TOWER HILL PARTNERSHIP MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP

3.9.2020 (via Microsoft teams)

PRESENT

Adele Russon, Sarah McMulkin, Kathryn Breakwell and five patient group members.

All were welcomed to our first patient participation group via Microsoft teams, it had been decided to conduct this meeting through Microsoft teams to help keep us in communication.

COVID-19 IMPACT ON PRACTICE AND SERVICES

In March 2020 the practice was asked convert to total telephone triage and stop all footfall into the practice.

Different ways of communicating with patients was set up, doctors provided advice to patients through telephone triage and if patients needed to be seen they were asked to go to Amber site which at the time was Tan House Surgery. Any patients suspected of having Covid-19 were asked to go to a Red site which was Aston Pride Health Centre. Patients attending these sites were asked to wait in their car until the doctor or nurse was ready to see them, patients were called into the surgery and pre-assessment checks undertake such as a temperature check.

The practice has now moved into what is known as the restoration phase. Due to a reduction in Covid-19 cases the practice was able to start providing some specific patient services such as blood tests, cervical cytology, childhood immunisations these services were set up in what the practice call “purple site”. The restoration phase will expand, and we are awaiting guidance from nhs England on how we can do this.

The practice now also running an Amber site this is a Dr run clinic where patients can be seen if the Dr feels this is needed after telephone triage with a doctor. These are run each afternoon after the nurse run purple site clinics. To keep everyone safe the practice has only opened the ground floor, all patients have their temperature checked and must use hand sanitiser. Between each patient all hard surfaces must been cleaned which means everything takes longer, this can be a challenge.

The practice has had to risk assess all its staff to assess their vulnerability to Covid-19, we needed to look at their age, ethnicity and if they had any pre-existing medical conditions, those staff deemed to be high risk were not able to see patients. Some Gps and nurses fell into this category and these nurses started to call vulnerable patients ensuring they were coping, able to obtain their medication etc.