



# SWL Integrated Urgent Care Patient Partnership Group

## Minutes

11 May

| 2020

<b>Date</b>	<b>Version/Notes</b>	<b>Author</b>
12 May2020	V1 DRAFT	Jacqueline O'Meara
28 <sup>th</sup> May2020	V2 DRAFT	Paul Pegden Smith
	V3 DRAFT Final	Paul Pegden Smith

## Held at 18:00 11<sup>th</sup> May 2020 - Zoom Meeting

### Attended by:

Paul Pegden Smith – Chair	PPS
Tariq Salim – Vice Chair -Croydon	TS
Steven Pink – CEO SELDOC	SP
Dr Kevin Barnett - SELDOC	KB
Jacqueline O’Meara - SELDOC	JOM
Shaun Crinion – Vocare	SCr
Jatinder Bhuhi - SWL	JB

Paul Pegden Smith-chaired the meeting and Jacqueline O’Meara took the minutes.

	Agenda	Action
1	<p><b>Introduction and Apologies for absence</b></p> <p>TS and PPS were the PPG patient representatives in this Zoom meeting. PPS noted that no formal decisions or approvals could be made in this meeting as it was not quorate re Patient members but intended to provide an update and for information to the PPG membership</p>	
2	<p><b>Approval of Minutes from 10 February 2020 - Deferred</b></p> <p>PPS confirmed that those minutes (10.2.20) will be sent to the full membership to be approved by email. Any comments from members of that meeting to be forwarded to JOM.</p> <p><b><i>JOM to send minutes of previous meeting on 10th February to those members at that meeting for approval.</i></b></p>	JOM
3	<p><b>Action Log Update – Limited issues – other deferred</b></p> <p>PPS went through the Action Log</p> <p>Item 32 – Completed but it is ongoing</p> <p>Item 42 – Provider Contract with Vocare formally extended to September 2020. Negotiations are in train with provider Vocare and SELDOC with an aim of extending to September 2021. SELDOC and Vocare’s capacity has been increased as the result of COVID-19, funded by NHSE.</p> <p>PPS asked that that remaining actions on the Log should be updated before the next meeting.</p>	

	<b>Agenda</b>	<b>Action</b>
<b>4</b>	<p><b>Provider Performance Presentation to March 2012. SCr</b></p> <p>Key points:</p> <p>March 2020 performance was poor due to COVID-19 impact, with a significant increase of calls up by over 200%, and with staffing and isolation issues.</p> <p>55.4% of calls were abandoned– with analysis completed on this, it was believed that the majority of these calls were for information and advice gathering on COVID-19 from patients wanting to know more information. Despite challenges, Cat 3 and 4 calls remained at 60.5%/63% validations – which is critical for services not to be overwhelmed. Audits and Outcomes are 100%.</p> <p>TS asked how the 32k number related to the total calls received. JB confirmed that 32k calls were answered out of 80k.</p> <p>PPS requested that a full rolling year’s comparison to March (as provided to the CQRG) be made available to the PPG rather than the calendar year 2019.</p> <ul style="list-style-type: none"> <li>• This begins to show the impact of COVID-19.</li> <li>• However, the CQRG version to March itself needs correcting, PPS has already advised Tricia that Croydon’s YTD figure of 27,443 calls cannot be right and should be 110,009 with an overall total of 411,645. PPS also queried how April and May have exactly the same number of calls for Croydon– 8152 in both versions which seemed an unlikely outcome.</li> <li>• Vocare agreed to action this.</li> </ul> <p>In general, all audits are up to date and an overall improvement in the service with an increase in positive feedback.</p>	<b>SC/KH</b>
<b>5</b>	<p><b>COVID 19 Updates</b></p> <p>KB presented a slide show which is attached along with these minutes.</p> <p><b><i>JOM to send to members</i></b></p> <p>The key points:</p> <ul style="list-style-type: none"> <li>• Infection control prevention was highlighted by KB who noted that a SELDOC guide has been issued within the PPG papers and attached to these minutes.</li> <li>• Swabbing Service provided</li> <li>• Supporting of LAS with calls</li> </ul>	<b>JOM</b>

	<b>Agenda</b>	<b>Action</b>
	<ul style="list-style-type: none"> <li>• PPE is in stock and available for staff in all bases.</li> <li>• Remote F2F services for OOH Services with patients grouped into Hot Patients (COVID 19 symptoms) and Cold patient's (non-COVID19). These definitions are being assessed and reconfigured as time goes on.</li> <li>• Hot COVID F2F patients are being seen on Home Visits only currently – that may changes depending on demand with cars being cleaned every visit. Cars have been provided with screens for protection.</li> <li>• Support Staff: KB noted that even though staff are working remotely the team are very well connected with regular staff meetings and team meetings via zoom.</li> <li>• KB noted that the service will be continually reviewed in the context of the winter months.</li> <li>• TS asked if non-COVID patients will cause an issue with a build-up of cases not being seen or fully processed. KB noted that the Hot and Cold bases should help alleviate this possibility.</li> <li>• TS asked whether there was any monitoring of the impact of preventive measures on infection rates of Clinicians and staff, and what the incidence of infection was. KB said that monitoring was difficult but incidence rates that these were low.</li> </ul>	
<b>6</b>	<b>Area Patient Feedback on local IUC Provision Updates– Deferred</b>	
<b>7</b>	<b>Patient Survey/ Feedback - Deferred</b>	
<b>AOB</b>	<p><b><i>DoS report to be sent to Members</i></b></p> <p>Meeting ends 1900hrs</p>	<b>JOM</b>
	<p>Next Meetings</p> <p>10 August 2020 – Venue TBC</p> <p>9 November 2020 –Venue TBC</p> <p>An earlier meeting than August might be called if the COVID-19 impact showed a material fall in numbers.</p>	