Greenfield Medical Centre

Virtual Patient Group Meeting 16th June 2021

Thank you to the patients who joined us for our 2nd virtual meeting. The glorious weather and the football probably accounted for a lower turnout than we had hoped but the contribution of those who were able to join us resulted in a useful exchange of information and insight for both the practice and the patients.

Notes from the meeting

- Greenfield Staff in attendance Jacqui Tonge (JT) Managing Partner, Michelle Tunstall (MT) assistant to JT. Dr Dunseath (HD) and Doctor Rabia Warraich (RW) Foundation year 2 doctor.
- Welcome and introductions from the Greenfield team
- RW explained the role of a FY2 (foundation year 2 doctor) in general practice.
- JT gave a breakdown of the consultation figures since the last meeting
 - ➤ E consultation 1020 (PATCHS) E consultations result in additional calls
 - ➤ Telephone Consultations 1297 filled slots
 - Face to face 214
 - ➤ Incoming calls 4782 additional call slots added to on call GPs so actual telephone consultations nearer 3500
 - Virtual Group Consultations previously offered group consultations on Gestational Diabetes and also Hypertension. The next group consultations will be looking at Long Covid.
- Cryosurgery service will resume from July.
- Patient Question re referrals and late diagnosis JT explained that throughout the pandemic the practice had continued to refer patients on 2ww (2 week wait cancer pathway). The issue now is that Secondary Care (hospitals) are in catch up mode and long waiting lists are building for patients who were not seen for more routine care. Unfortunately the practice is not able to expedite secondary care appointments. HD discussed the data analysis for cancer screening across NCL (north central London, combination of Barnet, Camden, and Enfield Haringey & Islington) Greenfield Medical Centre is not an outlier from this data on its screening uptake. However we could do better in breast screening uptake and are currently reviewing all our cancer & screening management. There is also a central NCL team to analysis and compare the data, they would be very keen for a patient to join the group. JT will provide more information as it becomes available.
- Patient question re diabetic reviews JT explained that the practice had continued where possible to carry out reviews not only on diabetic patients but all those with LTC (long term conditions) throughout the pandemic by telephone. Patients were also able to provide their own information for reviews via e consultations. Whilst this enabled us to offer a level of continuity of care we are currently reviewing how we manage LTCs going forward. To date

we have allocated specific GPs as leads in each area and they are currently planning the management groups of patients for a mixture of telephone and face to face reviews and implementing changes to our recall systems.

- Patient question re plans for winter and another COVID outbreak. JT advised that we will continue to follow national and local guidance in managing winter pressures. The flu programme is already in place and we are in a good position within our PCN to deliver COVID vaccinations if needed. HD added that as a practice we are in a better position than in the first pandemic due to better understanding of the virus, infection control policies and protocols that are embedded in the day to day operation of the practice enabling safer management of seeing patients face to face.
- Patient questions around patient involvement in policy making and NHS DATA OPT out. JT explained that local practice based policies are generally developed based on national requirements but where ever possible we would welcome patient involvement on more practice specific policies. JT cited the involvement of the patient group in planning developing and implementing a new phone system and stopping of a half day closure of a Thursday PM. With regards to the NHS data sharing opt out situation. The practice was only made aware very late that the data extraction was going ahead and that patients would have to formally opt out by June 23rd. We added along with our PCN colleagues a news piece on our website directing patients to the NHS site for more information and providing an opt out form. The date has now been put back to September for opting out.

Complaints Annual Review 2021. JT gave an overview of this year's complaints. Complaints during the year April to December were minimal with only 4. This is to be expected due to the Pandemic. These complaints had all been reviewed and documented. There is one complaint still with the ombudsman this is carried over from earlier in the year. There was an additional complaint received in March that resulted in a review of our repeat prescribing policy and one of the outcomes of this was to provide an online medication review form that is now on our website. We also deal with immediate complaints (soft complaints) these may be when during a call or a face contact a patient is unhappy with a situation or outcome immediately. The staff will endeavour to respond at the time or pass on to JT for a quick resolution. These situations often give the practice team excellent learning opportunities to identify where improvements can be made.

The practice reviews all its complaints and accepts the positives in learning from mistakes and where appropriate acts quickly to change, policy, systems or practice in order to improve. We continue to share with our patients annually our complaints procedure /process and outcomes.

- Patient engagement As well as the opportunity to be involved in the Cancer data analysis
 there will be an opportunity for a patient to be involved in a wider PPG for the SOUTH WEST
 Primary CARE Network (PCN). WE have kindly had two offers from patients and will keep
 them updated.
- THE Greenfield PPG. JT would like the group to gradually take the reins in developing the PPG. Setting the agenda etc. and terms of reference. This will be reviewed at our next meeting scheduled for beginning of September.