

PPG Minutes – Virtual meeting 12th November 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 reminded us that we'd had Andy Williams at our last meeting and that he gave a very useful review of how the CCG had responded to the Covid pandemic. Mick also confessed to dig a little 'Show boating', so that Andy could be aware of how proactive our group has been. Thanks Mick, we totally support what you did!

As the paperwork was sent round for this meeting, Carole had asked for us to think of suitable speakers for next year.

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)

3) **Apologies received**

Alison Atkins, Elizabeth Sharpe,

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

a. The minutes of October 8th 2020 were approved.

b. No matters other than are on the agenda were raised.

5) **Practice news**

a. We are up and functioning. Three members of the team are self-isolating and one is shielding

b. Systems put in place in the spring are working well. All set up to work from home using Microsoft teams, Windows 10, team net. Rotas are changing at short notice.

The doctors can access clinical systems and return calls.

c. Cleaning duties have been covered by the whole team where necessary, including Doctors doing the hoovering and taking the bins out. Emphasizes how important each member of the team is.

d. Appointment capacity hasn't suffered. We need to ensure that those GPs who are in have the capacity to deal with patients.

e. Forest Edge hot hub is still working and Outwoods Edge is open to pre booked appointments

f. The Practice is offering everything as we were pre pandemic, with the exception of NHS health checks.

g. Flu vaccination campaign is going on. Most of the flu vaccine has been given, more expected tomorrow. More clinics next week.

- h. Waiting for guidance from Government about 50 – 64 vaccinations.
- i. There have been more enquiries from people who don't fall within eligible groups than ever before. Previously we have had more than enough vaccine but this year we have to be really strict on the rules so that we can get the remaining cohorts through.
- j. Next priority – learning disability health checks, December and January. Will need to be done differently. Some work on the phone.
- k. Have discussed Covid vaccination programme. Need to shelve some of our planned work between now and March in order to deliver the Covid vaccination, unless another agency is given the job. One factor against GPs giving the vaccine is that it has to be kept very cold -75°, which makes the distribution network and storage difficult. PCNs might be asked to provide vaccine after a central site has been identified. The programme would be driven by amount of vaccine manufactured and delivered. Looks like the priorities will be Care Homes, Shielding Patients, over 80s, front line health workers. Same cohorts as flu vaccine. GPs may be asked to invite patients in and take the calls to book the jab. *All this could change.* It seems that two doses are given, 28 days apart, so a recall system will be needed. Advice awaited on how long patients need to be observed after being vaccinated, therefore which sites would be appropriate. Army involved? Practice management, Federation and PCNs will be giving support.

l. Q and As.

- i. Comment – Compared with my neighbours I am so grateful for the way you organize things for us, don't understand why other Practices can't do the same.

Thanks H. we're lucky that we have the premises and staff that we have.
Comment - Remember the effort that has been put in creating the team and the ethos. It doesn't just happen.

There is a clarity of thought and logic in everything you do Paul, remarkable.

Paul - thank you!

- ii. Q – Phoning in last week I rang around 8.30 and the phone message said 'emergencies only'. I rang later in the day and got an appointment. Was it a glitch or was the workload so great?

A – Not a glitch, there was huge demand and pressure on capacity. We are seeing a Winter and a Mental Health escalation. Similar ramp up in other Practices. Maybe catching up after the eerily quiet period in the spring. Plus normal Winter demand.

CCG should look at pumping more capacity in using GPs who are around. Matter of funding.

- iii. Comment - It's useful to be told your number in the queue. Progress up the queue seems to be quick.

A - Since all the calls can be answered anywhere on the site we've been quicker.

- iv. Q – Vaccine – will you be looking at one central location in the town?

A - PCNs are looking for possible sites with parking, for large capacity to come through and space to observe people afterwards. The 'ask' is to give 975 vaccines a week. Which isn't many. We may have the sites but not the vaccine to give. The army logistics have done amazing work

identifying sites across the country, all very well thought through. Maintaining social distancing, having cold storage and a shielding area, not many places are going to be able to do it.

- v. Q- Care homes – will that be delivered by Primary Care?
A - We have care homes allocated to us. As long as we can maintain the cold chain and be signed off to deliver the vaccine safely ... harder than it sounds. GPs may do those. House bound patients? District nurse team? Watch this space.
- vi. Q – How do you keep vaccines at -70° and deliver it at the right temperature?
A - Practice fridges keep temperature between 2° – 8° and are monitored. After being defrosted, its life is limited. Can be transported in small packages in dry ice at -78°
- vii. New GPs –
 - 1. Dr Andrews up and fully running
 - 2. Dr Damola Odebode – completing exams
Dr Zina Alhilali started shadowing patients this week. She is qualified. The paperwork is holding things up
 - 3. Q - Who is Dr Natalie?
Dr Natalie Kruczenyk
a salaried GP, working Monday and Wednesday afternoon

