

## **Sheepcot Medical Centre**

### **Minutes of virtual PPG practice meeting held on Monday, 28 February 2022 at 1 pm to 2 pm**

**Present:** Steve Macaulay (chair), Jack Alvarez, Brenda Hall, Sharon Carter, Andy Glodowski, Krystyna Glodowska, Jyoti Gupta, Stephen Hill, Teresa Batchelor, Dr Alan Jackson.

#### **1. Apologies**

Apologies were received from Jade Hoare and Nikki Chamberlain.

#### **2. Review of minutes of previous meeting**

These were accepted.

#### **3. Updates from the practice**

##### **3.1 New telephone system**

A new modern telephone system has now been installed. There has been largely positive feedback from it; a few patients have had difficulties with the automated options. It is expected this will be only a short-term issue. There is a call buster option, so the 16th person waiting in a queue will be offered callback rather than waiting.

Ian pointed out at the new phone system should be announced on the Sheepcot website. This was agreed.

##### **3.2 Covid-19**

The practice is adhering to previously stated good practice guidance, with mandatory masks for patients and fewer people attending face-to-face.

There are still difficulties in a relatively small team with staff being off with Covid or self isolating.

There are still Covid clinics, run by the PCN workforce, usually in the late afternoon. The number attending for a while did drop off, but now numbers are climbing again. 5 to 11-year-olds are due to attend vaccine clinics, starting with smaller groups. Since these groups are smaller than previously, no external help from the PPG is currently required.

In addition to using the Sheepcot booking system, a national network booking system is also available which draws on a wider population than just Sheepcot patients.

Antivirals are being prescribed and sent directly once a PCR test is requested and

comes back positive. This should not involve Sheepecot directly, though the system is not perfect and sometimes requires intervention by Sheepecot. It was agreed that a process for prescribing antivirals should be described on the website.

## **Staff**

One new starter joined the practice working in admin., but also unfortunately one had resigned.

One new nurse, Linda Hooper, is currently undergoing introductory training.

Dr Priya Patel is now working three days a week.

Dr Wei is working on Mondays.

Dr Kraskian is reducing his commitment to one day a week.

Community pharmacy referrals have been introduced where reception can refer patients directly to relevant community pharmacists. This is on a pilot basis. The feedback from patients has been largely positive.

## **4. Sheepecot website and social media**

Jack asked that details of the diabetic support group, which had been agreed to be uploaded onto the website, should be put in place. Teresa agreed to check and arrange for this to happen.

Ian pointed out that some of the content on the website needs to be updated and that whilst he could update Facebook details, he could not do this for the main website.

The outsourced company responsible for the website check that the details are in line with the appropriate layout et cetera and these are uploaded, usually within a few days.

## **Security of names of PPG members**

There was discussion on whether PPG members names should be readily accessible from the website. It was agreed that this should be acceptable with no other personal data available. Jack pointed out that in drawing up the rota of names for vaccination marshalling, non-PPG members were sent the PPG's personal email addresses. To preserve confidentiality it was agreed in future this wouldn't happen: circulation of PPG members' emails would be kept within the PPG.

## **6. Patient appointments**

Dr Jackson said the appointment system seems to have settled down but there was a high variability of numbers of patients in any one day and week. This made planning

medical staff to meet demand very difficult. Other methods for patients to communicate include email and the Patient Access message system. In addition, to ensure more continuity, a texting system was valuable for doctor-patient follow-up, though it was more difficult with part-time GPs.

### **Special priority project**

Dr Jackson said there had been a continuing discussion on whether the PCN practices should choose to support one of three possible priority projects:

- Afghanistan work
- Pre-diabetic early identification
- Care of patients with dementia

### **7. Any other business**

There was no other business.

### **8. Future meeting**

It was agreed that a new date would be set and communicated after discussion with Teresa and Steve. It was requested that future TEAMS meetings would admit members straightaway, rather than waiting in a virtual waiting room.