

**MARYLEBONE HEALTH CENTRE  
PATIENT PARTNERSHIP GROUP  
Minutes of virtual meeting 22.6.2020.**

**Meeting Chair** Jacqueline Glasser (JG)

1. **Present;** Yvonne Turkistanli (YT) Judith Morris (JUM) Moosa Bhayat (MB) Jeanette Creaser (JC) Bernard Davis (BD) Jill Pawler (Healthwatch)  
**Apologies-** Eleanor Bron (EB) Jim McGeehan (JMcG) Sylvia Lazzerini (SL) Dr Andy Goodstone (AG)  
*Chair thanked Jill for arranging the meeting via Zoom and welcomed everyone.*
2. **Minutes** of last meeting: Review of Minutes from 17.2.2020. All agreed actions completed albeit with changes due to COVID19.
3. **Matters** arising from Minutes that are not on the agenda: nil to note
4. **Practice Update**
  - a) **Staff- Minimal changes.** Emma, receptionist has left. **Raisa the apprentice** receptionist was appointed and started second week of March. Thank you to JMcG for being part of the interview panel. Poor Raisa then faced the challenges of COVID full on! She has done very well and team is grateful for her hard work. Eshita Unadkat has started as the allocated social prescriber. Eshita works with Andrew, the Care Navigator, and based in Westminster One, which is a third sector charity organisation which pulls together all the local charities our patients may use or need (such as befriending, support for new mums, lunch clubs for the lonely).
  - b) **Premises:** PPG reviewed the diagrams of the new entrance to the church and to the practice. PPG would be interested in arranging a Zoom meeting with the church's lead on this to talk through the planning, timeframes and how patients will access the premises during the works.  
**Action JC to ask Florence (church architect reps)**
  - c) **Events**  
**Ask the Expert Events- 2/4/2020** Preparing for End of Life- sadly the meeting was cancelled and there was discussion about when this could take place. PPG felt it safer to park the event until Spring 2021 when we should know more about flu and the impact of a COVID/possible second wave. Jill suggested creating a virtual meeting and holding it sooner; however the PPG was sceptical about whether people would attend; given recent events it might be too sensitive a subject. JC said it has been a difficult time and GPs have had to have sensitive conversations with a high numbers of patients so she agreed this might be best postponed.  
**Action PPG to reconsider in September meeting**
  - d) **Primary Care Network (PCN) - JM** fed back from recent CLH stakeholders group: importance of the patient voice outside the MHC and involvement in commissioning decisions. There was a discussion related to E consult, a new triage on line system, and how changes to consultations (more telephone and video) will probably remain post COVID. The indications are that DNA's have greatly reduced since these different systems were introduced. During COVID lots of services were suspended, such as spirometry and ECGs. CLH has transformed as an organisation and has a new board and they hope to appoint new patient representation. Discussion about positive impact on homeless people during COVID - such as rehousing and fewer opportunities to purchase illegal substances. JM also introduced the *patient knows best* IT system which is being rolled out at Imperial. JC confirmed MHC is not a pilot site.
  - e) **Patient Feedback**  
Complaint re the over the counter medicine scheme: patients are now asked to purchase OTC medication, despite age or ability to pay, for certain medications which are not given as a treatment for a medical condition (such as paracetamol, lotions. Vitamin D tablets). The NHS can only afford to provide medication when prescribed as a treatment for a known condition. PPG will review the programme and include an update in the next newsletter
  - f) **Spring/Summer Newsletter:** PPG newsletter which had been prepared for March was not sent out. Some of the draft is out of date. JG will go through it and see what is still relevant. We should start thinking before too long about the Autumn/Winter newsletter which should have an update on the Corona Virus. JC will see something suitable is included.  
**Action JC and JG**

Chairs approval-for Meeting ratification

- g) Terms of Reference-** much discussion about the role of PPG. JM invited those attending to say what they want from the PPG and what they would expect the PPG to do. Lots of ideas and descriptions from critical friends of PPG, making patient's voice heard, information about changing services, feedback to improve, voice of patients to help influence local services and changes to services in local hospitals etc.

