



CIRENCESTER HEALTH GROUP PATIENT PARTICIPATION GROUP

Notes on the Zoom meetings held on 13 and 20 August 2020

Meetings held on 13 August at 1400 and 1445

Present: Ursula Evans, Bruce Evans, Pat Ayres, Lian Franklin, Eileen Grout, Sue Dunham, Philip Young, Nigel Collins, Graham James.

Apologies: Will Norman, Dawn Holland, Chandra Verma, Eleanor Fletcher, Gill Scott.

1 Changes in the method of working at CHG

Sue Dunham described the changes that have been made at the two surgeries as a result of Covid-19.

The Avenue

Front door locked initially, everyone triaged before entry, patients cannot enter without an appointment;

One-way system introduced where possible - *Up* via ramp, *Down* by steps but some patients may not be able to use the steps and will have to leave via the ramp, which is marked at 2m intervals;

Considered using back door as Exit but too risky;

Perspex screen at Reception;

All patients with suspected Covid seen in the Avenue car park, but there been very few;

St Peter's

Automatic doors can be opened from Reception;

In by auto doors, *Out* via 'staff' door, nurses show their patients out;

Floor marked appropriately;

All are wearing masks - reception staff use shields but they can be hard to see through.

E-Consult

Select E-Consult on practice website, then complete a form which a doctor will review and contact the patient quickly to decide on the action required. Generally well received by patients. However, questions may not be relevant to all patients. Can now upload photos.

Those without computer access can still phone.

A new phone system, common to both surgeries, has been installed (now possible to contact the other surgery using an extension number). There is a new process for messaging patients.

Coronavirus has accelerated actions that were planned over a longer term (e.g: all staff working at both sites) and given time to get new systems in place. The current week (10 August) had been 3-4 times busier than usual. There is now more contact with patients by phone &/or email and E-Consult will be the “new normal”.

The practice would like to find ways to encourage more patients to provide contact details. Any ideas from the PPG would be welcome.

2 Changes to the Phlebotomy service provision in Cirencester

Blood samples will not be collected at Cirencester Hospital after the end of August. All Cirencester practices made representations to keep the service at the hospital but to no avail, and even offered to hire a room there to provide the service for all local patients. However, the price quoted was totally unrealistic and the service providers have made it impossible to keep the service at the hospital. The two staff members at the hospital have been made redundant (one after 28 years service).

Some additional funding is available. CHG have trained two HCAs, and purchased a special chair plus a label printer. The service will only be available at the Avenue (not at St Peter’s). Appointments must be made in advance by phone or (later) online. Blood samples will be collected from the surgery twice a day with the normal collection service. However, finding a room has been difficult because the lack of space in our buildings is a big problem.

The new blood service will start at the Avenue on Monday 17 August (although it will still be operational at the hospital until the end of August).

The PPG was highly critical of the decision to change the phlebotomy arrangements and felt strongly that we should take action to make our views more widely known and take steps to try to get the decision reversed. It was agreed that the matter should be raised at the South Cotswold Cluster meeting on 19 August in order to coordinate our response with the other local practices.

Action: Ursula and Bruce agreed to write to Sir Geoffrey Clifton-Brown to express our concern and seek a better outcome. **Done:** email sent but only an automatic holding response received.

3 Patient Concerns

Several members noted there is a feeling among patients that they are not getting the access to doctors that they feel they should, and are not happy with delays in seeing doctors, especially older patients and those with urgent operations. There is a feeling of being left behind, in ‘limbo’. Some are concerned about not having face-to-face consultations with doctors.

4 Next Meeting

A further meeting was arranged for 1400 on 20 August (following the cluster meeting on 19 August) to consider the reaction of the other local practices and to decide on any action to be taken.

Meeting held on 20 August at 1400

Present: Pat Ayres, Lian Franklin, Sue Dunham, Will Norman, Philip Young, Nigel Collins, Chandra Verma, Graham James.

Apologies: Eileen Grout, Ursula Evans, Bruce Evans, Dawn Holland, Eleanor Fletcher, Gill Scott.

1 Practice News

Dr Norman reported little progress on accommodation but will be meeting with Paul Roberts, Chair of Gloucestershire Healthcare Trust, to discuss plans and affordability. During the lockdown period CHG has been introducing new technology, and Doctors can work at home.

Flu Injections will be available for everyone over 50, i.e. 5,000-6,000, a mammoth task not possible in the surgery because of social distancing processes. The 3-minute appointments used in the past are impossible under current hygiene regulations. The practice is looking for a suitable logistic solution; e.g. a drive-through clinic.

Lloyds Chemists have been offering to give flu jabs but have no appointments until the end of October.

Shingles vaccinations are still available.

Routine prescription reviews are still available.

Ear syringing. CHG don't provide the service at present (stopped because of Covid) but plan to restart it at a future unspecified date. Specsavers charge £55.00 for both ears.

2 Withdrawal of Phlebotomy Provision at Cirencester Hospital

The withdrawal of the phlebotomy service at Cirencester hospital was discussed at length at the South Cotswold Cluster meeting on 19 August, attended by Philip and Ann (+ Nigel) who provided the feedback. It seems that the aim is to provide a similar service across the county based on GP surgeries. The hospital Phlebotomists were acknowledged to be very good and experienced. The cluster meeting did not resolve anything; the other '*out-of-town*' surgeries have accepted the change and are coping. The hospital service has worked well for the '*town*' practices but the others have made their own provisions and are happy with them. A couple of PPG groups, e.g. Lechlade, spoke well of their GP led services. Fairford has relied on the local hospital.

When questioned about the future of the Cirencester hospital the answer was that it will not make a difference as the service was an outpost for Gloucester. However the body language and general way the response was made did suggest it may be an underlying issue.

Worryingly, one of the reasons stated for closing the service was that patients who had been waiting a long time were often turned away at 1600, when the service closed. Further questioning seemed to suggest that this related to the Cheltenham service and that Cirencester was assumed to be the same; although the point that Cirencester closes its doors at 1530 to enable everyone waiting to be seen by 1600 (and allow time for the samples to be taken to Cheltenham) had not registered.

Finding space to provide the service within our old buildings is a problem. The fact that CHG would now have to withdraw facilities from other services was new and interesting

information for the cluster group and described as useful but surprising feedback. However, it was later countered as not being a real issue as GP Managers would have to manage their rooms and the use of IT for consultations, and doctors working from home would free up surgery space.

CHG patients needing a blood test will now have to make an extra appointment at the Avenue surgery and possibly incur additional parking charges (c.f. free parking at the hospital). Provision for consultant initiated blood tests has not been fully addressed at present (20 August).

The service providers don't seem to have any idea of the strength of feeling against the move, but it is now too late to fight for a U-turn. The PPG agreed that it is a *fait accompli* and further action or protest would be to no avail.

There is much concern locally about the future of Cirencester hospital and we must all strive to retain it.

3 Next Meeting

It was agreed to meet again on the last Thursday in October 29th October at 1400.