

FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP MEETING

MINUTES OF VIRTUAL MEETING HELD MONDAY, 26 APRIL 2021 @ 3pm

Present: Denise Ingamells (Chair); Judy Berkowitz, Ruth Diamond; Jennifer Hobbs-Hurrell; Karen Kent; Dr A Mehta; Harold Moth; Lynn Murcutt; Graham Sturt; Adele Trainis; Sharad Vyas; Andrew Watson.

Apologies: Pat Humphreys; Caroline Adeagbo

| <u>No</u> | <u>Item</u> | <u>Action</u> |
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| 1 | The Chair welcomed attendees and apologies for absence were noted | |
| 2 | Minutes of the last meeting were read and approved | |
| 3 | <p>Matters arising JHH confirmed that Miranda Peers of Healthwatch Redbridge will attend the May PPG meeting to give an update on her organisation’s current initiatives. JHH to inform MP of date of next meeting.</p> | JHH |
| 4 | <p>Practice Manager’s Report</p> <p><u>Staffing</u> AW reported Sam Hill-Burton will be leaving in late June. A management restructure was planned and a receptionist/administrator would be recruited to replace her role. Dr M explained the focus would be on closer long term disease management with the right people on the front desk. Senior receptionists would be involved in chronic disease management. Patients would be encouraged to carry out remote monitoring of blood pressure and other aspects of care. There would be a change in how multi-morbidity conditions were managed, such as weight/blood pressure/diabetes. This would empower patients. The structure of the team would need to be altered to manage the change. DI asked whether the numbers would increase or staff redeployed? AW replied staff would be redeployed and current number maintained. DI asked whether telephone consultations would continue. Dr M said telephone consultations have been used at the practice for the past 6 years. There are instances where people do need to be seen; at present due to infection control only one room is available. Video conferencing is useful for many problems, for example skin conditions and mobility. As required by the NHS the practice will continue with telephone and video and accelerate e-consultations.</p> <p><u>Vaccination rollout</u> AW reported to date the practice has delivered approximately 15 to 16 thousand doses. First doses are slow at the moment; the practice will not receive further AstraZeneca vaccine until mid-June so current supplies are being used for second doses. Pfizer is available but needs to be used within 3 days and Moderna has not yet been supplied. Dr M gave percentages of those vaccinated at Fullwell Cross plus Newbury</p> | |

