FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP

MINUTES OF VIRTUAL MEETING HELD MONDAY, 25th APRIL 2022 @ 3 pm

Present: Jennifer Hobbs-Hurrell (Chair); Ruth Diamond, Denise Ingamells; Karen Kent (intermittently due to connection issues); Harold Moth; Lynn Murcutt; Graham Sturt, Adele Trainis; Sharad Vyas, Andrew Watson

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

No	Item	Action
1	**Welcome & Apologies for Absence** The Chair welcomed everyone to the meeting and gave apologies as listed above. The Chair explained that CA is glad to receive minutes of meeting but still does not have the facility to join online.	
2	**Minutes of the last meeting** Were accepted.	
3	**Matters arising** Flowchart– Still outstanding Staff Name badges – these magnetic badges are now being worn by staff Guidance for Hearing Impaired Patients **–** information has been added to the website Tender to provide e-consultations – three providers have been approved and the network will meet on Thursday to decide which provider to choose Repeat Prescriptions Processing Times – there has been an issue with Pharmacy2U but AW was not aware of problems with other pharmacies, but he has received an email complaining about a specific incident and he will investigate and respond. Covid **–** not many notifications are being received now of covid cases as it seems patients are not reporting test results now LFTs are no longer free. The surgery are following guidance and asking staff to test fortnightly or if they have symptoms however the tests supplied do not seem to be as accurate as the previously supplied free NHS tests. Staff who test positive are asked not to come to work until they have two negative test results. Concrete bollards – have now been removed but the parking barrier has been driven into and is now out of use.	AW AW AW
4	**Practice Manager's Report** Staffing Jo, Practice Nurse is leaving in a fortnight to take up a teaching post but may return to do some locum work. A trainee GP nurse started work last month. There have not been any other changes to clinical staff, but one part-time receptionist has left and will not be replaced. Vaccination Clinics To date the surgery has administered 49,000 covid vaccinations. A clinic is taking place today for 5-11 year olds – 1200 invitation texts were sent out and 80	

	accepted. The paediatric vaccinations (Pfizer) are very low dosage. Clinics for 75+ will be held and also the Moderna vaccine will soon be available . The children's immunisations are catching up with national statistics apart from MMR take up which remains low. Complaints - no clinical complaints received but continuing complaints regarding getting through on the phone and availability of appointments. Premises - Doors are now fire compliant**.** **CQC Inspection** – this will be via a telephone call but AW has sent out 50 invitations to patients with a link to the CQC survey – including to some PPG members.	
5	Any Other Business The Chair asked PPG members in turn if they had any other business AT said she had made a blood test appointment by telephone using the new external booking system; she requested a slot at FCMC and place, date and time were confirmed by the operator. On attending the surgery she was told no appointment had been made for her. AW replied that the surgery was forced to use this new system; there had been previous instances where patients had been told one venue but the booking had been made at another site. LM – recounted that a patient had rang the surgery to request assistance with mental health support on a Tuesday and was told to ring back the following morning. He did so but was then told that the surgery was closed for training. This has been very discouraging for someone who did not find it easy to ask for support or have free time to follow up. AW said that the staff member had been at fault that had failed to say that the surgery would be closed the following morning as this does happen once a month. DI said likewise she had been selected for some monitoring. RD asked who would be the diabetic lead once Jo had left. AW said that Nishma, clinical pharmacist, would take that role. JHH asked about the recruitment of a mental health practitioner. AW explained that this role is provided by NELFT who are responsible for finding a replacement – when someone is appointed the practice will however make a financial contribution. HM asked why his prescription form showed the date of his next review was in 2021. AW explained that doctors checked existing medication when approving repeat prescription requests or prescribing new items. On checking AW confirmed HM's next review date was 26 May 2022.	
6	**Date of Next PPG Meeting** (to be held virtually over Zoom) Monday 13th June at 3pm	ALL
7	**Guest Speakers** Marie Clough, Head of Patient Experience & Althea Bart, Head of Community Participation from Whipps Cross Hospital joined the meeting to give an overview	

	of the plans to redevelop the hospital site. The presentation will be shared with everyone in due course. MC explained her remit was • to engage with patients, parents and carers; there is a patient panel of 25 people which meets monthly • support improvement initiatives • give feedback to staff, which is generally excellent • develop bereavement/end of life service; the area houses a significant older population. AB stated the main elements to her post were • building relationships with groups in the community including those not normally heard from • supporting the hospital to become an anchor organisation for development, employment opportunities, local businesses • service transformation – people to have a say in how services delivered • ensuring people are involved in redevelopment plans. The funding for the planned hospital site redevelopment would come from the government; there was business case approval and the project was waiting for the green light to move to the next stage. PPG were given the opportunity to ask questions:- JHH – given that recruitment is a problem would the new building encourage new staff? MC – the pandemic had increased interest in the NHS. AB – improvements to the working environment already started; outstanding training and work placements in progress; as a local hospital it wants to employ local people. JHH – will any of the planned new accommodation to be built on the site be set aside for people working in the hospital? AB – nothing confirmed yet. MC – local people want there to be a place for staff. With international recruitment people coming to work in London need accommodation. DI – the project is waiting for the green light; what are the contingency plans if the project gets stalled. MC – it is a phased development, starting with disused buildings such as the old nurses' home. No part of the hospital itself will be involved until the final go ahead. Parking problems have improved and recently the site looks completely different. HM – will there be increased parking spaces once the development is finished; will there be electric parking points? Will there be outreach clinics? MC – there will be a slight increase in public parking spaces; electric parking points will be provided. Nothing will change until the planned new hospital has been built and moved into. HM – stated a case where hospital transport booked to take a patient to Whipps Cross did not arrive, resulting in a missed appointment and a new appointment having to be made.	

AB – the driving service has been brought in-house; due the large number of people requiring the service it has not been possible to find an outsourcing company.
Plans are being discussed to avoid people having to travel far, such as outreach clinics in health centres and GP surgeries.

GS – regarding the issue of public transport to the hospital, are any improvements planned, e.g. shuttle service from tube stations?
MC – the issue is under consideration and will be discussed.

KK – what provisions are planned for hospice and end of life services?
AB – engagement work is going on to discuss with people about future provision but nothing is decided as yet. The Margaret Centre (8 bed unit) is a vital resource and dialogue is ongoing as to what needs to be transferred to the new hospital.
MC – there will be end of life provision at the hospital. About 90% of the hospital accommodation will be single rooms giving greater privacy and we need to find out what matters most to people.

JHH – what is planned for A&E?
MC – areas to be improved include:

- increased diagnostics
- paediatric A&E
- improved access, e.g. separate entrance; will help infirm and elderly
- more clinical space
- mental health crises service – capture experiences and opinions and make them happen
- improved signage e.g. directions, A&E waiting time

JHH – is Whipps Cross a teaching hospital?
MC – we have student doctors and nurses from Greenwich University. We are developing the nurses and doctors of tomorrow. This has an impact on patients.

AB – Whipps Cross a centre of excellence

- digital centre of excellence
- working with frailty and elderly
- economic engagement and work with local communities
- aging well hub (with Barts Health) ensuring people grow older well

MC – this includes

- Forest Assessment Unit for the over 80s
- Connaught Day Hospital
- Rapid Case Frailty Team – supporting the elderly and their carers

The models will go into the new hospital.

The Chair thanked guest speakers for a most informative and helpful session and invited them to return at a later date to update progress.