# PPG Minutes – Virtual meeting 8th October 2020

## Charnwood Community Medical Group – Dr Hanlon and Partners Patient Participation Group (PPG)

1) **Chairman's welcome**

Mick welcomed everyone to our virtual meeting. He explained that Andy Williams, CEO of the Leicester, Leicestershire and Rutland CCGs would be joining us later. Also invited at that point were representatives of the North Charnwood Locality PPGs, although there was only one taker, Eleanor from Bridge Street
It is quite amazing that we have Andy coming to speak to us; he is a very busy person.
Mick checked that everyone was in communication. Members are to be congratulated on their resourcefulness!
It was agreed that the meeting could be recorded.

2) **Those present.**

Mick Gregory (Chairman), Roger Harris (Vice Chairman), Carole Jefferson (Secretary) Anne Lockley, Bhasker Khatri, David Meredith, Helen Davison, Ian Farnfield, John Kershaw, Ursula Mullin, Paul Hanlon (Charnwood Community Medical Group Business Manager) Eleanor Hood from Bridge Street Surgery, Andy Williams.

3) **Apologies received**

Alison Atkins, Elizabeth Sharpe, Peter Lewis, Shirley Siriwardena,

4) **Approval Of Minutes and matters arising**

- **a.** The minutes of September 10th were approved. Mick and Paul put notes together following the meeting, as the recording system didn't work for us and Carole joined the meeting from a pub in Norfolk, therefore didn't take any notes.
- **b.** No matters other than are on the agenda were raised.

5) **Practice news**

- **a.** Paul has renewed our membership of NAPP. We are now affiliated up to October 2021. Thank you Paul
- **b.** The last two weeks have been BUSY. Busier that we would normally expect at this time of year. The capacity for appointments is there.
- **c.** Flu vaccination programme – never seen anything like the uptake in the past. Well over a 1000 vaccinations have been given, much more than normal. Very encouraging.
- **d.** Over 65s clinics offered first. 18 – 64 vaccination shielding patients have been completed. Other 18 – 64 clinics are being rolled out as the vaccine comes in. We have always ordered quite a lot but the take-up means that there is little flexibility at the moment. The highest risk groups have been targeted. In November other groups (over 50) may be vaccinated. It's going well.
- **e.** Partners meeting this week, reviewing front desk triage. Nursing and healthcare staff who have been doing this work are increasingly required to do blood tests

and urgent work etc. There will still be a cordon at the entrance, but further back, temperature checking of patients who are likely to be in the building for longer than 15 minutes. Very few people just drop in. Social distancing is in place and plastic screens protect the front desk.

**f.** Shielding patients are seen at the back end of the building, away from other patients. Anyone who is symptomatic is seen at Forest Edge.

**g.** The Practice finally has a set of draft accounts for the year up to end of March 2020!

**h.** A big change coming for Extended Hours and Extended access. The Practice has always provided for early morning and late evening and separately, DHU has provided weekend appointments in the treatment Suite. From April 2021, all of the different types of extended hours come under the remit of the PCNs. We have already started to work out how many hours our *Practice* should offer, or with DHU or with the PCN. Planning is taking place. We are keen to make sure that we make a good Practice offer, including digital, Saturday appointments and evenings.

**i.** Clinical programme – Chronic disease targets have been rejigged. As soon as flu clinics have finished we will be moving onto Shingles and pneumonia vaccination clinics. NHS health checks to do. All this depends on if we get hit with a second spike of Covid.

**j.** We also have to complete a prescribing audit.

**k.** Video consultation - AccuRX provided online video facilities free of charge at the start of the pandemic. The CCG is looking to continue to provide this facility. We are also looking at the ENGAGE system. We need to get some information from the CCG about which system they wish to use before we all commit. Paul will keep us updated.

l. The Next Five Years! A new development plan is being discussed. In January the Partners will be discussing. A lot of practice was changed during the first few weeks of the pandemic. Partners will be looking to see which we continue to use and which we can drop as soon as we are allowed.

m. There is a general feeling of exhaustion, among Practice personnel and patients. We are having all sorts of odd encounters with the general population, where stress levels are very high and people are cross. That impacts on the staff.

n. Questions

i. Several new doctors, what are their names please? –

1. *Glen Andrews, Monday Tuesday Wednesday and Thursday*
2. *Damola Odebode – finishing off training and will be working every day from November*
3. *Zena Alhilali – our International doctor who has moved from Sweden. She has a whole host of English checks to complete over the next six months. Working every day.*

Two men and a woman. The gender balance has corrected itself. Good news

*ii.* Hiccup with Roche Logistics centre in the news. *We haven't had to put a test through. We have fast access to testing but not lab time, meaning that staff may be stuck at home longer than necessary. Covid testing has always been on the poor side.* What about blood testing? *We haven't been notified of any problem yet*

