretaries, medicines etc. This means access is easier to speak to the correct person.
- Enquiries on line is another new way of accessing help, not everyone needs to speak to or see a doctor eg sick notes etc. Each request will be checked by & responded to by a doctor.
- Website has been updated so that more information is available
- Facebook being sorted at present but with everything which means clogging being turned off - but used mainly to disseminate information eg Flu & COVID vaccinations. Anyone who uses facebook & is able to work on it could be made an administrator - any takers. Possibly younger person could do this but would also be a voice of the younger people giving a perception of the medical centre & how everything works.

- However 16-17 staff have either had COVID or contact & need to self-isolate - this means medical staff have been answering phones to cover. KC asked for our appreciation be passed on to staff for their dedication working under difficult conditions (working at home whilst self-isolating or with COVID)
  - All of this means that much more chance of making appointments - patient access should improve (this is the area where we lose points as everyone says when they get an appointment the care is the best & would recommend the surgery on that basis)
3. KC said the vaccination centre at the Bradbury Centre has been very well organized & was very easy to have the vaccine. This means that staff are spread even thinner than usual (2 places to staff).  
Biggest problem is that no-one knows when the vaccine will arrive, so most time is spent on logistics, very difficult for past staff to be allowed to help out too much red tape.  
Invite to NHS stated that if not already contacted by surgery can ring to make appointment - this is a problem when invites come after contact by surgeries & confusion is a real problem. Too much red tape - there are some who have had both injections but then surgery rang they had no idea he had had it.  
Duplication is rife.  
Statistics not given to statisticians so reports cannot be made.  
Medical Centres can only do as government tells them. Some discussion as to whether 2<sup>nd</sup> dose may not be needed or done after 12 weeks, also whether mixing 2 different vaccines will happen. This is still unknown.
4. PF has not replied to the invitation. The message from PRG (Simon Hayton) decision to leave at present  
PP - no-one has heard from her - her email address is not the same but no-one has her present one. May be abroad visiting son in Australia - MM will try to contact her via her land line. MM tried to contact PP but land line is not correct either as this just didn't ring gave number unobtainable signal. Got a mobile number from JJ but the response on this said the number you are calling is not answering please try later, will keep trying to get an answer. Decided to send a text - am waiting to see if this is the correct number for her & if she replies.  
Thanks were given to all staff again cannot give enough praise.  
How can we disseminate the information to rest of patients? Suggested that it went on the Facebook page or website. KC - a slimmed down version of the minutes could be put on the website. ST suggested a quarterly newsletter from PPG. Email or letter is the best way to reach every patient this would be costly if post used & email not given by everyone - would need to ask all patients to give permission (everyone needs information especially at this time) Could be an email per household. Or we could do a letter per household & we & PRG could deliver to them as part of our exercise walks.
5. Next meeting to be called as & when there is something important to be discussed or information to be passed to the group.

cc KC, MT, PE, JB, RS, TH, PP, PF, ST, RA, JJ, CA, KL & MM