



The James Cochrane Practice

Patient Group Meeting
Wednesday 14th October 2020

Minutes

Attendees

Victoria Taylor (VT) – Patient Services Manager (JCP)
Antonia Coathup (AC) – Office Manager (JCP)
Dr Richard Russell (RR) – GP Partnership Chair (JCP)
Members of the JCP Patient Group (PG member) x 8

1. Welcome and Introductions

- VT thanked everyone for their time & introduced herself, AC and RR.
- VT outlined purpose of the meeting:
 - Share our current situation and experiences
 - Understand how it has felt for patients and what their experience of our service have been
 - Think about what we can do and how patients can help

2. The current pressures we're facing

a. Covid is still with us

- VT explained there have been situations where team members have had time off to wait for Covid test results (72 hrs turnaround), having direct impact on ability to offer appointments and manage patient need.

b. General Practice is open

- Recent media leak of a letter written by Director of Primary Care for NHS England, suggested GPs not seeing patients. Public perception that General Practice not open and not doing our bit. VT reflected this was hurtful & untrue - continued to see patients all way through pandemic.
- Practice adopted new ways of working (more telephone consultations and video appointments), to safely contact as many patients as possible.
- VT emphasised that the Practice is open and seeing patients.

c. Patient need outweighs capacity

- VT explained nationally felt increase in patient requests – higher than last year. Practice recently received 100% more phone calls on one given day, than on the same day last year.
- VT explained some patients avoided attending the Practice earlier in the year, now need to make contact.
- VT explained measures in place to operate safely (changing PPE, decontaminating rooms between patients) takes time out of the system, that would normally be spent seeing patients.

d. RR shared his experience of the current pressures we're facing

- RR explained no. of patient requests reduced briefly at start of lockdown, before going back to normal, and is higher than normal for the year. RR reflected Practice created zones so it was safe for patients and staff, worked with 5 other Practices to offer services to those unwell with Covid symptoms. High risk staff worked from home.
- RR highlighted that clinicians can be working from home, sometimes with Covid or isolating.
- Practice has found patients have put off their conditions and do need seeing – big need.
- RR reflected things are difficult. Takes longer to see people face to face so feels frustrating. Trying our best, feels uncomfortable but it's how the Practice is being asked to work by the Department of Health.

e. PG member questions/thoughts/comments

- *PG Member reflected there is a perception GPs are closed - upsetting being aware of what the Practice has done and the reduced ability to see patients.*

- *PG member asked what numbers of staff have been involved with Covid and had to self-isolate?*

VT doesn't have exact figure but will try and find out. **(26 members of staff affected in some way – 36%, over 19 weeks of time across departments, with an additional member of staff affected for 12 weeks)**

VT shared recent example - 3 clinical staff off at same time, for several days - impacted number of appointments.



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- *PG member asked what Practice capacity to see patients is compared to normal?*

AC explained Practice operating with significantly less face to face appointments.

VT explained Practice is offering more telephone consultations so can have contact with more people.

GP/NP's convert 16% of telephone calls into a face to face consultation.

GPs/NPs can deal with a lot of things over telephone, but bringing patients in to be seen when needed.

- *PG member asked how the Practice is coping with a deluge of instructions.*

VT explained Practice has Covid leads (RR, Practice Business Manager Adrian Eglington) and strong management.

- *PG member asked how well Practice team are managing their own welfare as a group of people?*

VT explained we are conscious of it, team look out for one another and recognise been a tough 6 months for all.

Action – Protected Learning Time session in November to focus on staff wellbeing

- *PG member explained he is aware of people who have sat on problems because they don't want to bother GP/hospitals/healthcare service, have started to see any of that come through?*

VT explained Practice seen an increase in people coming that have been putting it off, contributing to demand.

Practice want to share the message that we are open, and patients should be coming when they need to be seen.

VT expressed importance of getting balance between managing expectation and highlighting we are open.

Action – comms around “we are open”, please make contact.

- *PG member asked if there's scope for cooperating with other Practices given pressures the Practice is facing?*

RR explained Practice in constant dialogue with other Kendal Practices. RR shared recent example of unmet patient need, resolved through discussion with other practices, CCG and local hospital.