**Action- PPG to send Judith their views of what a PPG is and should be doing so PPG can discuss at the next meeting**

## 5. COVID

*JC described the practice COVID response.*

*As MHC were quite organised they had ordered PPE, updated their business continuity and implemented all the infection control requirements by 5.3.2020.*

*Patients still had face to face appointments on the system until the 13.3.2020 and these were all honoured but any appointments booked from the 16.3.2020 were turned into telephone only appointments. Leaflets and children's play area furniture were packed into storage, poster boards replaced to clip boards which are infection free and staff updated on pandemic and business continuity, staff risk assessments and COVID clinical updates all took place.*

*The team agreed that from 16.3.20 only essential face to face appointments were provided-such as anti-coagulation, wound dressings, urgent blood tests and baby immunisations. Doctors would see patients they invited in only post a GP telephone consultation. Doctors would wear masks and gloves. The team met every morning to review changes to how we work.*

*During March the levels of calls to the surgery increased dramatically, prescription requests increased tenfold and staff numbers started to reduce as staff were either unwell or self-isolating due to family members being unwell. Patients were becoming increasingly anxious, as were staff.*

*To protect staff from increased risk of becoming unwell we established working from home systems and this also meant that staff who was self-isolating could work, albeit not from the MHC site. At the lowest staff number point we had 1 doctor, no nurses, a health care assistant and three administrators and our usual staffing complement a day is 4 doctors, 2 nurses, a health care assistant and 8 administrators. When you consider the very low staff numbers, dealing with ten times the demand and work coming into the surgery it was a testament to the whole team that they managed to continue to provide services, ensuring safe working practices in place and we managed to stay open.*

*We released Dr Safa so she would help run the COVID centre –where patients with COVID would attend with other illnesses they were suffering from. This was based in Soho.*

*By early April we were holding COVID monitoring clinics every day and a GP would spend the day calling patients who had COVID or COVID symptoms and we would check that they were recovering as well as could be expected. We contacted many of our at risk patients and palliative care patients to make sure they had the support they needed. All our shielded patients were identified and confirmed with NHS England so they would be offered the support they needed from social care. We were allocated a medical student to call patients aged 70 and over and offer support and advice. where we could; reception and admin contacted patients we knew to be lonely or who may have been isolated at home. Patients with learning disabilities and serious mental health conditions were also called. We were still meeting daily in MHC Cobra Meetings and we had to change our systems in line with changing NHS requirements. We were defined as a cold hub-which is a site which is as COVID free as possible so we could continue to serve our registered patients.*

*By mid-April NHS Hospitals were over whelmed and much of our role was to try to help reduce the numbers of patients attending A and E and calling 111. We increased our telephone consultation clinics for patients and advertised our services. We remained open over bank holidays, texts were taking 7 days to send to patients as the secure NHS IT systems were so busy, letters and post was taking 7 days to arrive so we came up with innovative ways to deliver and collect information and medication and samples required for testing.(staff would do cycle drops/collections or asked family to come in and drive us around so we could travel distances and get back in time for the laboratory collection!)*

*We set up a medical equipment decontamination system so we could loan equipment to patients at home to test their oxygen levels. Staff were now operating a three day ahead rota as changes were so frequent it was hard to keep up and staff were meeting every morning and clinicians discussing cases over lunch and after clinics each evening. Days were very long! We were still providing 7am clinics and calls two days a week*

*By mid May we were able to reduce the number of COVID monitoring clinics to three a week and we saw an increase demand of patients calling as they were unwell, more often with non COVID matters than before. Hospital services were not accepting referrals and we were still providing essential services only.*

*Staff were now able to take some time off as numbers of those reporting as unwell was reducing. Patients ordering 'panic' prescriptions were more manageable. We were able to spend more time contacting vulnerable and unwell patients and more time discussing the need to update surgery systems.*

*Doctors were starting to see patients again, using excellent infection control requirements, and found that they were managing complex clinical cases.*

*We designed our 'new normal' as a team. We designed safe ways of working which included using certain consulting rooms where we see patients and some patient free which GPs could use to make telephone calls only*

*The phlebotomist starting inviting patients in who had been waiting to have blood tests, and the nurses increased their scope to include reviewing patients with asthma. We added floor mats to indicate 2 meters distances, created new waiting spaces and zoned rooms into patients only. Tuesday mornings we see only those most at risk and vulnerable.*

### **Mid June-our New Normal**

*All our consultations are bookable on the day because we do still have to make last minute changes to rotas.*

*If GPs need continuity with patients they can arrange this themselves using protected follow up slots. We have 2 doctors on site and the rest working from home to reduce the number of staff having to travel. GPs work at home/on site in rotation. GPs invite patients into the surgery if they need to see them and this is carefully planned and using PPE; face to face appointments are staggered and we have 30 minute timed slots to allow for putting PPE on and off and room decontamination.*

*Reception have sneeze screens installed and we ask people registering and ordering scripts to do so by email or post. We have the main door closed and everyone who enters does so by pressing the entry buzzer.*

*Reception have a weekly rota and GPs and nurses have rotas for 2 weeks only.*

*Nurses now provide smears and childhood and adult immunisations but not travel vaccinations - they do give telephone travel advice. Nurses work in their rooms, as does the health care assistant and GPs all use a room by the nurses rooms. This way in the event of someone attending with possible COVID we can close off half the surgery and still operate.*

*Everyone attending the surgery is asked before entry to confirm if they have COVID symptoms and staff reporting COVID symptoms are now offered testing. We are now able to have anti body testing which we cannot arrange for patients*

