

FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP

MINUTES OF VIRTUAL MEETING HELD MONDAY, 8 NOVEMBER 2021 @ 3.00 pm

Present: Jennifer Hobbs-Hurrell (Chair); Ruth Diamond; Denise Ingamells; Harold Moth; Lynn Murcutt; Graham Sturt; Adele Trainis, Andrew Watson

Apologies: Caroline Adeagbo, Judy Berkowicz; Kay Demby; Ken Demby, Karen Kent,

No	Item	Action
1	<p><u>Welcome & Apologies for Absence</u> The Chair welcomed everyone to the meeting and explained that the meeting was being recorded with agreement of all to enable Clerk to record minutes from the recording as unable to be present at meeting. Apologies as listed above.</p>	
2	<p><u>Minutes of the last meeting</u> AW had supplied written answers to questions mentioned at the last PPG meeting which he had been unable to attend.</p>	
3	<p><u>Matters arising</u></p> <p><u>Apprentice Receptionists</u> - HM queried the reasoning to let apprentice receptionists leave at the end of their year's placement – AW replied that one may be kept on a month-by-month basis but the other two will not be retained.</p> <p><u>Telephone recorded message</u> – AW has now recorded a revised message attempted to upload it to the system (to removing the advice to book appointments online) but the upload has not worked so he has now passed the situation to the telephone system provider for resolution</p> <p><u>Facility to book appointments online</u> - AW confirmed that this facility will not be reinstated in the foreseeable future as there are now more services being offered from the practice (physiotherapist, mental health practitioner, pharmacist, social prescriber) so patients need to be signposted to the correct clinician by receptionists who are now known as care navigators. AW will adjust website accordingly.</p> <p><u>Government funding for additional consultations</u> – HM asked if FX would be getting this funding which he had heard about on the news. AW said plenty of consultations are available every day but the practice will continue to triage patients and only give face to face appointments if clinically necessary following the advice is to reduce footfall.</p> <p><u>Website information regarding GP rosters</u> – AW will do this when time allows Dr Mehta (100% partner) – has Mondays off Dr Dhillon (75% partner) – has Wednesdays and Fridays off but does often come in then as well</p> <p><u>Flowchart regarding making appointments</u> – AW has put a basic one on website still work in progress advising patients to ring or call in for an appointment</p> <p><u>Flu clinics</u> – flu campaign continues until end March so vaccinations still being offered but no more clinics planned 74% of over 65s vaccinated – target is 80%. All eligible patients have been contacted to offer this.</p>	
4	<p><u>Practice Manager's Report</u></p> <p><u>Staffing</u> Partners - Two fulltime (100%) and two 75% . 75% salaried GP 50% salaried GP Salaried GPs – One 75 % and one 50% (was one more but is leaving) Physiotherapists - 2 days a week Clinical Associates - 2 days a week</p>	

	<p>Network Clinical pharmacist - 2 days a week Own Clinical pharmacist - 3 days a week. Social prescriber just started 1st Nov 3 days a week.</p> <p>If possible same day appointments are offered. The number of clinical staff has almost doubled the in last 18 months and the practice has benefitted a lot by being part of a small network.</p> <p>Physio appointments are initial telephone consultation then, if necessary, patient called in for face to face.</p> <p>Becca has left and been replaced with experienced care navigator Baljit.</p> <p>1st Dec mental health practitioner starting – 2 days a week as shared across the network will start with existing patients on the mental health register (currently 125 patients) but probably after a month will start seeing new patients. If patient receives a diagnosis from a specialist with a mental disorder then patient is automatically coded and is added to the register (not anxiety or depression).</p> <p><u>Further Vaccination Rollouts & Clinics</u> The practice has been added onto the national register so patients can book via that route. Immuno suppressed patients are being offered 3rd dose after only 2 months and the boosters are Pfizer or Moderna. Evening clinics are being held offering both walk-ins and booked boosters for over 50s who had 2nd dose over 6 months previously. 12-15 year olds are being vaccinated in schools by a national company and the practice are not offering these. DI asked about vaccinating younger children – AW think it is highly unlikely it will be brought into the UK if it is then partners will have a discussion.</p> <p><u>Complaints</u> No clinical complaints – only complaints are about telephone access. If a complaint is made verbally it is recorded internally but does not have to be reported nationally.</p> <p><u>Premises</u> CCTV is now working and outdoor lighting has been looked at. Toilets now operational but the intercom to the back door is being looked at as problems with it.</p> <p><u>Long Covid</u> Only 5 patients officially diagnosed with this condition (gone up to 5 from 4)</p> <p><u>Consultation</u> All are telephone consultations unless they are nurse appointments. If necessary after telephone assessment patients may be offered either a phone consultation or video call. AW on a working party for e-consultation. Current system is available via the website and Dr will review the submitted form and decide on course of action</p> <p><u>Flowchart for Website</u> AW will continue working on this.</p> <p>.</p>	AW
5	<u>Social Prescribing</u>	

