



The James Cochrane Practice

Patient Group Meeting
Wednesday 24th February 2021

Minutes

Attendees

Victoria Taylor (VT) – Patient Services Manager (JCP)
Emma Turner (ET) – Operations Manager (JCP)
Members of the JCP Patient Group (PG member) x 14

Apologies

Janet Ingram (JI) – Head of Nursing, Advanced Nurse Practitioner (JCP)

1. Welcome and Introductions

- VT thanked everyone for their time & introduced herself and ET.
- VT gave JI apologies, Patient Triage Pathways will be discussed at a later meeting.
- VT outlined purpose of the meeting:
 - Give a practice update
 - Talk about things that are important to patients
 - Think about any improvements we can make together

2. Practice Update

a. Covid Vaccine Roll Out

- Being led in Kendal by Kendal Primary Care Network (KPCN), VT gave overview of what KPCN is.
- Going really well, feedback from staff and patients has been very positive. Some vaccine supply issues.
- National programme runs alongside KPCN programme (separately but with the same cohort of patients) - causing confusion for patients.
- Impact on Practice – lots of patient queries, phones extremely busy. Patients with medical queries waiting longer (up to 20 minutes on occasions, 11 patients in the phone queue). Working with KPCN and other practices to find a solution.
- Message we want to get out –the best place to look for information about the Covid Vaccination is the KPCN website <https://www.kendalprimarycare.network/>

i. PG member questions/thoughts/comments

- *PG member appreciates mammoth effort to get vaccine programme up and rolling, shared experience of receiving an NHS letter then booking an appointment, before receiving a notification from KPCN which did cause some confusion. From patient point of view it gives impression of war between NHS and GP, PG member would rather give support to GP.*
VT expressed this is typical of what patients are experiencing – practice have updated telephones messages, sent texts to recently contacted cohorts, social media posts, website up to date. Important thing is that everyone gets vaccinated.
- *PG member commended everyone on getting system working, and reflected that communication is crucial. PG member shared experience of 91 year old relative who was originally booked for 2nd vaccine. Relative was wary of information in media, and letter to cancel wasn't received until a week before 2nd appointment date, causing anxiety. Relative hoped to receive a phone call to explain 2nd appointment would delay and reasons why – would have reassured him. Relative went through many weeks of anxiety, remains anxious 2nd vaccine won't happen. Advice is for the elderly community, a phone call would have been helpful.*
VT/ET thanked PG member for their feedback and will share it with KPCN.
- *PG member reflected that in the days of less frequent face to face contacts, proactive phone call helps reassure people that practice service is as robust as before.*
ET reflected the importance of keeping contact details up to date with practices, asked Group to tell their friends.



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- *PG member reflected experience of receiving a text message, which she found helpful, and of receiving 3 invitations – 1 was a reminder (from NHS) that came 2 weeks after she had been vaccinated.*
- *PG member suggested that having a contact number for a relative on record might be helpful.*
VT explained that the practice has contact numbers for relatives on records, where appropriate.
- *PG member expressed lots of confusion in general public. Understands there were issues due to parking at the Ferguson Centre, but feels it would be better if GPs carry programme through. As an outsider, PG member can see revenues being wasted through lots of notifications that not needed. PG member would hope that GPs can carry on.*
ET and VT thanked PG member for her feedback and reflected that the GP teams have really enjoyed being involved in the vaccine delivery.
- *PG member shared her experience of attending KPCN for vaccination - a very slick organisation; reflecting that the GP is at the centre of care and community. PG member expressed concern around uncertainty of 2nd vaccinations, suggesting that Practice should be publicising dates for getting 2nd doses which would remove a lot of concern/apprehension and give patients the feeling that you know what you're doing and that they're in good hands.*
VT assured PG members that as soon as the Practice and PCN know when 2nd doses are available, patients will be informed.
- *PG member asked if NHS National System (running from Mass Vaccination Site at Westmorland Shopping Centre) sees a wider catchment than Kendal? NHS National letter showed the MVS to be in the AXA building, access and entrance to parking are poorly signposted.*
VT highlighted that WSC is one of many MVS; patients from outside Kendal can attend WSC, as patients from Kendal can travel outside Kendal for their vaccines. ET will feed back to PCN.
- *PG member asked if Kendal Practices all categorise each condition in the same way, highlighting friends registered at different practices, but with the same condition, being in different cohorts for the vaccine.*
VT and ET assured PG member that vaccine cohorts are the same for all Kendal practices, and that national system of clinical coding, using the same criteria, is followed by each practice.

