

Dawley Medical Practice – PPG meeting

Notes from conversation with PPG Chair and Practice Manager – 23rd July 20

The PPG chair had collated items for discussion from the members and these were each discussed and addressed in turn as detailed below

Items discussed:

1. Merger with Loomer Medical

Merger went on hold due to Covid. Loomer staff have continued to provide clinical resource to Dawley Medical Practice (paid for by Dawley), and we have re-established discussions regarding the formal merger. The aim currently is to make this happen for April 21, and there is ongoing work regarding legal and logistical issues.

2. Staffing - partners, salaried GPs, locums, nursing, admin

Updates as follows:

Partners – Dr Raj Pitchkia left the practice just before the end of March. Dr John Davies delayed his move from being a partner to salaried GP (with his aim of retiring in April 21). Since the discussions with Loomer have restarted we are now trying to see if we can move Dr Davies from Partner to Salaried within this year, to enable him to retire when he wishes. Dr Bufton had a period of non Covid sickness and has now returned to work.

GPs- We have still been looking for a further GP (salaried), work in progress. GPs being seen.

Advanced Nurse Practitioner (ANPs)/Urgent Care Practitioner (UCPs) – An advert that went out in Feb20 had a couple of candidates identified. The recruitment was put on hold due to Covid in March - May, however we restarted the process in June, and have now interviewed and have just offered a position to an Urgent Care Practitioner. This offer has been accepted this week, and the candidate will be working 30 hours over 3 days. Start date yet to be confirmed.

Nursing – We have had one of nurses accepted on training course starting in September to become a prescribing nurse.

Pharmacist – we have increased hours to full time so now in 5 days a week, rather than 3 days a week.

Admin and Reception – The practice managed without several admin staff during Covid due to self-isolation, parental leave and sickness. Reconfiguration of the team is in progress as one reception staff member has left during her probationary period.

Note: Rooms continue to be an issue with regards to how many staff the practice can physically be employed currently – though unused space (ex-Dental and ex-Shropcom) are progressing.

Covid and Risk assessment of staff – all staff have been risk assessed both at start of Covid and in July in light of information available. Some clinical and admin staff have been identified as being 'at personal risk' and have been unable to have face to face contacts with patients, or even to work in practice. These staff have continued to work, either at home if needed, or using telephone/video consultations (clinical staff). Several staff who were displaying symptoms have been tested during Covid. Several staff were off sick with Covid, several staff self-isolated due to Covid, and several staff had parental leave during Covid due to childcare issues. More recently all staff have had an antibody test. The practice employed some regular locums during Covid to ensure that there was adequate GP cover, and the nursing and admin teams all worked overtime to ensure cover also.

3. Restoration of services

CCG Recover and Restore led program in progress – activity regarding this really only started in July regarding the approval of when services that have been ‘paused’ can be brought back. Already apparent that the restoration of services may not be the same service as pre Covid, and will take time to restore. The practice has continued with offering core services that it has been able to do i.e. childhood immunisations, medication reviews, prescription requests, appointments (via phone initially, seen if clinically judged as needed)

NHS documentation at the start of Covid, confirmed that certain services would cease.

NHS documentation from 9th July has indicated a partial return of some of these services, and also that there is going to be a reworking of the QOF program – The NHS has yet to provide further details - this may have implications for those patients who come under this program regarding what checks are needed and how they are given.

A full Covid risk assessment of the building was done in June, and changes have been made. Examples include:

Continued initial assessment via triage, creation of a ‘hot room’ for any patients that need to be seen with Covid symptoms, One way system for patients with separate entrance and exit, controlled access at the entrance to ensure social distancing, markings outside to indicate social distancing, screens in reception and admin areas, removal of fabric chairs in reception, reduction of chairs so that fewer patients can sit but are all socially distanced.

4. PCNs and changes for patients (once all the detail is sorted and info in public domain)

New configuration – Dawley now part of Wrekin PCN: Ongoing legal work;/schedules to allow this

Core practices: Wellington, Dawley, Hollinswood and Court Street

Provider practices: Dawley. Wellington, Hollinswood

Provided practices: Charlton, Woodside, Stirchley

Provision of services to Provided practices – may be time limited from now to end March21

Provision of services with the PCN – as per the national specification:

Extended Hours – ongoing as before within Dawley practice (Tuesday evening)

Dawley will also be providing extended hours for Woodside patients shortly

Care Home work – starts in October – work in progress regarding templates

Additional staff – Adverts have gone out for Pharmacists, Physios and Social Prescribers. These staff once employed will give support to all patients in the PCN.

Note:

Extended Access (weekend and bank holiday provision) – will continue at Wellington/Stirchley and Teldoc until end March 20

Patient Group involvement in PCN – discussions ongoing

5. Flu clinics 2020 (again once all sorted - when , venue, how?)

Practice is planning its flu clinics – these are very much not ‘normal’ and will need to take into account the need to wear PPE and change in-between each patient, social distancing etc. Logistics are challenging as will take longer to give the vaccine, which has staff implications also. There is also talk of an expansion to the flu programme for other age groups – but awaiting information from NHS England. Currently planning for:

Over 65s – vaccine delivery due in late September

At risk over 18s – vaccine delivery due in early October (but in limited batches until November)

Under 18s at risk – nasal vaccine – no timelines yet for when this will be available

Children’s campaign for 2 and 3 year olds – no timelines yet for when this will be available

New campaign – no details yet from NHS England

Possible Covid vaccination - no details yet

More information to follow – appointments to book shortly, Work also being done to ensure that the most vulnerable patients receive the vaccine first (i.e. Care Homes, Shielding patients)

6. Appointments going forward - face-to-face, virtual via video/telephone, clinics etc.

Appointments continue to be offered. Patients should expect to be asked if they have any Covid symptoms, and to give details of the medical issue in question. Patients will then be booked an initial triage call with a GP/ANP/UCP as needed. If a face to face nursing appointment is needed i.e. child immunisation, then this will be booked in directly.

Weekly reviews with Care Home staff have also been started since Covid to ensure these vulnerable patients are managed.

7. Car park

No changes to the car park (Matrix own the blocked off area and there is no indication that this is due to change). Less patients are now coming to the practice, so hopefully this is less of an issue.

8. Repeat prescription changes

NHS wants all practices to move to a non-paper prescription service. The practice has therefore continued to encourage all patients to nominate a pharmacy so that prescriptions can be sent to this pharmacy directly. Patients can either call the POD for repeat prescription requests, or can order on-line.

Acute prescriptions continue to be dealt with during consultations

Our Pharmacist is also now full time and he also has been ensuring that patients on very regular medications have these done for 6 months at a time via electronic repeat dispensing (need to be very stable medically – so only for a certain group of patients)

There have also been various medication shortages both nationally and locally, the practice has continued to deal with these as they arise.

9. Extended Access

As it was previously – and detailed in section 4 on PCNs

10. Any other business:

Building update – practice currently in discussion with the CCG regarding the ex-dental space with the plans to convert to 3 clinical rooms being progressed.

Newsletter – Practice is considering doing a newsletter to publish on the website – would include most of the items above. Any other suggestions are welcome

Website – various information is put on the practice website

Virtual meeting – discussed and not wanted by majority of PPG members and not practical currently