

FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP MEETING

MINUTES OF VIRTUAL MEETING HELD MONDAY, 22 MARCH 2021 @ 3pm

Present: Jennifer Hobbs-Hurrell (Chair); Judy Berkowitz; Kay Demby; Ken Demby; Ruth Diamond; Denise Ingamells; Karen Kent; Harold Moth; Lynn Murcutt; Graham Sturt; Adele Trainis; Andrew Watson

Apologies: Pat Humphreys; Sharad Vyas

<u>No</u>	<u>Item</u>	<u>Action</u>
1	The Chair welcome attendees and apologies for absence were noted	
2	Minutes of the last meeting were read and approved	
3	<p>Matters arising</p> <p>JHH suggested that Miranda Peers of Healthwatch should be invited to give a further update; this was generally approved.</p> <p>RD asked when links to mental health organisation websites would be posted on the FCMC website, what was the waiting time for talking therapies and how patients asking for help with mental health were triaged.</p> <p>AW responded he had not yet had time to post the links on the website but would do so as soon as possible.</p> <p>Talking therapies - would take about 2 weeks for an applicant to have a telephone assessment to discuss further course of action but he had no details of the timeframe beyond that.</p> <p>Receptionists would direct patients requesting help with mental health problems to appropriate websites unless their need was serious/urgent and then they would be given a GP or nurse appointment; receptionists would always err on the side of caution.</p> <p>HM was concerned PPG minutes on the FCMC website could be altered by anybody; AW assured him that although it might be possible for an individual to do so on their own computer this would not show on the website as it was a secure site and only he has administrative access. It was suggested that minutes could be posted as PDF files.</p> <p>JHH asked about the status of the marquee. AW said installation was not going ahead as money now had to be refunded; there was a request for an amount to be diverted to providing a covered walkway to the back of the surgery for vaccination patients.</p> <p>JHH asked whether any of the GPs would be interested in attending a PPG meeting and whether any of them had commented on the minutes. AW said Dr Mehta would try to attend but it was impossible at the moment due to volume of work; the other doctors were also too busy at the moment and he had received no direct comments.</p>	<p>JHH</p> <p>AW*</p>

	<p>JHH asked for an update on the men’s toilets. AW said they were still out of order due to a problem with tree roots affecting drains and it could take some time to rectify.</p> <p>AT asked who was responsible for building maintenance and was told it NHS Property Services and that FCMC could not do anything themselves.</p> <p>HM asked AW to put a notice on the men’s toilet door directing men to use the disabled toilet.</p> <p>JHH asked whether improved lighting was going to be installed in the car park; AW has not yet received the report but will use it as leverage to get the job done.</p> <p>JHH thanked KK for providing the links to the mental health agencies.</p>	AW*																																				
4	<p>Practice Manager’s Report</p> <p><u>Staffing</u> Nothing to report</p> <p><u>Vaccination Rollout</u> This month FCMC had reached the 10,000th vaccination mark. Hardly anybody declined their 2nd dose. Doses of vaccine received are not slowing down; all second doses plus 400-500 1st doses are coming through. Currently they are only getting in AstraZeneca vaccine 1st doses; as this vaccine is effective 11-12 weeks people will not receive 2nd dose earlier. There is problem with supplies of Pfizer vaccine due to delays at the Belgian plant so only 2nd doses are allowed at the moment; availability figures are matching 1st doses given so no patient will have to wait longer than 8-9 weeks for their 2nd dose. DI asked whether there was a reserve list for spare doses; this was confirmed and AW also gave an example of teachers from a local school being called in at short notice to avoid wastage.</p> <table border="1" data-bbox="301 1451 1259 1933"> <thead> <tr> <th colspan="3"><u>Response to vaccination invitations</u></th> </tr> <tr> <th>Cohort</th> <th>No response</th> <th>Percentage vaccinated</th> </tr> </thead> <tbody> <tr> <td>Care homes</td> <td>0</td> <td>85%</td> </tr> <tr> <td>Over 80s</td> <td>0</td> <td>91%</td> </tr> <tr> <td>75-79</td> <td>30</td> <td>91%</td> </tr> <tr> <td>70-74</td> <td>40</td> <td>89%</td> </tr> <tr> <td>Clinically extremely vulnerable</td> <td>111</td> <td>79%</td> </tr> <tr> <td>65-69</td> <td>48</td> <td>85%</td> </tr> <tr> <td>60-64</td> <td>79</td> <td>76%</td> </tr> <tr> <td>Moderate health risk</td> <td>278</td> <td>71%</td> </tr> <tr> <td>55-59</td> <td>327</td> <td>61%</td> </tr> <tr> <td>50-54</td> <td>465</td> <td>61%</td> </tr> </tbody> </table> <p>People receive 3 invitations to book a vaccination; if there is no response they are put on the ‘decline’ list. People in the last 3 cohorts above may not</p>	<u>Response to vaccination invitations</u>			Cohort	No response	Percentage vaccinated	Care homes	0	85%	Over 80s	0	91%	75-79	30	91%	70-74	40	89%	Clinically extremely vulnerable	111	79%	65-69	48	85%	60-64	79	76%	Moderate health risk	278	71%	55-59	327	61%	50-54	465	61%	
<u>Response to vaccination invitations</u>																																						
Cohort	No response	Percentage vaccinated																																				
Care homes	0	85%																																				
Over 80s	0	91%																																				
75-79	30	91%																																				
70-74	40	89%																																				
Clinically extremely vulnerable	111	79%																																				
65-69	48	85%																																				
60-64	79	76%																																				
Moderate health risk	278	71%																																				
55-59	327	61%																																				
50-54	465	61%																																				