b. Lockdown 2/3

- Practice mobilised working at short notice due to childcare, continued staff absence related to Covid.
- Didn't have as much of an impact as last time, processes already established.
- Noticed patient behaviour was different compared to first lockdown – lots more footfall particularly to order prescriptions, made Dispensary busy. Big queues caused confusion between our Dispensary and Well Pharmacy, made it difficult for patients with face to face appointments to get to the front door. Encouraged patients to order online/use post box.

c. Service Delivery

- Telephone triage with GP/NPs, face to face offered where necessary, has stayed quite constant since March.
- PPE/decontamination continues so capacity to for appointments remains down compared to baseline.
- Ahead of the meeting, one PG member asked if we see telephone triage and use of video appointments continuing. VT reflected that Practice has explored the use of technology lot faster than we would have done and that we see it continuing. VT discussed use of virtual reality headsets in Kendal Care Home.
- ET gave an update on staffing in nursing team, including recent recruitment and bank staff.
- New Long Term Conditions Nurse Specialist, Caite Guest, joined recently. Currently reviewing our process for LTC reviews and recall. ET suggested CG attend a PG meeting if members feel it would be helpful. Expect some information through ahead of the launch of new process for PG member review.



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d. Biggest Ever Flu Campaign

- Drawing to a close, extra cohort of patients this year aged 50-64. Vaccinated almost 1000 more patients compared to last year.
- Meeting planned soon to reflect and plan for next year, VT asked members to share their feedback on flu campaign (via email to her) so it can be included in the review.

e. PG member questions/thoughts/comments

- *PG Member reflected that video consultations and telephone consultations work exceptionally well, however waiting time for a telephone appointment (20 days) is causing concern and stress.*
- *PG member has frequent blood tests and fed back that Practice team are very good at taking his bloods, but his experience at the hospital has been less positive, regular hospital blood test is required which the Practice cannot take. Rationale behind a blood test for a consultant having to be taken at the hospital is a matter of policy but creates more stress for the patient - shielding. Hospital team recently suggested patient go to GP after failed attempts. Valuable bit of service that's not as good as it used to be.*
ET thanked patient for his feedback and explained Practice is working with LMC, she will feed experience back.
- *PG member reflected that situation around who funds/does blood tests has been going on for at least 35 years to her knowledge. Doesn't help the patient one bit - if patients are ill and need a blood test, they don't want to go backwards and forwards to hospital. Feels hospitals have fallen behind the practices in the ability to take bloods easily/quickly. Stressful for patients. PG member view is that all need to get together and say "patients come first" which may cost, but if it's taking 5/6 attempts to get one blood, surely its more economical to get it done properly in the first place. PG member really wants to feedback how really really stressful it is for patients.*
ET thanked PG member for feedback and will share it appropriately.
- *PG member asked if we have a phlebotomist in Practice.*
ET explained that Healthcare Support Workers do other things as well as blood tests, as often patients need other investigations at the same time, but that Practice is recruiting for a Phlebotomist.

3. Systems That Support Us

Systems the Practice has in place to help us communicate directly with patients.

a. Patient Access

- Online platform – access areas of medical record. Other versions of this type of platform available.
- Available 24/7
- Patients can't use it to contact Practice

b. AccuRx

- Video consultations and Text messages, can send documents to patients
- Practice initiated, links with clinical system

c. MJOG

- Practice Initiated, bulk text messaging
- Patients can reply and does link with clinical system (coded information e.g. decline flu vaccination)

d. AskMyGP

- Patient initiated contact, 2 way communication
- Open when we're open



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e. Update from Practice Operations Manager, Emma Turner

i. AskMyGP Review – Product vs Process

- Launched 2018, ran for a year before formal review – focussed on product and HOW we use it. ET outlined several changes made to how it was used, between launch in 2018 and review in 2019.
- Formal review in 2019 involved feedback from patients and staff - people loved it, or loathed it.
- Found it was HOW we were using AskMyGP that was causing most frustration for patients - focussed on improving 20% of things that would have greatest impact e.g. ability to book ahead.
- Some changes driven by safety e.g. AskMyGP requests coming in when we were closed meant patients weren't seeking the help they needed out of hours.
- Benefit - patients have the option to contact us online when our phone lines go down.
- Current patient feedback on AskMyGP is more positive.
- October 2020 Practice started to look at alternative systems – want something that will help 2-way communication but remove barriers.

ii. AccuRx – The Future?

