

PPG Minutes – Virtual meeting 9th September 2021

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

Chairman's welcome – John

John Kershaw, (vice Chairman) welcomed us and Emilene Zitkur, a prospective member. Emilene is at Loughborough University.

Sad news about Hilda Puttick. Hilda passed away in August. There was an article about her in the Loughborough Echo, a remarkable person. She joined our group in March 2014 and left us at the end of 2016 during which time she worked hard as a member of the group and on projects.

Ursula has, with regret, withdrawn from the group. Mick has written to thank her, also a very hard working member, having joined us in February 2014 and maintained participation right up to this year. She will be missed, but there will be a place for her here should she wish to return. Thank you Ursula.

2. Those present.

Present - John Kershaw (Vice Chairman), Bhasker Khatri (Management Team) Carole Jefferson (Secretary) Anne Lockley, Helen Davison, Ian Farnfield, Ireen Kennedy, Paul Hanlon (Business Partner and SIRO - Charnwood Community Medical Group (Practice) Emilene Zitkur (guest)

3. Apologies received

Mick, Roger, David

4. Approval if minutes and matters arising

5. Updates

Data sharing

- a. Following our letter to Jane Hunt, a letter has been received from Lord Bethel, Parliamentary Undersecretary of State for Innovation. He replied concerning the Data Sharing issues that we raised.
- b. The letter recognizes PPGs work in terms of consultation
- c. Stresses the positives of Data Sharing e.g .information helped NHS with tackling Covid
- d. Indicates that the new system is superior to the existing data sharing process.
- e. Addresses our concerns
 - i. NHS Digital lists 4 criteria that must be satisfied for data sharing to be carried out.
 - ii. Seems to be more opened ended again
 - iii. Isn't clear how they will measure that the criteria have been met
 - iv. People can opt out if they wish to do so. It is very easy to do. It's a case of people being aware in the first place.
 - v. About 100 opt outs have been requested by the Practice and have been coded.

- vi. The deadline is now open ended, no fixed date. The existing data sharing will continue.
- f. Flu clinics - 18th and 19th September
- i. Offers of help from Helen (am) David (pm) Bhasker (pm) (all Saturday) Anne (Sunday)
 - ii. People might still want to volunteer
 - iii. Paul will ask Sue to put a rota together including Practice Staff and thanked everyone for volunteering.
 - iv. Anyone else very welcome
 - v. Carole clarified what the flu clinics are.
 - vi. There will be top up clinics later for those who can't attend
 - vii. Emilene offered to volunteer on Saturday am
 - viii. Carole will email the group and ask if anyone else wishes to volunteer, please email Paul
 - ix. There will be enough vaccine supplied.
 - x. Mick suggested that we agree a few questions to ask patients as they come through the clinic, so sound them out regarding their views on provision during the pandemic. This might pre-empt the Patient survey
 - 1. This may be the wrong thing to do, patients are in and out in two minutes
 - 2. It's only a week away and we should probably put something to patients that we have considered, not 'on the fly'. If we put something out in a rush it may not be fair to the patients, the practice and to us.

6. Practice and federation News – Paul

- a. At the risk of repeating oneself, its very busy
- b. We have a good team of GPs, some are at home isolating and we appreciate that it can be frustrating for patients as we don't have the capacity. This can lead to unhappy patients, which can result in abuse of the staff. That can be very upsetting for them. We are all trying as hard as we can... We are supporting the staff and trying to explain the situation. What we have now compared with pre pandemic. - Practices are dealing 5% more now.
- c. The flu clinics will try to deliver 1800 vaccinations, the more we can vaccinate early, the more pressure we can take out of the system. Sending messages out to patients to book on line. Encouraging patients to park further away as the car park will have difficulty accommodating all the cars
- d. The Flu clinics will last over Saturday and Sunday and then we are all back in to work on Monday
- e. We have recruited a new nurse, who is settling in nicely
- f. Chronic disease review clinics are proceeding well.
- g. Blood bottle shortage is unhelpful – more frustrated patients. Having the check each request for a blood test. Reviews of patients who don't need blood tests are currently the priority!
- h. Q – Flu vaccines – what happens if there is a Covid booster roll out?
A – originally planning to give the third vaccine at the same time as the flu vaccine but they can't be given at the same time as the Covid jab takes longer – fifteen minute wait for Pfizer and Moderna. If a booster programme does come along, most likely will be given at Southfields. Volunteers at Southfields have been warned that they might still be needed.

- i. Q – Re complaints and abuse – must be a real challenge. There must be a massive impact on Primary Care as a result of pressures elsewhere
A – Yes it does. Patients must find it difficult – NHS is the NHS and patients wouldn't always appreciate that different bits of the system are clogging up and affecting others. As a patient I would be frustrated, it is understandable.
- j. Q – At the Charnwood Forum, it was asked what can patients do to reduce some of the stress in the system. The answer was to promote self-help. Could this be a small project group?
- k. The group agreed that it would make an interesting project group. Paul reminded us that there is advice on the Practice Website. Suggestion that advice could be put on the screens. There were several suggestions for items to be included in a home medicine chest.

7. Future Meetings Face to face or online?

- a. Our October speaker needs to meet online.
- b. Paul should be able to set up a hybrid of face to face, and online. It can work well. The GPs use 'Teams'
- c. Some members prefer to meet online, but some members can't meet online because of the technology being a restriction for them.
- d. It would be nice to meet people again.
- e. The Practice can make face to face secure, distancing, ventilation etc
- f. Other positives from Online meetings e.g. for those who have transport problems, speakers attending from out of town
- g. It was agreed to adopt the hybrid approach and see how it works.

8. Review of the Project Groups

- a. Patient survey
 - i. A survey was agreed in 2019 and put out online in March 2020 because of the first Covid Lockdown
 - ii. Things have changed and the survey would need to be reviewed to ensure its relevance and usefulness to the Practice
 - iii. Some of the original group might be interested in joining, and there could be an invitation to others.
 - iv. It might be possible to meet on line.
 - v. Volunteers to participate in the project group- Ireen, John, Peter, Carole. Roger might be willing to join on line but Peter prefer a face to face hybrid meeting.
- b. Bereavement support group, it was agreed to continue with the project.
 - i. It was agreed to take these ideas to the Management team.

9. **Date of next meeting** – October 14th 2021 5.00 pm. Lisa Carter – Health and Social Care Integration Project Manager at The County Council. It will be a hybrid meeting. It might have to be hosted on Microsoft teams. Paul will come up with which software will work for us and provide a link and find a suitable place to meet. Numbers need to be known beforehand.

10. AOB –

- a. Prospective group member Emilene is still interested in joining the group. The group will be consulted and John will contact Emilene to tell her the outcome.
- b. Paul will send out details for the flu clinic

The meeting closed at 18.01!

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



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