6) **Primary Care Networks and Federation News**

- i. Paul is the Chairman of the Federation.
- ii. 21 Practices in North and South Charnwood.
- iii. Set up to help each other by working together on common needs, e.g. Managing Covid vaccinations, providing extended hours.
- iv. Were asked by Government to set up Primary Care Networks (PCNs)
- v. PCNs group Practices together 30 – 50K patients.
- vi. Big enough to be financially viable but not so big as to be unwieldy.
- vii. 4 within the federation area.
- viii. We already had the Federation structure set up.
- ix. Exciting thing was that PCNs came with some cash. We are in Beacon PCN and our clinical director is our Dr Dempsey.
- x. Opportunity to employ the clinical director but there is a series of 'asks' which we have to work on to justify the money. This year, structured medicine reviews in care homes, extended hours to work in more appointments, cancer screening.
- xi. New staff into PCNs, new roles –
 - 1. Pharmacists working in Practices, 1 in each PCN. W now have 10
 - 2. Our first Social prescribers – Lauren and Liz. The project that we were engaged in in 2015 fed into a larger bid of work. Dept. of Health realized that Social Prescribers in Practices were *a good thing*. We are referring to them already. So well done everyone who was involved, your work has informed National policy'.
 - 3. Kishan – a Physician Associate started today. They are qualified doctors, on a level with Junior Doctors, who are working under the supervision of a GP

4. Next year, Health and Wellbeing coaches, really helpful for our Practice. This will give us something strong to offer, that goes beyond Clinical care.
5. Recruiting the new staff, for roles that haven't existed before has put a lot of pressure on the Federation team.
6. New staff need to balance their time between supporting and releasing GPs in Practices and carrying out their role. E.g. Pharmacists can carry out structured medication reviews in Care Homes. They may also carry out medication reviews in our Practice, authorize acute medication requests, check hospital discharge letters. Takes a huge amount of pressure off our GPs.
7. Overall, improving the quality of patient care.

xii. Federation focus has been on Covid

1. Centrally sourcing and delivering PPE.
2. Planning extended hours and access.
3. We expect them to have a full time role in Covid vaccine delivery.
4. Federation staffing numbers have outgrown infrastructure. They have an HR function and have contracts to deliver on.
5. If a Practice is in trouble, the PCN or Federation gets a call.

b. Q and As

i. Comment – delighted about Social prescribing taking off Nationally, having run the pilot and then extending it

ii. Q – Are there plans to evaluate PCNs? In terms of overall performance? CQC?

A – On the ground evaluation, what Practices feel about them, services offered will be regulated by the CQC. Will anyone actually go back and say was this the right thing to do? Are they here to stay? I hope that they are. To me, we should ask, was it the right place to put that money and have outcomes for patients improved? A PCN isn't actually an entity, they are a Clinical Director and some workforce based in a Practice.

iii. Q – it's been a monumental job to recruit all these people. The team should be congratulated. Can you pass that back please? Yes.

When PCNs were first announced I thought it was one of the most sensible things I'd seen and read and had most potential to take pressure off. I still have that optimism, so far, so good. a clever way to innovate.

iv. Q – interested to see how the Physician Associate role works

A – Will be working across the four practices in Beacon PCN, a week in each in turn. We will be learning how best to support his working in four different ways. The PAs are qualified and good to go.

It will be interested to see how the role develops.

v. Thanks very much to Paul, our guest speaker. (much applause)

- 7) **Patient Survey update**
- a. 8 people completed the online questionnaire (we suspect that those were group members) Statistically not significant therefore no analysis is worthwhile at this stage
 - b. The number of paper questionnaires distributed was a little lower than that – zero... more important things to do. We may be able to feedback information as a group. Infection controls prohibited passing around paper survey sheets
 - c. Suggestion that we defer the survey until later. Agreed
 - d. Paul. The survey link can go on the bottom of the Covid vaccination letters.
 - e. Roger offered to fill in some more!
- 8) **Dates for next year**
- a. Were accepted with the exception of September where 2 dates were published. The actual date will be September 9th
 - b. April 8th meeting to stay for the present, we might not be allowed to go anywhere for Easter.
 - c. CCG network meetings, Sabina has sent out some suggested dates for us to vote on. When the dates have been finalized Carole will let everyone know.
- 9) **Speakers for 2021**
- a. Ideas?
 - i. Admiral Nurses (Anne). A contact through the Dementia Group (Gwynne Jones). Some Admiral Nurses are in post in Charnwood.
 - ii. U3A – Helen. We have Social Prescribing and people might be unemployed in the future
 - iii. Mental Health Services? MH concerns have gone up recently. Someone spoke at a Network meeting.
 - iv. Ask LPT to come and say what they've done towards their plans.
 - v. PCN colleagues? Pharmacists, Social Prescribers? PAs? Perhaps 10 minutes in another meeting
 - vi. Rainbows?
 - vii. Cancer Research?
 - viii. Zoom meetings – people can come from further away
 - ix. Social Services? Health and Social Care.
 - x. Mick will convene a meeting with Roger and Carole to make a priority list.
- 10) **Date of next meeting – December 10th bring something nice to imbibe**
- a. Competitions?
 - i. Best mince pie, best jumper, best virtual background?
 - ii. Mick showed us a magic background showing the last time to group met, at the 10th Birthday celebrations! Lovely!
- 11) **AOB**
- a. The list of the new Doctors were listed in the minutes
 - b. No other business. Best wishes to members of the group and/or Practice who are suffering with Covid at the moment, wishing you a speedy recovery

The meeting closed at 18.16

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