Practice links in with Primary Care Community (District Nurses, Rapid Response Teams, Clinical Lead of Kendal Urgent Treatment Centre etc.).

Action - “what is Primary Care” comms

Action – Update PG on any future collaborative working with other Practices

- *PG member asked if there is any advice the Practice can give to people about how to get in contact if it's not urgent, so they don't bother the Practice on the phone at particularly busy times, but they don't get missed.*

VT explained AskMyGP service helps manage patients in that way.

RR explained if clinicians feel problem is urgent, patients get the urgent care they need. There are appointments clinicians can book in advance, but important to see the right person.

RR explained lot of people don't want to bother us, but we want them to. No problem that's too silly.

Action – we're open comms, “we will speak to you and if it's urgent you will be seen”

Action – comms around how to get in contact if it's not urgent (AskMyGP) and don't want to hold up the phone lines, add to telephone filler messages

- RR shared clinicians are learning how video can work for some and not others, and for some conditions but not others. Good for some things but doesn't replace seeing somebody.

- RR emphasised importance of working with everything available, offer as much choice as possible.

Action – comms around what types of things work well in a video consultation/telephone consultation etc.

3. Patient expectation & unmet expectation

a. Kindness goes a long way

- VT reflected support from patients at beginning of pandemic was overwhelming, but has depleted recently.

- Complaints are rising, seeing an increase in behaviour testing zero tolerance policy.

- Waiting times for appointments increasing (just over 2 weeks for a telephone call with a GP/NP - although national average about 6 weeks, waiting time for a blood test or nursing appointment is over 2 weeks)



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b. How our Care Navigators can help

- VT explained Care Navigators have lots of experience, and specialist training to direct patients to right health professional (in Practice or signpost elsewhere), and work to protocols defined by GP/NPs, and management.
- Increasing numbers of patients don't have the same confidence in Care Navigators, and are pushing for contact with GP/NPs - putting extra pressure on the service.
- AC explained team members have been upset because of how they've been spoken to. Expectation to have same day appointment, difficult as have to prioritise urgent cases, often don't have appointments to give.
- AC reflected when we can't meet expectation, patients can expect to speak to Duty Doctor, who may be dealing with someone or have an urgent case – more pressure.
- AC reflected Care Navigator team do a fantastic job, work very hard, she is really proud of them.

Action – comms around telephone demand

Action – comms around “what does the duty doctor do?”

Action – Establish – what is the patient expectation of their GP Practice? Help us manage it.

c. PG member questions/thoughts/comments

- *PG member reflected she has felt a general increase in unkind behaviour - people are worried, scared, unable to articulate how they're feeling, and are experiencing heightened pressure.*

- *PG member highlighted she wasn't sure what training Care Navigators have had, wonders if the person calling perceives their problem to be serious, there may be a disconnect, which is why they get agitated.*

VT explained Care Navigator team had specialist training with NP Janet Ingram and follow Practice protocols.

AC explained team go through the problem with patient, and understand sometimes problem might not feel urgent to the Practice, but does to the patient. If unsure they will check with someone clinical.

AC reflected not always possible to offer next available appointment.

Action – JI piece on Care Navigators training

- *PG member shared that she wasn't aware the staff were under so much pressure of people being unkind, and reflected that she has felt it in the whole of the UK.*

- *PG member reflected it feels unfair on key workers to deal with people's frustration. He asked if Patient Access and AskMyGP are working properly, becoming more popular, and helping Practice manage demand.*

VT explained patients are encouraged to sign up to Patient Access to order their prescriptions, look at test results etc. online. Not had many appointments available to book online recently, but looking to increase them. Flu clinics available to book online which has helped.

AskMyGP offers another way for patients to contact us, which patients find convenient.

Action – update telephone messages to be more specific about Patient Access functions

- *PG member highlighted Patient Access and AskMyGP require separate accounts with separate passwords, and wondered if they could be incorporated into 1 system, as it could deter people from using it?*

VT thanked PG member for feedback, Practice is looking at this. Hoping to hold another meeting soon on these systems.

