

**Patient Participation Group Meeting held on ZOOM  
Minutes of Meeting Thursday 12<sup>th</sup> November 2020 at 5.30pm**

**PRESENT**

Tony Robinson (Chair)  
Christine Pigg (Rose Court Café Lead)  
Pippa Harder (Secretary) (Carers/Media)  
Len Wilson  
Ralph Yeo  
Jean Toner (Practice Manager)

**APOLOGIES**

Heather Hind  
Steve South (Vice Chair)  
Margaret Denis (Rose Court Café Lead)  
Jayne Griffith (Patient Awareness/Events)  
Frank Rees  
Liz Higgins  
AA Zaidi

**Abbreviations used:**

Care Quality Commission	CQC
Clinical Commissioning Group	CCG
Clinical Reference Group	CRG
National Association of Patient Participation	NAPP
Rotherham, Doncaster and South Humber NHS Trust	RDaSH
Dementia Action Alliance	DAA
Active Always	AA
Enhancement Service Specification	ESS
Did Not Attend Appointment	DNA
Primary Care Network	PCN
Advance Nurse Practitioner	ANP
Long Term Conditions	LTC

**Chair – Tony Robinson**

**1 Welcome and Introductions:**

Ground Rules - **key point** stick to time to prevent meetings overrunning.

**1.1 Apologies noted**

**2 Group Business**

**2.1 Approval of minutes of last meeting**

**2.2 Matters Arising**

**3 The process for meeting via Zoom was explained** - what to do if time expires, how to log straight back in.

**4 The Rotherham Health App Feedback - Karen Marshall, Project Manager, Doncaster and Rotherham CCG**

**Karen** introduced herself, been with the CCG since October as Project Manager, involved with various small projects to enhance the functionality of the App.

Experience in the NHS for over 20 years in an IT capacity. Systems worked on - SystemOne, rolled out Lorenza, EPR system – Chesterfield Royal. Assigned to CCG to support the uptake of Rotherham Health App.

**Tony** – stated the PPG had done a lot of promotion through our social media channels and within the surgery, pre Covid. Trying to get patients to change from SystemOne to use the App, main comments;

The sign up process is not straight forward, especially now there is the sign up with the NHS at the route in.

**Karen** - fed back to Substrakt about the problem logging in via the NHS App, as it defaults to the wrong option, patients log in and potentially gets an Error message.

**Len and Christine** said they have encountered that problem. **Pippa** pointed out, this sort of problem was making patients reluctant to sign up to the App, or change from SystemOne.

**Karen** – understands the reticence to change from SystemOne, however the Health App gives far more functionality and more access into services. New hospital services going live on the App: The Continence Service, Hearing Services. Signposts patients to all the services in Rotherham Hospital, bypassing the GP practices, alleviating unnecessary phone calls.

**Tony** – asked if we could be informed of each new enhancement, in turn this could be put out on our social media. We continue to put posters in the surgery, have promoted the Message service, this has proved a winner encouraging people to sign up.

**Karen** – each Monday a report is written around the statistics of the way the APP is being used.

**NEW:** Two way videoing and conferencing, in user/testing phase. Denise Hicks, Clifton is one of the users. Hoping to have a training session for all practices on 1<sup>st</sup> December. Functionality facility, GP will be able to send text messages to patient to request video conferencing. Again, hoping to go live on 1<sup>st</sup> December, however it is all dependent on how robust the testing that is taking place this week. Need to check it is safe and follows IG Governance. Reiterated, the caveat is, it is dependent on the successful testing.

**Pippa** – as investment has been made into the App, our PPG does everything it can to promote and support it. Recently informed a patient, not at our practice, about the access to the Physio, no need to see the GP, can be referred to a Consultant if necessary.

**Tony** - is there any option for group messaging on the One to One?

**Karen** – there is an MDT messaging (Multi-disciplinary Team). If there is a language barrier, the GP can invite a translator in. Working with Substrakt to look at inviting Care Homes, parents, children, the MDT is an advantage over accuRx who do not have that functionality. Medicines Management looking to manage medication in Care Homes via the App, lots of very exciting things going on in the background.

**Tony** – will SystemOne be wound down?

**Karen** – SystemOne will still be the central clinical record, Substrakt does link directly into this.

**Tony** – please keep us updated.

**Karen** – been in touch with Substrakt today, looking into marketing, posters and promotional material, videos. Let her know if there is anything we need from Substrakt.

**Tony** – asked the group if there were any questions. Thanked Karen and invited her to attend future meetings.

## 5

### Flu Drive Through

**Karen** asked if she could stay to listen to the feedback of the booking process on the App, she was more than welcome.

