



**The Tutbury Practice Patient Forum Minutes of the Meeting  
Wednesday 15<sup>th</sup> July 2020 between 6.30pm and 8.30pm.  
1st Virtual Forum Meeting held via Zoom.**

**Present.**

**Patient Representation:** JG Chair, JB Secretary, EH, AG, BW, CH, RH, CT, JS, SS,

**Practice Representation:** Dr. H Skinner GP and Partner  
RB, Practice Manager,

**Guest:** Sue Dallison, Social Prescriber

**1. Introduction and Welcome.**

The meeting was opened by the Chair, JG, welcoming everybody present to this the first virtual group meeting.

The Secretary, JB, gave details regards the etiquette when holding Zoom meetings. JB also indicated there were other members that had wished to take part but had connection issues, which he will try and sort out for future meetings by contacting those affected.

**2. Sue Dallison Social Prescriber**

SD took up post on 2nd March 2020 and lockdown started shortly after, so there are on-going difficulties as a result!

SD gave an outline on her background in Addiction Services, Care Navigation, Elder Care, Victim Support, and life experiences which she hopes gives her empathy with many of the patients.

Her role is to support patients non-clinically, helping them to move forward in a positive way and so reduce the need for medical appointments. In essence, it is a matter of connecting people to local groups and signposting them to appropriate services.

Since lockdown she has been providing support by telephone - initially with practical issues like shopping, contact with volunteer assistance and now people's needs are beginning to broaden.

SD is covering several different practices and is responsible for Tutbury, Dove River, Uttoxeter, (Balance Street and Northgate) and Rocester. Patients at each practice present with different issues.

The Chair, JG, thanked SD for her explanation of her role and is sure that due to her history and experience in various roles she would have empathy and understanding when talking to patients. JG asked if they also have volunteers? SD said no but they do work with local groups such as Burton Albion Community Trust, Hatton Helpers, a group in Uttoxeter etc. SD willing to come back in the future when things become hopefully easier and she will be able to give more information. Everyone agreed to this idea.

SD then left the meeting.

### 3. Practice Update

RB, Practice Manager gave the following update:

- **Patient Registered Numbers**

Our registered patient numbers have decreased from 7939 as of 1<sup>st</sup> April 2020 to 7922 a decrease of 17 from April.

- **Staff**

We have sadly said farewell to Debra McNair who retired on the 30<sup>th</sup> June. Debra started at the practice 21 years ago as a receptionist and has changed roles within the organisation over several years, she will be very sadly missed. Paula Lambe and Laura Forrester have jointly taken over the tasks that Debra used to carry out. We have also said a fond farewell to Caroline Rooney, Caroline had been with the Practice since April of last year and enjoyed working with the team, however due to personal reasons decided to retire from employment, she will be greatly missed. We had welcomed Helen Kerry to the team in April of this year's however Helen had also decided that being a receptionist at Tutbury was not for her, she is now helping her husband with his barber's business. She too will be very much missed.

This has meant that we are extremely short staffed and during the current COVID pandemic we have had members of staff who have been socially shielding and self-isolating over the weeks since March. We have seen a reduction in reception staff, admin staff and nursing staff. However, we have tried to maintain the service so many of you have come to expect and we thank you for your patience and understanding during this time.

Nurses CA & LS both socially shielding therefore this has meant we have had to rethink our appointment structure for nurses.

The impact on reception duties has meant that sometimes prescriptions have not been processed within the 48 hours many of you expect and we ask that you bear

with us. Patients should remember that they are able to request prescriptions 2 weeks before they run out of medication. Tuesday 7<sup>th</sup> July saw the Practice process 500 prescription requests in one day, these have to be processed by the reception staff and then forwarded to the GP's for checking and signing and as you can appreciate prescriptions can be for more than one medication.

An increase in telephone calls into the Practice also delayed patients getting through on the phone, the delay was not helped by reception staff having to ask the COVID Symptom questions, I hope you can all appreciate that these questions were for the safety of staff and patients. We have now ceased asking these questions to those patients who request a telephone triage appointment however we must continue to ask those patients requesting a face to face appointment with the nurse or phlebotomist. It may be that you are asked on each occasion when contacting the surgery, this is for your own safety and for that of the Practice staff. Many phone calls relate to asking for medication due to patients running out.

Have had 3 GP's off this week, one due to annual leave the other two due to awaiting test results for COVID Swabs. Thank you to patients for being so understanding at this time and for the kind comments and gifts we have received. It is very much appreciated by all staff.