*We socially distance whilst at work and wear face masks when in shared areas.*

*It is fair to say that it has been a really difficult time for patients and staff alike. Coming into work was very difficult when transport was reduced and busy - many of us were working from early morning to late evening. The team was flexible and supportive of each other - we shared our fears and our concerns for our families, health and managing those we care for but we were proud to work with such amazing colleagues and to have stayed open (even when we were told to fold to reduce practices across the area we refused) so our patients knew we were there and could speak to someone they knew and trusted. That was very important to us.*

*The majority of patients have been very supportive, and been very understanding that we have to make changes to appointments/ ask them to call back to speak to a chosen GP/can't easily offer blood tests or referrals/ can't access letters and reports for insurance companies etc, as we need to focus on essential/clinical work only. We have very much appreciated the donations of PPE, baskets of fruit and veg/ chocolates and the Thank you's. They really helped to motivate the team and improve our mood enormously. We are very grateful for each and every message and gift we have received.*

*We are currently preparing contingency for a possible second wave and concerns re the Flu season. We are also looking at lessons learnt and what we could have done better and what systems we created which improved how we work-in efficiency, safety and in customer satisfaction.*

JG expressed on behalf of the PPG deep admiration and huge gratitude for the way in which all at MHC had dealt with an almost impossible situation.

8 AOB

- a) Can JC send ToR and premises update out with minutes-Action JC
- b) Next meeting will probably be virtual and on 3<sup>rd</sup> August 2020
- c) BD asked about continuity for care whilst we operate book on the day. JC explained why book on the day is crucial and how extended hours appointments can be pre booked ahead of time. Action JC to ensure reception remember to offer these for patients and gives pts the chance to pick a GP to speak to

Practice website address: [www.marylebonehealthcentre.co.uk](http://www.marylebonehealthcentre.co.uk)

Next meeting dates 2020; August 3<sup>rd</sup>, September 14<sup>th</sup>, October 26<sup>th</sup>, December 7<sup>th</sup>, January 18<sup>th</sup> 2021

***'Working in partnership to achieve the best possible healthcare for our patients'***

Glossary;

1. CCG - Clinical Commissioning Group (Commissioners of secondary care and some primary care)
2. CLH - Central London Healthcare (GP Federation)
3. CLCH - Central London Community Healthcare (Community Services ie District Nurses)
4. DNA- Did not attend (appointments made which patients then fail to attend for.)
5. GDPR-General data protection regulations
6. GMS –General Medical Services (generic practice type of NHS contract)
7. HCA - Health Care Assistant
8. MDT-Multi-disciplinary teams (often used to describe MDT meetings)
9. MHC - Marylebone Health Centre
10. NAPC-National Association of Primary Care
11. NHSE - NHS England (Manage the whole NHS)
12. OTC- Over the counter medication which can be brought without a prescription
13. PCLN –Primary care Liaison Nurse (works for PCP)
14. PCN- Primary Care Network (previously PCH)
15. PCP-Primary Care Plus (primary care mental health service)
16. PiP-Practice in Partnership Contract
17. PMS-Personal Medical Services (a practice type of NHS contract individually agreed)
18. PPG - Patient Partnership Group
19. TRG-Transformational Redesign Group-CCG groups looking at clinical services(Dr Safa JG and AG are members)
20. WSIC-Whole Systems Integrated Care Programme.

### Work plan for PPG 2020

AIM	HOW	TIMESCALE	LEAD	UPDATE
<b>To increase PPG active membership</b>	Annual Invitations to local student union bodies at local university Continue to work with local schools Afternoon tea events perhaps with health related topics Ensure PPG is advertised in surveys/questionnaires Powerful posters	Annually –Sept 2020  Annually- June/July  March/June/Sept  All MHC surveys  To be created and printed	JC  JC  Gill/YT  JC  ST	<b>Completed Jan 2020</b>
PPG Patients Meeting/AGM	2/4/2020- Preparing for End of Life  PPG AGM 2021		Jacqueline	Speaker-BD Advertising and room- JC 16.10 and <b>JG and Father E</b>
Surveys	MSK and physio services-once results to revisit MSK service	During Feb 2020	JC	
Campaigns for PPG:	NHS reducing medicine wastage Monitor smear and childhood imms programmes at MHC		PPG  PPG	
Communication	Improve display board Website Newsletter  Listening table approach		Judith Judith Jacqueline  EB	<b>Newsletter March 2020</b> Understanding staff roles i.e.: care navigators/imms and vacs/smears/promotion april events
Premises	Work with church to ensure changes good for patients Encourage church to offer services for the community		Jacqueline	
Local NHS Managers	Work with PCNs and CLH Patient Voice at commissioning meetings		Andy/JM	