*iii.* Pneumonia vaccinations? *We have a waiting list and we would write to people who are eligible. I have the nurses on the case ready to roll out when the vaccine comes in.*

iv. We had our flu injections recently. It was a wonderful job, so quick. I would recommend that you do it like that in future if it works for you. *It will be a lot easier to do it in a similar way in future, four times quicker if you don't have to distance.*
Helped by being met by a handsome young man in a yellow jacket!!!!

v. What is the flu jab procedure? *It is based on a 'walk through' – noted that patient has arrived, vaccinated it the waiting rom and out through the back door. One way system. Patients were brilliant. Some clinics during the week in the Old Infants School, to separate patients from flu vaccinations.*

vi. Blood tests – are they being done here or back at UCC*. We are doing them.*

vii. Track and Trace with the QR code? *The idea is not to have people here longer than 15 minutes, we should have screened beforehand. Any potential Covid patients are sent to Forest Edge. We might have to have QR code in the Infants school, where community groups use the premises.*

6) **Item 7 - Andy Williams arrived** at 17.35
   a. Mick welcomed Andy, CEO of the CCGs across Leicester, Leicestershire and Rutland. Mick mentioned that someone would be attending from another PPG. Mick gave a context of what we do.
      i. PPG for 10 years, 10th birthday in February. Haven't met in person since…
      ii. Constitution of twenty but some don't have the technology so can't be with us.
      iii. We can only do what we do because of the excellent relationship between us and the Practice. We are really grateful for that. We act as a critical friend and ensure that the patient voice is heard.
      iv. We work on projects but have had to put them on hold this year. Under normal circumstances we can talk to patients about their experience during our biennial survey. Gives a different impression often from NHS surveys
      v. Projects have included 'I'm not well, what should I do?' Active sign posting. Long term conditions and their management. We were nominated for an award to the National Institute for Health Care Research and won second prize.

   b. Andy thanked us for inviting him as it makes it possible to talk to patients directly.
      i. Will talk about Covid and the housing developments how they impact on Primary Care
      ii. Would like to hear from us about how things are working

   c. Overview.
      i. Relatively new in post
      ii. Things have changed, almost unrecognizable from this time last year
      iii. We have responded to the Pandemic, also Winter coming which is a concern
      iv. Working with colleagues on how to restart services after the pandemic
      v. Big changes – consultation on the Hospital services
         1. How we work together with partners
         2. Changes with tin the CCGs

vi. Covid – it's worth remembering that we have never worked through anything like this before, a global event on scale and magnitude never seen before
vii. Colleagues are working face to face more, local politicians, national government.
viii. In some areas we have been exposed in our ability to respond
ix. Nationally and internationally it's been difficult to get a consistent understanding about how to react to the pandemic. There was no plan ready to go. Difficult to know how to respond and different countries and parts of the UK working differently. Difficult to get reliable information so we erred on the side of caution
x. E.g. in LLR we had about 50 ITU beds. Initially made plans to double to 100. Then challenged to go to 200 and possibly 1500. Mind-blowing. This was because no one knew. Put in plans for
    1. Virtual appointments
    2. Repurposed theatres
    3. Slowed down elective work

    In the end we had 500 ITU beds (with oxygen), we only ever needed 61.So we had significant contingency care.
    So there was a massive over reaction because no one knew how the disease would progress. .
xi. There wasn't a mass testing capability
xii. Locally we coped well and staff and public reaction was extraordinary in terms of good will and support. Very heartening
xiii. Never ran out of supplies
xiv. Then community testing started but the results weren't available. So we thought the worst was over, where actually there was a fresh wave coming through with the virus being active in the community. Happened first in Leicester and the city was locked down.
xv. All kinds of learning and issues to pick up.
xvi. Positives – we have developed extraordinary innovation in a short space of time
    1. Remote consultation, was faster and more efficient than we dared hope (there is a downside)
    2. Support of home visiting and safe face to face appointments.
    3. Engaging communities, encouraging testing
    4. Working in partnership arrangements between Health and Social Care
xvii. We now clearly have a second wave. Linked to Universities. University towns are experiencing some of the sharpest increases
xviii. Balance – don't want to over react or under react. Covid is a killer for some but for other people it is a mild illness.
xix. We don't want to manage an event of this magnitude and then go back to how we used to work. Positives -
    1. Integrating Primary and Secondary care
    2. Making good use of technology
    3. We have improved access
    4. We have cut down travelling, producing cleaner air
xx. We are trying to balance Covid readiness but we have to restart health care too. We have to protect and support those who are at risk in a life threatening way but we can't lockdown forever. Covid is here for ever. We have to find a way of working with it that doesn't destroy communities.
xxi. We need an honest appreciation by PPGs, what works and doesn't? We need an active conversation.