- **COVID 19**

We have implemented various systems over the last few weeks to ensure the service you obtain from the Practice is maintained. This has meant the Doctors, nurses and reception staff all using various technological platforms to contact you, AccurX & video consultations. Our GP's now telephone the patient to consult whereas many patients will be used to face to face consulting. It is not possible to see the number of patients face to face, as we used to, Clinical staff are able to wear PPE for a limited period only, and the viral load of COVID19 means that they can only see patients for no longer than 15 minutes which is why many of the face to face nurse appointments are no longer being offered.

Can access the NHS Webpage which details COVID Deaths in our area.

- **Accessing the Practice**

Patients can access the Practice via telephone, online consult, however we ask that patients do not use the e-mail address specifically for medical queries as this is not monitored on a day to day basis.

- **Inside the Practice**

What does it look like now – You will notice that all staff are wearing face coverings to protect themselves and our patients. Staff on the front desk and all clinical staff will be wearing clinical masks to again protect you and themselves, they will also be wearing full PPE when seeing patients face to face. The waiting room now has a

limited number of chairs this is so that we can ensure social distancing is maintained for those patients who are asked by a clinician to attend the surgery.

- **Front door buzzer**

When arriving at the surgery you will need to use the buzzer located to the left hand side of the door. If you buzz and the receptionist does not answer straight away please bear with us, it means she is either busy with another query or on the telephone dealing with a patient.

- **Carers**

What we have realised over the past few weeks is there are many patients out there who do have carers but are not registered with the practice as Carers, please remember if you are cared for or are a carer we need to know. The form is available to download on our website.

- **Samples through the letterbox**

Can patients please refrain from putting samples through the letter box please. This is a health and safety issue and samples cannot be tested appropriately as we do not know how long they have been there if they are there in the morning.

- **Patients**

Below are statistics relating to patients being “seen” daily prior to and during COVID.

STATS		DOCTOR	NURSE	PHLEBOTOMIST/HCA
Average	Feb	83	30	18
	June	59	14	7

Although the number of patients GPs are dealing with at the current time is lower than those in February we are dealing with patients in a different manner. Telephone triage takes longer to deal with due to the complexities of confirming identification of the patient.

Getting hold of the patients.

On occasions we have been known to try and contact the patient on two or three occasions before the patient answers. Calls take longer as GP’s also carry out a welfare check of the vulnerable patients they speak to.

- **Other**

(i). Gabrielle, our phlebotomist, has been hard at work creating face coverings for staff and family members, she is continuing to be creative and making face coverings and is now taking donations to the charity CALM. If anyone is interested in Gabrielle making any, please let us know.

(ii). The Practice has been designing a new website that should be going live on 31<sup>st</sup> July. One of the sections is “Frequently Asked Questions” RB would like to hear from patients on what other FAQ’s they would like to see included.

It was agreed that the Secretary JB, will add the current FAQ's to the minutes and request additional ones to be forwarded to him to pass on to RB. The FAQ's can be found on pages 10-13 of these minutes

The members present were grateful for the concise and detailed information given by RB. There then followed the following discussion.

### **Discussion**

- HS & RB reported that this has been a strange few months. There has been a lot of wonderful positive feedback (as well as some negative). It is clear that the Tutbury community works. Staff are very grateful for chocolates and many other gifts they have received!
- All staff have their temperature checked twice daily.
- HS: No-one can understand why personal visits/consultations are not happening. This is to minimise face-to-face contact between patients and clinicians. Primary care appointments can be prolonged and often very intimate. Ref. the local ENT surgeon who died, having contracted Covid 19 from asymptomatic patients.
- The virus is in retreat, but we need to be very careful as autumn approaches.
- We now have a lot more information about the spread of COVID 19 and shall be much better placed to deal with a second wave than we were for the first.
- NHSE (NHS England) remains in absolute control of all procedures, including the sharing of information. Procedures were reviewed last week. Telephone consultations will continue until at least next March.
- The screen at the reception desk is very good, but can present problems for patients with a hearing impairment. A "Porthole" is to be fitted this week to make conversation easier. It is not possible to use a handset for this purpose - it would have to be decontaminated after every use, and sound quality is often not good. SS asked what the use of a microphone, like those used in a bank?
- There are lots of ideas about how it might be possible to handle the Flu vaccinations this year. They are likely to be a clinical and organisational priority. There are, as yet, no definitive guidelines from NHSE nor from the CCG. If everybody aged 50+ is to be offered a jab, that would represent more than 1200 extra doses for Tutbury Practice and the order already placed may not be enough to cover that. Consideration is being given to how a "one way" system could operate in the surgery for patients attending for the flu jab, but there are access issues at the rear entrance. There may be a need for a temporary infrastructure to deliver injections. Each nurse

will need maximum PPE to deal with 250 patients a day. This is a very fluid situation.