RR attends Lancs and S.Cumbria digital team for Primary Care, there isn't currently one application to do everything. RR highlighted he is giving patient feedback to influence what patients and practice need.

Action – plan PG meeting for Nov/Dec on Patient Access/AskMyGP, particular attention to problems highlighted

Action – RR to take patient feedback to digital team meeting

4. Where do we go from here?

a. What have we done?

- VT explained Practice is recruiting for Long Term Conditions Nurse - area of Practice need, Healthcare Support Worker time has been increased.



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- Recently new roles appointed through Kendal Primary Care Network (Social Prescribers, First Contact Physio, Pharmacy Technician) to support 3 Kendal Practices and reduce GP work.
- VT shared examples of things practice has done to share message to patients.

b. What have we got planned?

- VT shared things the Practice has planned to continue to inform patients about current situation.
- Recognise that to get the best outcomes, we need to work together.

c. PG member questions/thoughts/comments

- *PG member asked if the notes from this meeting and previous 2 meetings will be added to Practice website?*
- VT assured the group that she will circulate notes to all attendees and those unable to join, and will add all notes to website.

Action – VT to add all notes to Practice website

Action – VT to complete and circulate notes

- *PG member shared that it would be great if Patient Access and AskMyGP were integrated, but he finds them individually extremely useful.*
- *PG member shared recent experience of the Practice. That he has had contact with the Practice at different levels and service has been seamless from his point of view. PG member expressed his surprise at the degree of pressure Practice has faced. PG member expressed his thanks and congratulations to Practice team and shared disappointment that the scale of problems that GP Practices are facing are not better reported in media. PG member thanked the Practice for organising the meeting.*

VT thanked PG member for his kind comments, and expressed she would like to understand how we can better communicate to patients, acknowledging sharing our story with a small group is a huge step.

Action – share anonymised comments and thanks with Practice team

Action – patient previously unaware of pressure system is under, consider this in comms

- *PG member shared experience of the Practice, recounting that she and family have felt supported by the NHS (ambulance, visits, phone, video), and are full of admiration. PG member shared that Practice was very supportive following recent family member discharge from hospital and expressed her thanks to the Practice, reflecting that we are very lucky locally.*

VT thanked PG member for kind comments and expressed she was pleased they have had a positive experience.

Action – share anonymised comments and thanks with Practice team

Action – share our waiting times vs national waiting times with patients

- *PG member expressed getting the message out is difficult currently, suggested supplying things of interest to local media might help, and expressed he is happy to help. PG member echoed previous comments and that work that's been done has been amazing and awe inspiring, and thanked the Practice.*

VT thanked PG member for his kind comments, and his offer of help.

Action - share anonymised comments and thanks with Practice team

Action – consider supplying to local media as part of comms plan

Action – offer of help to try and get the message out from PG member

- *PG member highlighted not all patients have computers, these people shouldn't be missed; information leaflet/alongside a prescription was suggested.*

VT agreed and thanked PG member for feedback. Patients without internet access, who don't attend Practice are hard to reach.

Action – consider ways to reach this group of patients (media, delivery driver drop off newsletter, prescriptions)



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5. Next steps and propose date for next meeting

- VT highlighted if PG members have forgotten to ask something, or if something else comes to mind, they can:
 - Complete a feedback form https://forms.office.com/Pages/ResponsePage.aspx?id=-fYlqDpsZUilQXup6nx-Tyzcb_qPnLRNsTe2hYBXbLdUNThKSkIFTTFGNjBKN0o3OU5QQ0czSE45TC4u
 - Email mbccg.surgeryinfo.jcp@nhs.net (VT normal working days Mon – Wed)
- VT asked PG members for feedback on format of the meeting via https://forms.office.com/Pages/ResponsePage.aspx?id=-fYlqDpsZUilQXup6nx-Tyzcb_qPnLRNsTe2hYBXbLdUNThKSkIFTTFGNjBKN0o3OU5QQ0czSE45TC4u
- VT to circulate notes and actions.
- Next meeting – date TBC, aiming for end November/start December.

- VT thanked everybody for taking time out of their day to join the meeting, really appreciated by the Practice.

Action - VT to circulate minutes and actions

Action – VT to schedule next meeting and circulate