d. Questions
    i. MG - As a patients group we run a survey and speak to patients. However we have launched an online survey into which we have built questions about the new way of working. Before Covid we had a discussion about more remote working and we all felt that seeing patients face to face was the way we wanted to be. Then suddenly, Covid came up and the Practice had to get on and work remotely. Everyone who has been into the Practice has commented on how well the Practice has arranged matters and how satisfied they are with the service that has been provided. Only speaking for our Practice.

    ii. DM – thanks for a really clear, balanced and honest account. Staggering to hear that the number of IC beds needed was only 4% of what was requested. Confirms what many of us think that initial projections were over dramatic. Moving forward, one of the things that some patients are concerned about that in some practices, it will be increasingly difficult to see the GP face to face, which is a potential impediment to proper diagnosis.
        1. AW - Such an important point – as a clinician you see things when patients walk in and out. We should never get to a position where the patients can't see the GP face to face. There is no easy way to work this through. There are advantages for some people to have remote access but it doesn't work for other people and conditions. Trying to work out face to face through hubs such as the PCNs. Ensure that safe arrangements are in place. It might mean that you don't see your own GP. Continuity is important for some patients and conditions e.g. long term conditions. The only way we can do it is by dialogue.

    iii. DM – agreed but one of the suspicions is that the decision about who needs a face to face appointment is made by the Practice for their convenience, not the patients.
        1. AW- It is true that there is a difference between Practices and the way they work but we need to have the discussion. Protocols shouldn't be too rigid. We need your views and insights

    iv. MG – there are people who don't have access to technology and some get flustered on the phone. We have been very fortunate in our Practice.

    v. JK – relationship between Health and Local government. What might happen going forward, between Health and Social Care?
        1. AW - The heads of Social Care, Public Health, and Andy are close colleagues and this has changed the dynamic. This is a game changer in how we work. When you work together and trust one another its better. Fantastic. Not so great will be when it has to be paid for. There will be tensions in the future. Health and Social care should be joined up where possible and it is one of our big ambitions to continue with this good relationship.

vi. BK – How accurate is the Covid test? We have heard of people who have tested negative and then have died of Covid.

AW - The false positive rate of tests can be several % points. Timing is a problem. Covid has a relatively long gestation period and during that time you can still be infectious. You can test positive for a long time after you are no longer infectious. Another factor is that it's quite difficult to self-administer - it's uncomfortable and not easy to get it right. We have counselled people that it might be possible to get a negative result the day after being in contact with a Covid infected person. Our advice is if you are asymptomatic and have been in contact with an infected person, self-isolate, don't get a test. If you have symptoms, get a test. The tests are not fool proof

vii. AW - I am keen to get your input and intelligence in the balance of care - remote and face to face consultations.

viii. AW - I have been asked about the impact of housing development on local GP surgeries. It is a big issue affecting Leicestershire. Happy to talk about it in detail another time. We are working at district and county level about accessing Section 106 funding and how that can be used to improve the Capital infrastructure. Revenue funding comes from the allocation the CCG gets per patient. There can sometimes be a lag between houses filling up and how soon the money comes in. I can talk about that later if you wish.

ix. AW -I want to say thank you – ten years of work is tremendous. I am so grateful; it's incredibly appreciated, incredibly helpful.

x. Mick – thank you Andy, for telling us of the work you have done over the past six months and your vision for the future. A lot of challenges coming along. Review of the Acute Trusts, reconfiguration of the hospitals.

xi. Andy – I am very optimistic. The past months have been a very dark time for some people, I am determined to pick the best bits and move forward on those.

xii. Andy left the meeting at 18.24

**Item 5 - Practice News Continued**

Primary Care Networks – Paul will bring to the next meeting. Eleven new colleagues have been appointed, Pharmacists, and Social prescribers have been recruited and have all started

7) **Item 6 Project Group Updates**

a. Bereavement Group and Dementia – have been parked until the new year when it might be possible to meet in person

b. Patient Survey 2020 – is still ongoing. It is on the website, if you haven't completed, it, and anyone else you know who is a patient here, please encourage them to do it. A prompt goes out on every formal mailing

8) **Item 8 - Next meeting** November 12th 2020 – At the December meeting it won't be possible to have mince pies!!! Bring a picture and hold it up!

Please email agenda items to Mick or Carole

**9) AOB**

No further business.

Thanks to everyone for attending and many thanks for all the hard work on behalf of our patients

**The meeting closed** at 18.29

Minutes agreed and signed as correct…… (Chair) Date……