- The text messaging service is very good for getting messaging out to patients, but nowhere near enough patients have registered to use it. In answer to a question from SS the Practice can only send out blanket texts to those who have registered for the service. Currently it is estimated that there is a 4000-5000 shortfall of patients not registered. The Secretary, JB, agreed to contact all 80 forum members to ask them to encourage friends and neighbours to sign up. RB will arrange for JB to receive the necessary form that patients have to complete, sign and post back to the surgery.
- Normal clinical services can be delivered if a procedure can be completed within a 15 minute time slot to minimise face to face contact. Appointment times are staggered. Patients should make contact by phone before entering the building, in order to spend a minimal amount of time in the building. Deep cleaning procedures have to be carried out after every patient, and clinical staff need to don and doff PPE every time. At present there is NO minor surgeries or joint injections.
- NHSE priorities: flu vaccination programme and assessment for learning disabilities. The management of chronic health conditions is reduced.
- Testing: The Chair, JG, raised antigen/serology testing of asymptomatic patients and what is its current status. People who have had COVID-like illnesses (including clinical personnel) are testing negative. But the test developed by Roche does appear to be "Gold Standard". However, this virus is very clever and unlike any previously known and somehow gets around this test. The only safe measure will be when a vaccine has been formulated and produced
- GP networks: development had recently started at the beginning of this outbreak. The response to this crisis has been largely practice-based rather than network based. The Tutbury and Dove River Practices are operating a "buddy" system to give maximum access to patients registered with both practices. Patients may therefore be asked if they mind receiving a call from either surgeries GP's to discuss their issues.

#### **4. The way forward**

It is likely to be difficult for patients to get routine tests. NICE has recently announced that in case of UTIs, there is no need to test the majority of patients and antibiotics should be prescribed as part of a telephone consultation. In case of need, patients should ring the surgery.

The presence of ear wax is difficult because it can affect not only hearing but also balance; but the procedure is time consuming and carried out at very close

proximity. (Specsavers are carrying out the procedure as part of private practice.)

### **Nursing homes**

in this area have had only small outbreaks of COVID 19 and have been able to quarantine patients without sending them to hospital.

HS continues to visit the care home at Fauld, and LA visits Far Phillimore.

**AccuRX** (use of text messaging) is the single best piece of software ever seen in the NHS., The developers are working hard to make sure it works as well as possible for patients and staff.

Practice is aware that telephone and video consultations won't work for very elderly patients, and more inventive procedures are needed.

HS: Loneliness and mental health are major issues at this time, though the level of each varies between practices. Volunteering has solidified and will be pivotal as the situation continues. Hopefully, this will be a lasting change. When do loneliness and isolation become a clinical issue?

Mental Health services may have initially seemed slow to respond and re-organise but they are now available, with direct access on-line and by telephone. On the other hand, some patients may have become more resilient than before, drawing on their own resources, and this could be a positive outcome.

The Chair, JG, asked how people could contact by phone or online services that maybe able to assist in these areas. RB indicated that you should contact the Wellbeing Services by phone and register your details.

HS thought the restrictions imposed as a result of COVID 19 are likely to continue for 18 months to 2 years, depending on the availability of a vaccine.

The Secretary, JB, who is also Vice-Chair of the East Staffs District Patient Engagement Group, indicated that a questionnaire had been devised has received 52 responses to date. The questionnaire will be available until the end of July. From the responses received so far loneliness and mental health had been shown as a major issue. JB encouraged Group members, Practice staff, friends and family to complete it. The end date is the 31<sup>st</sup> July. The results will in due course be discussed with the CCG.

Also mentioned was that due to lockdown restrictions being slowly lifted and people having more “freedom” they can’t understand why the NHS services are still tightly locked down with some normal services not being resumed. Discussion on the NHS still being at a Level 4 crisis level and this is the reason why.