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| <p>Group Practice: 92% over 80s 92% 75 to 79 89% 70 to 74 88% 65 to 69</p> <p>DI asked how has ethnic diversity affected take-up. Dr M replied doctors have talked to patients individually and the results have been very positive. DI asked why some people are being called for their second dose after 9 weeks rather than their initial 12 week follow up appointment; and how do you deal with spare vaccine, especially Pfizer which needs to be used quickly. AW said the optimum time is 77 to 84 days but there is no problem with a few days either way and they are trying to get everyone in a little earlier than 12 weeks. Spare AZ is used by calling people in for their second dose earlier; spare Pfizer is used to give first doses. Dr M said that there has been absolutely minimal wastage; Pfizer clinics have run from 7am to 1am to avoid wasting vaccine. There has been a concerted effort and credit goes to AW and technical staff. AW reported the current week the practice would be giving second dose AZ jabs; the following week 1170 Pfizer; the week after that 2000 Pfizer. Dr M reported staff had gone out to centres in Redbridge and Havering to vaccinate 250 homeless people to ensure they were not missed out on the system. Non-registered patients would be vaccinated. At the beginning primary and secondary staff across local hospitals had been vaccinated, so had front line care staff. The pace at FCMC was extremely fast at the moment. KK said that community nurses and NELFT staff were high priority. HM enquired whether refugees were being vaccinated; AW said they were where appropriate but not straightforward as members of families could be in different cohorts. DI asked whether there were plans to vaccinate older secondary school children; AW replied no plans at present. DI asked whether volunteers were needed and AT asked what they could do to help? AW would welcome help; volunteers could meet and greet patients and help with form filling to free up staff to carry out their normal duties. AW would send clinic dates so PPG members who wished to participate could let him know their availability.</p> <p>Dr M said 'business as usual' be restarting. JB asked when online doctor appointments would be resuming. AW said at present only nurse appointments could be made online. They were investigating options for an e-consultation form; the patient would fill in the form, clinicians would triage it and make an appointment or direct the patient elsewhere. Dr M said there would be no change for change's sake. It must not be a retrograde step. Currently the Department of Health wanted more remote access used. KK said key words must be used on the form to indicate whether the case was urgent or the patient anxious. There must be a coherent way of describing what is wrong. JH suggested that there could be a trial of the system with PPG or various</p> | <p>AW/All</p> |
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| | <p>members in the practice.</p> <p>AT raised the question of return visits when there was no contact with the same doctor; continuity of care, seeing the same doctor, was crucial.</p> <p>Dr M said there are not enough doctors in Redbridge. Doctors manage with assistance from other staff such as pharmacists, physiotherapists and other associates such as nurse practitioners. There is a weekly meeting to discuss cases so the doctor does not lose sight of a patient's case. Appointments are clouding the issue. Case management is crucial to patient management.</p> <p>DI mentioned that at a PPG meeting a few months ago Dr Adam said patients should have an 'MOT'.</p> <p>JHH added on signal birthdays, such as 60/70/80, some practices call patients in for a check-up.</p> <p>AW said the response was poor when over 70s were invited for a check-up.</p> <p>Dr M said due to the current situation plans had been thrown sideways. There were plans to restart with age 40+ frailty checks once a year; this would prevent people going to A&E with undiagnosed problems.</p> <p>DI asked whether extra support was available for people with mental health issues, those suffering from long Covid or trauma due to the pandemic.</p> <p>Dr M replied that we are going to face problems in 12 to 18 months. Mental health has had a raw deal compared to physical health. You can get long Covid without testing positive for Covid; there are 60 to 70 different symptoms. Being locked down, not meeting people, can be traumatic psychologically. Mental health needs to be recognised nationally. Local services being funded need to recognise long Covid. There are clinics running in hospitals. We need to look at the impact on existing mental health. How big is the problem in defined populations.</p> <p>DI said how do people know what help is available and how to access website with links to self-help pages.</p> <p>AT stated that elderly people are finding they are not receiving the help they used to get, such as help at home, although their needs are the same. There are organisations which help the elderly. There should be regular session where people could talk to someone in the practice to discuss problems.</p> <p>Dr M replied that this was the job of a social prescriber but to date the practice had been unable to recruit one, although actively trying, neither would it be possible to 'borrow' one.</p> <p>DI said that older people, pregnant women, young people, people with small children were all vulnerable for different reasons. It would be useful to organise webinars and Zoom meetings; some people may not be able to access them not many could.</p> <p>KK added the appetite is there to help with problems such as domestic abuse, benefits advice and coercive behaviour; organisations such as Age UK, Macmillan, Redbridge Faith Forum. Peer support is important.</p> <p>DI suggested that the PPG should form a separate group to organise these virtual meetings; in the first instance anybody who was interested in being involved should let RD know. The doctors and nurses would know which patients should be invited to attend.</p> <p><u>Premises</u></p> <p>Although the men's toilets had been fixed unfortunately the repair proved temporary and they were again out of order; a sign had been left on the door</p> | RD/All |
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| | <p>directing men to use the disabled toilet.</p> <p>With regard to outside lighting, Property Services were getting quotes.</p> <p>HM asked what was happening with the cement posts left outside.</p> <p>AW said it was impossible to get work done at the moment; they were intended to stop people parking on the grass but now the second barrier had been installed the posts were not so important.</p> | |
| 5 | Forward planning | |
| 6 | Any Other Business | |
| 7 | Date and time of next meeting Monday, 7 th June 2021 at 3pm via Zoom | |