Tony, Christine and Len had attended for their jab; Christine said she was very impressed

**Tony** - our PPG was involved in some of the planning around volunteers at the site. All was going well with the traffic flow, the tablets, patients arriving on time; even those who turned up early were accommodated due to the efficiency of the system. The Practice had achieved approx 1000 more jabs than usual at this time, to date 3650.

**Karen** – invited Pip to attend a Lessons Learned Session around the Flu App booking system, feedback on what went well and what could be improved on in the future. The patient perspective will be useful if this has to be rolled out on a bigger scale – Covid.

**Pippa** – yes, if it was okay with Tony and the rest of the PPG committee. Tony agreed.

**Tony** – there is a short, four-question feedback form on our website, share on our Twitter/Facebook pages and promoted at the site. Tony to forward the feedback from all of those to Karen, as no names given. Overall, the feedback is very positive, quick, easy, and convenient, it is the way forward.

**Jean joined the meeting** – Tony gave a short summary

**Jean** – the use of the iPad and feeding the information in was brilliant, saved so much time on the frontline. There needs to be a team working on the other side sorting out the issues, of booking, pulling off the appointments, there has to be a hardcopy of every patient, which could be up to 1000 patients a day.

Unfortunately, due to the system design, bookings had to close two days before the clinic as all the patient information had to be pulled off the records, this then had to be sent to Substrakt and uploaded onto the iPads in time for the clinic starting. Once uploaded, Jean and Lorraine printed off all the information for the Meeter and Greeters, the Nurses and the Practice Manager with the times on, just in case the IT failed, invariably we were here up to 8 o'clock at night, this is unsustainable. The information from the iPad has to go back into the patient record, into the correct area. Our Practice gathers all that information, sends to Substrakt on behalf of all the other Practices. We cannot get all the data back from Substrakt, until final clinics have finished, to upload the correct vaccine to each patient record, spot checks are being carried out in the meantime. It is all right doing this as a pilot, so much time saved on the day, but the backup work should be provided by the company behind that service. That service should be provided in total, you should not expect practices to do that work, and most would be unable to. It will not work on a widespread service unless there is a Data Quality Team within the CCG doing it, or, to be a total product by the company providing the App. On the day, the flu drive through is running, smoothly, efficiently and professionally.

Most uplifting thing is the volunteers at the site, they have been amazing. Kept people safe, came up with ideas, stood out in all weathers, always smiling, lovely with the patients. Cannot thank our PPG enough for the support given, it has really kept me going. The App Developers/CCG, because of cost, limited us to the number of words we could put on the Text Message. Many hours were spent getting the wording right due to the two-text message limit. We had to keep an eye on the App to check it was updated correctly. The Walk Through option was not removed, times were not always correct, delays updating. Patients were booked through as Walk through instead of Drive through; all were accommodated at the site. The biggest error, they had put 27 Oct, instead of 18 Nov. Errors were spotted by Pippa checking the app regularly and reporting back, this was very time consuming. Practice would like to see what it looks like once the booking is made.

**Karen** – informed Jean that a Lessons Learned session to be arranged, this sort of information very useful. Jean suggested a workshop with Lorraine, Helen, Tony, Pippa and herself would be very helpful.

- 6 **Admiral Nurse** – to work within the PCN, with a base at the Stag. Currently arranging a traffic light system highlighting patient's needs; Carer in place, EOL plan in place etc. Kitted out with uniform, badge, bag, laptop just awaiting a mobile phone so patients/families can access her. There is not much home visiting at the moment, however two relatives visited the practice to discuss a family member who had just gone into a home. They had great concerns, Liz was able to alleviate a lot of these, so beneficial for peace of mind. Again, Jean said it's all down to our PPG that we still have an Admiral Nurse. Liz will not keep all the patients on her caseload, once they have been identified from the spreadsheets, the necessary care and planning put in place, they will be passed on. The criteria for this is if there has been no contact for four weeks from the family, they will go off her caseload, but all the information will be in place to prevent them going back into crisis. She will always be there for them, but will not be contacting them constantly. She will give them the full support and then leave them to contact her if they feel they need to.
- 7 **Charity Donations** – Although we have not been able to fund raise this year, Tony proposed we make small donations to local charities. Christine thought this was a good idea. We also have the Dementia Money, is there anything Liz needs, Jean suggested asking Liz what she needs. It was agreed to add this to the agenda for the next meeting and discuss further.
- 8 **Meeting Times** – Tony asked Jean if she was going to start taking Thursdays off. **Len had to leave the meeting.** Jean said a Monday evening would be best as they were there until 8pm. Christine said it was fine with her. Proposed second Monday of each month.

Tony closed the meeting at 6.28pm