- Practice recognise we should have consulted with patients earlier when we implemented AskMyGP.
- There are alternative products that have slightly better interface, but no product does exactly the same thing, there is no perfect system.
- VT highlighted that no 1 system does what all 4 systems do collectively – combination needed.
- We already use AccuRx, they also have a “Patient Triage” system similar to AskMyGP. Practice feel it's probably a suitable product, but hands currently tied by the CCG and ICS about which product we can use. Purchasing mechanism favours bulk buy through a PCN or CCG, so have to explore possibilities
- If in a position to roll out AccuRx Patient Triage, we would like to share the demo site with Patient Group first.

f. PG member questions/thoughts/comments

- *PG member asked if AccuRx is more expensive.*
ET clarified that AccuRx has a similar function to AskMyGP and MJOG combined, similar cost but financial modelling currently being done. AccuRx model is set up for bulk purchase so need to understand if that's a possibility.
- *PG member reflected that he has had good usage of AskMyGP, and that those that don't like AskMyGP probably won't like another system either, Practice keeps AskMyGP it probably has a better chance of settling down.*
ET explained that AskMyGP has had frequent technical issues and the product isn't perfect. VT explained there are things that AccuRx has that AskMyGP doesn't e.g. targeted appointment booking. ET acknowledged if patients do like AskMyGP that has to be considered as part of the review.
- *PG member fed back that ability to book appointments is something that's missing from AskMyGP, and asked if it's open 24/7.*
ET explained that the opening times are set by the Practice.
- *PG member expressed concern at lots of systems. Suggested take a step back and look at the goodness in the system now – ask if it could be made better without having to buy into things. Concerned main focus of the health service is being lost (care and help people), reflected that patients need a human being. Reflection – what are you trying to achieve, what are you there for?*
ET thanked PG member for feedback and explained that it's important for the Practice to be accessible.
- *PG member queried if demographic of registered patients has changed over the last 20 years, and if there is now a higher proportion of older people/educated/professional people? Suggested Practice consider the demographic of patients before looking at what they want.*
ET reflected the importance of engaging with patient group.



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- *PG member asked if AccuRX is used locally by the trust.*
ET explained that the CCG have provided AccuRx to Practices however it ceases on 1st April, Practice have held discussions with CCG, who favour a different product.
- *PG member highlighted that it works well from a shared care point of view, rather than having lots of systems to access.*
- *PG member thanked Practice for AskMyGP system, reflecting that it's worked very well. PG member highlighted that Patient Access is getting messier with adverts for private providers running through it which gives a very bad impression that is not good for the practice to be associated with.*
ET explained that adverts in Patient Access are beyond the Practices control. Online bookable appointments are available through Patient Access which the Practice wants to increase.
- *PG member fed back that she thinks AskMyGP is brilliant, although she had doubts in the beginning. PG member is concerned some patients can't use the internet and don't have a mobile, Practice should always remember the minority and let patients phone up or walk into the surgery.*
VT and ET agreed that accessibility and patient choice are very important.
- *PG member asked if there is a system where practices could have a combined service for delivering blood tests and asked if that has been considered as it would be easy for the patients and the staff.*
ET explained that this has been discussed recently with the PCN because there is a need across all practices, and she will pass the feedback on.

4. Next steps and propose date for next meeting

- VT highlighted PG members can email with anything they've missed/forgotten mbccg.surgeryinfo.jcp@nhs.net
- VT reminded members she would be very grateful of any feedback on flu campaign – VT will email group.
- VT asked patient group if they would be happy for comments to be shared anonymously with Practice team, and if not then please let her know.
- VT asked if members happy with frequency of meeting (4 months). PG member reflected he is happy with frequency (more would be too onerous for Practice, less might cause patients to forget). VT reflected it's nice to have the meetings and email contact in between.
- VT explained she will be in practice until mid/end March but will then be going on leave – someone else picking the group up in her absence and will be in contact.
- ET explained the importance of patient group being the patients group – suggested members taking on different roles (secretary, chair etc.) and if anyone is interested please let VT know.
- VT will circulate minutes.
- Next meeting – date TBC.
- VT thanked everybody for taking time out of their day to join the meeting, really appreciated by the Practice.