## **5. Feedback on the East Staffs CCG Governing Body Meeting, Patient Board and District Patient Engagement Group Meetings, East Staffs and Surrounds Diabetes UK Patient Network and the National Association for Patient Participation (N.A.P.P).**

- **East Staffs CCG Governing Body**

There has been no meeting in public of the Governing Body since the March lockdown. Virtually all staff are working from home and contacting each other through Microsoft Teams. The only communications that have been sent out during the past months have been via the weekly update from “Staffordshire Together We’re Better”. When challenged on this the CCG response was that the NHS is at level 4, the highest possible, and all communication without exception has to come from, or be agreed and signed off by, NHS England.

- **East Staffs CCG Patient Board**

Same situation as above. However, following comments from the membership a meeting via Microsoft teams was held on July 2<sup>nd</sup> and a further meeting has been planned for 6<sup>th</sup> August. This has enabled the members to highlight to the CCG the concerns from patients as well as hear of the fantastic work being done by our 3<sup>rd</sup> sector and voluntary groups.

- **East Staffs District Patient Engagement Group**

The Group held its first Zoom meeting on the 18<sup>th</sup> June. Members of the Patient Board were also invited. 15 people took part and it was a very good meeting with a lot of input from all that took part. An update regarding the CCG situation was given by the AH, East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement). At the end of the meeting a summary of 21 concerns and comments had been put together. Also, agreement on producing a questionnaire to go out far and wide within the community to get patient feedback. A second meeting will be taking place on 16<sup>th</sup> July.

- **East Staffs and Surrounds Diabetes UK Patient Network**

AT who had founded the group, previously known as the Burton Diabetes UK, had retired from the Group during May. The group is now run by JB and held its first Zoom meeting on the 8<sup>th</sup> July. The East Staffs CCG Chair, RG, was almost present during this meeting and provided some valuable input on the current situation.

- **National Association for Patient Participation. (NAPP)**

The Secretary, JB, has been distributing the NAPP newsletters in the normal manner. The latest one is attached to these minutes. NAPP have expressed concern that some patient groups may have been dismissed.

- **General**

During the crisis the Secretary, JB, has been sending regular emails with relevant information pertinent to what has been happening in both the local and National



arenas. This will continue.

#### **6. Quiz nights:**

Will not take place for foreseeable future. The Tutbury Club has not re-opened its premises. Even when it does social distancing will prevent holding quiz nights.

**7. Future Form meetings:** The village Community Centre is looking to re-open, but given the age profile of members both and Chair and Secretary had decided that at present face to face meetings would not be desirable.

The Group members present, RB and HS were happy for meetings to continue virtually.

#### **8. AOB**

- JB has now got a stainless steel sign for the bench outside the practice. It was agreed to wait until we can make an occasion of attaching it?
- HS: There have been rumours that the practice is planning to remove patients living in Hatton. This rumour is groundless. Patients currently registered but living in Hatton and Hilton will remain with Tutbury practice, although new patients from Hilton will not be accepted. The houses being built near the Salt Box will be within Hilton's catchment area.

#### **9. Next meeting**

via Zoom 9th September 2020, 6.30pm. The Chair thanked everyone present for taking part and especially HS and RB for giving a detailed report also the Secretary, JB, for setting up the zoom meeting. The meeting closed at 8.25pm. The Secretary, JB, wished to thank BW for offering to take some notes of the meeting.

## TUTBURY PRACTICE FREQUENTLY ASKED QUESTIONS

The ones below are those that will appear on the new planned Practice website. If you wish to ask further relevant questions to be answered and included, please send to:

John Bridges: Secretary Tutbury Practice Patient Forum  
Email: [bridgesjohn763@gmail.com](mailto:bridgesjohn763@gmail.com)  
Text: 07590379892

### 1. Are you open on Bank Holidays?

No, we are closed on Bank Holidays. However, if you need medical advice or attention during this time you can:

**Visit your pharmacy** – Your local pharmacy can provide confidential, expert advice and treatment for a range of common illnesses and complaint. Visit [NHS Choices](#) to find a pharmacy open near you.

**Call NHS 111** – If you need urgent medical advice but your condition is not life threatening. NHS 111 is open 24 hours a day, 365 days a year. Calls are free from landlines and mobiles.

**A&E or 999** – for a genuine medical emergency including: loss of consciousness, acute confused state and fits that are not stopping, persistent and/or severe chest pain, breathing difficulties, severe bleeding that cannot be stopped.