	<p>have received all 3 invitations yet.</p> <p>It is harder to get people in the more recent larger cohorts to come in; 500 invitations resulted in just 200 bookings</p> <p>DI asked whether the younger cohorts were not coming in because they were working or having their vaccinations elsewhere. AW responded that those who worked during the week could attend a Saturday clinic at FCMC and notice of patients having vaccinations elsewhere was coming through within 2-3 days now.</p> <p>AW reported that second doses of Pfizer had been brought forward to 1st, 2nd and 3rd April from 22nd April. Call ins for the AstraZeneca second dose would be brought forward to 8th April onwards.</p> <p>The fact that EU countries had suspended the AstraZeneca vaccine had minimal impact on FCMC patients, with only a few needing reassuring.</p> <p>Some AZ vaccine had been transported to Newbury Medical Practice for them to vaccinate their patients; due to storage conditions it was not possible to send Pfizer vaccine.</p> <p>Some AZ vaccine was delivered with a 2 week shelf life; this was unused stock from the EU.</p> <p>Not a single dose of either vaccine had been wasted at FCMC: Pfizer 5-dose vials gave 6 or occasionally 7 doses / AZ 10-dose vials gave 12 doses.</p> <p>DI asked whether more volunteers were needed for the vaccination clinics; AW said that staff family members were helping when available and no more people were needed.</p> <p>HM has been told some extremely vulnerable people were confused by the letters they received asking them to book vaccination slots as they did not know whether they should go out if they were shielding. AW did not consider the letter confusing and people needed to go and get vaccinated and attend medical appointments.</p> <p>All housebound patients have been vaccinated.</p> <p><u>Premises</u> FCMC had now had the whole building; some decorating was needed but nothing major.</p>	
5	<p>Forward Planning</p>	
6	<p>Any Other Business</p> <p>JHH commented that it was good to see the website had been updated to include new staff, but with so many new people contacts changed.</p> <p>AW reported that as from 1st April it would be Business As Usual at FCMC. Triaging was here to stay which would result in no more crowded waiting rooms. The buzzer system would end and the front door would be left open with instructions that only 3 patients at once could come inside; mask wearing will remain compulsory. Routine checks and phlebotomy will continue as normal.</p>	

	<p>DI asked whether video calls would continue; will people on a telephone consultation be offered a video call? AW replied a video would be offered if appropriate and said this information might go on the website.</p> <p>AT mentioned that in some cases the GPs were asking for photos.</p> <p>JHH asked what response people who wanted to come into the surgery received; AW said there has to be a clinical need to visit in person.</p> <p>AW reported that care homes have been given diagnostic equipment, e.g. to monitor oxygen levels. There was also a remote monitoring system.</p> <p>DI asked whether the blood tests at FCMC would be continued; AW said that originally it was only an enhanced service when the hospital service closed but it has now been extended to October and will possibly carry on. The service was open Monday to Friday 8:30am – 4:30pm with the practice’s own phlebotomist. The practice also employs its own pharmacist and shares another with Newbury Park.</p> <p>DI asked apart from mental health providers being added to the website what other help could be offered to people with long Covid or those who had experienced bereavement; something specific such as support group work (virtual at moment). AW was not currently aware of anything but he would investigate.</p> <p>KK said St Francis Hospice run a family support service and would find out suitable information for the website. She also knew that in another part of London there was a long covid service which include diagnosis.</p> <p>DI was of the opinion that some people would be reluctant to use a bereavement service run by an organisation such at St Francis due to religious reasons so it would be better run by a GP surgery if funding could be accessed. AW would investigate with Dr Mehta but time was an issue.</p> <p>DI asked whether there was anything the GPs would like us to do as a PPG; is what we do useful?</p> <p>GS said it could be done through GPs areas of expertise; what they need from us.</p> <p>HM commented on the PPG meeting with Dr Adam (January).</p> <p>AW responded GPs considered an important aim of the PPG was to promote the surgery but would discuss as to how.</p> <p>KK commented that with the recent turnover in doctors it would be good to know what their interests are; in the past you would get an appointment with a GP who had appropriate experience or interest but now you get whoever is on duty.</p> <p>DI brought up the issue of increased domestic abuse due to lockdown. KK said it was of huge ongoing concern in Redbridge and she would look up some useful resources for the website. KK said a social prescriber would be good for contacts and asked for an update on the current vacant post; AW said no appropriate candidate had come forward.</p> <p>AT asked if the PPG could have a socially distanced rather than Zoom meeting</p>	<p>AW</p> <p>KK/AW*</p> <p>AW</p> <p>AW</p> <p>AW</p> <p>KK/AW*</p>
--	---	---

	at some stage; AW agreed that it might be possible to have one outside.	
7	Date and time of next meeting The next meeting will be held on Monday, 26 th April 2021 at 3pm via Zoom	

*Action(s) completed