	<p>New social prescriber has been started working on the weight management programme focussing on BAME patients with a BMI of 27.5+ – currently 185 patients. Issues that can be covered include:- stress, bereavement, domestic violence, long covid, legal advice, LGBT support, low self-esteem, cardiovascular/ stroke/cancer signposting. CEPN provide online training for NHS staff.</p> <p>DI asked if care navigators have received additional training? AW confirmed the majority did a course last year and new staff will be trained inhouse. Previous course was a 2-day online course – just reading information and doing assessment. RD suggested in-person training much more valuable than online. DI suggested if it is inter-active including small groups it can be valuable online.</p> <p>Some concern was expressed that this type of training was not really adequate for care navigators to triage and signpost appropriately. GS asked if a care navigator is unsure what to do – what help is available – AW confirmed that staff can speak to the on-call doctor who does check up on the patients each day. Patients are entitled to a second opinion and can indicate a preference for who they speak to but it is possible that doctors move patients around on their lists. This would explain the experience of one PPG member who requested to speak to a different GP but this original GP was the one who called.</p>	ALL
	<p><u>Any other Business</u></p> <p><u>RD</u> - has seen news about a new antiviral drug for vulnerable covid patients – AW confirmed not yet available to practice</p> <p><u>HM</u> (i) telephone system is difficult for hearing impaired patients – AW suggested the e-consult form may be appropriate in this case. HM suggested some guidance be added to the website to this effect. (ii) What is the position of patients awaiting referral appointments? AW will follow up on an individual patient who has told HM has been waiting 3 years.</p> <p><u>LM</u> – are booster reminder texts being sent out? AW replied NHS is texting patients directing them to the national booking service, but FX have also texted those that have mobiles or rang those with landlines. Uptake for booster is low – over 1000 patients yet to respond despite reminder being sent 24 weeks and not waiting for 26 weeks deadline since second vaccine</p> <p><u>AT</u> (i) has experienced problems receiving emails from some companies but AW said surgery is not sending emails just texts/calls. (ii) AT queried that there is only one diabetes clinic (Buntingbridge Road) in the borough and AW said there is a very long wait for referrals so advice is given inhouse to FX patients.</p> <p><u>DI</u> (i) payment for vaccines – the practice receives £12.58 per jab but there are increased staffing overheads providing clinics. Additional roles funding is a separate stream that is funding the additional clinical roles. (ii) Ambulances waits – DI recently advised there would be a 14 hour wait for an ambulance for a relative, AW had been told 6 hours for his injury, LM had a short response time recently locally for a possible heart condition</p> <p><u>JHH</u> (i) asked how the practice was performing with regards to smears, and childhood</p>	<p>AW</p> <p>HM/AW</p>

	<p>vaccinations. AW confirmed that MMR running bit behind but not due to covid but up to date with other procedures. Previously committee had suggested a women's only clinic but AW did not think this would be possible or necessary as all nursing staff are female delivering smear tests.</p> <p>(ii) PPG minutes on the board are dated February 2021 – AW will update and display both on board and website.</p> <p>(iii) diabetes - Dr Adam attended previous PPG meeting about a diabetes prevention programme – is this being followed up although he has left the practice? Is there a specific diabetes clinic? – no there are individual appointments with Jo (nurse), Dr Zurich and pharmacist. RD agreed that always had quick response to any diabetic problems. Are glucose monitors available via FX? – AW no needs to be referred by a NHS consultant as the sensors (consumables) are very expensive and would come out of practice budget and probably only appropriate for patients having to test several times daily. AW confirmed 1040 patients aged over 17 with confirmed diabetes diagnosis. It is a hidden disease as is Atrial Fibrillation which is often undiagnosed.</p> <p>HM asked if it would be possible to write to CCG requesting additional services for diabetic patients – RD said she prefers getting this support from the practice where it is a 1:1 appointment tailored personally to her rather going to a clinic elsewhere. JHH suggested putting this as an agenda item for the next meeting as it would be helpful to know what provision there is in the borough as some other practices may not be providing this service to their patients.</p>	
6	<p>Date of Next PPG Meeting (to be held virtually over Zoom) Monday 10th January at 3.00 pm</p>	ALL