### 2. Do you close at lunchtimes?

No, our reception is open over lunchtime.

### 3. How do I arrange a home visit?

As home visits are very time consuming, we would ask you to come to the surgery if possible. It is much easier to carry out the necessary investigations and treatment at the surgery and usually you will be seen more quickly than if you wait for a visit.

If you are feeling very unwell or are bringing a sick child, please telephone us and we will arrange to see you with the minimum of delay once you reach the surgery.

#### **4. How do I get my test results?**

You can call the practice for your results.

#### **5. How do I obtain a sickness certificate?**

You do not require a doctor's sickness certificate for any illness lasting seven days or less. Your employer may however require you to complete a self-certification form (SC2) which is available from your employer or on the HMRC website.

##### **Evidence that you are sick**

If you are sick for more than seven days, your employer can ask you to give them some form of medical evidence to support payment of SSP (statutory sick pay).

It is up to your employer to decide whether you are incapable of work. A medical certificate, now called a 'Statement of Fitness for Work' (see below) from your doctor is strong evidence that you are sick and would normally be accepted, unless there is evidence to prove otherwise.

You could also provide evidence from someone who is not a medical practitioner, e.g. a dentist. Your employer will decide whether this evidence is acceptable. If your employer has any doubts, they may still ask for a medical certificate from your GP.

##### **Statement of Fitness for Work – 'Fit Note'**

The 'fit note' was introduced on 6 April 2010. With your employer's support, the note will help you return to work sooner by providing more information about the effects of your illness or injury.

For more information see the DirectGov website (where this information was sourced).

If you do need a doctor to visit, please telephone 01283 812210 before 10.30am if possible and please give the receptionist some idea of the nature of the problem so the GP's can prioritise their calls.

#### **6. How do I register with the Practice?**

Anyone living in our practice area can apply to register with us. We aim to give top quality care whatever your age, gender, ethnicity, or lifestyle. It is helpful if you can bring your NHS number when you register.

Each patient will have a named accountable GP for the overall responsibility of care. You will be advised who your GP is upon registration.

Also, prior to registration, you will be asked to complete a New Patient Questionnaire giving details of history, current medication, family history etc. This acts as a useful source of information until permanent records arrive from your previous GP. Examples of these can be found under the registration form tab.

Please bring the completed forms with you when you come to register, and a receptionist will check them through with you. **DO NOT POST OR EMAIL THEM.**

### **7. How do I update my personal information?**

Should any of your personal details, e.g. any part of your name, address etc. change, you will need to come into the surgery to complete a Change of Details form, along with some identification bearing the new address/change of name etc. We regret we are unable to accept this via the post, email or over the telephone. If you are registered to use our online services, you can update your personal information there.

### **8. What are the NHS Prescription Charges?**

These charges apply in England only. In Northern Ireland, Scotland and Wales prescriptions are free of charge.

Prescription (per item): £9.15

12-month prepayment certificate (PPC): £105.90

3-month PPC: £29.65

If you will have to pay for four or more prescription items in three months, or more than 15 items in 12 months, you may find it cheaper to buy a PPC.

Telephone advice and order line 0845 850 0030

General Public – Buy or Renew a PPC On-line

There is further information about prescription exemptions and fees on the NHS website.

### **9. What is CQC?**

The CQC (Care Quality Commission) is the organisation making sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Before a care provider can carry out any of the activities that regulated by the CQC, they must register and satisfy them that they will be able to meet several legal requirements. Activities regulated includes the treatment, care and support provided by hospitals, GP practices, dental practices, ambulance services, care homes and home-care agencies.

For more information about the CQC, you can visit their website.

### **10. Why does the receptionist need to ask what's wrong with me?**

The reception staff are members of the practice team and it has been agreed they should ask patients 'why they need to be seen'. Reception staff are trained to ask certain questions to ensure that you receive the most appropriate medical care from the most appropriate health professional at the most appropriate time.

The receptionists are asked to collect brief information from patients to help:

- doctors prioritise house visits and phone calls
- ensure patients receive the appropriate level of care
- direct patients to see the nurse or other health professionals rather than a doctor where appropriate.

Reception staff, like all members of the team, are bound by confidentiality rules:

- Any information given by you is treated strictly confidentially.
- The practice would take any breach of confidentiality very seriously and deal with it accordingly.
- You can ask to speak to the receptionist in private, away from the reception desk.
- However, if you feel your issue is very private and do not wish to say what this is, then this will be respected.

