**FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP MEETING**

**MINUTES OF VIRTUAL MEETING HELD MONDAY, 22 FEBRUARY 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; Sharad Vyas; Andrew Watson

Guest: Cathy Turland (Healthwatch Redbridge)

Apologies: Pat Humphreys

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| No | Item | Action |
| 1 | The Chair welcomed attendees and introduced Cathy Turland, CEO of Healthwatch Redbridge. |  |
| 2 | **Healthwatch**  CT reported that due to the Covid-19 pandemic their usual work and methods had been put on hold with more being done virtually.  The first problem was concern about Do Not Resuscitate (DNR) blanket issues for the very elderly, vulnerable and those with learning disabilities. The issue was raised with the Department of Health through Healthwatch England. There are 50% more deaths from Covid if those with learning disabilities go into hospital than those being cared for at home.  Care home support - there were early issues regarding PPE and families being unable to visit (they still can’t). Healthwatch Redbridge contacted 50% of homes with which they work and were invited to become part of a care home provider network which included local authorities and care home managers.  In August there were difficulties with patients’ access to blood tests; glitches in the systems were identified and the situation has now improved.  Healthwatch along with associated groups are currently running a programme to gather the experiences of those with disabilities during the Covid pandemic. The questionnaire had already been circulated to PPG members at the request of Miranda Peers of Healthwatch Redbridge.  GP appointments - when the pandemic hit it changed ways patients accessed their GPs, telephone and virtual appointments. There is still concern about those who do not have the technology and are therefore excluded and cannot easily get access. There is the need to ensure people with long term conditions and cancers know that their GPs are not closed for business. People feel they cannot bother GPs at the moment but GPs want patients to come forward.  Communications - generally GP websites are not fit for purpose. There was a national review in January. Websites must be as accessible as possible. A Google search should come up with the surgery name registered with the CQC.  The results of a vaccine survey will be published at the end of the week. The survey had 409 responses over 2 months, which was good. It showed that some care home staff encouraged residents to have the vaccine but would not have it themselves; this was replicated among health services staff and BAME communities. For those who responded ‘no’ it was necessary to clarify their concerns and address them.  CT stressed that although the Redbridge office was closed the staff were working from home.  PPG members were invited to raise concerns:  DI asked why were staff refusing the vaccine. CT said issues included people did not know what was in the vaccine, level of trust in the government, way vaccine was rushed through, the ingredients. The young and fit considered Covid affected older people and therefore felt no need for it. Issues of whether vaccine was halal or kosher. DI said this would be replicated when the young and fit members of the public were offered the vaccine. CT replied it depended on how the message was communicated in society; the messages had to come from community elders as well as from the communities themselves.  HM said clinically vulnerable were not receiving details from the government on shielding. CT advised that patients should check with their doctors. In some cases, such as those with long term diabetes, individuals had taken the decision themselves to shield. Healthwatch were not clinicians but could suggest where people could get more information.  JB commented that on the disabilities questionnaire autism has not be included under ‘learning difficulties’. CT agreed that this was an error as those with autism had specific needs and she would get the questionnaire altered if possible; in the meantime autism could be indicated in a further information box.  KK had noticed an omission in the questionnaire; the questions about catching Covid were impossible to answer if you had caught it in a hospice or hospital as they assumed you had caught it whilst living at home. She suggested a question should be added about where it was caught. CT again said she would see if it were possible to amend the questionnaire. There had been problems early on where patients had been discharged from hospital into care homes without confirmation of whether or not they were clear of Covid.  The Chair thanked CT for her input on behalf of the PPG; CT then left the meeting. |  |
| 3 | Minutes of the last meeting were read and approved. |  |
| 4 | **Matters arising**  JHH asked how long should it take for a referral letter sent by an optician to be referred on by the surgery. AW said that under normal circumstances only a couple of days but at the moment Covid was taking precedence and it could be 2 to 4 weeks. It also depended on how the optician sent the letter as the postal system had been very poor with a gap of 3 weeks. JHH said she believed the letter had been posted and it had taken 7 weeks for the referral.  DI asked for an update on the marquee. AW replied the marquee was on hold at the moment as including staffing costs FCMC and Newbury Group Practice had requested £60,000 whereas a partnership of other Redbridge surgeries, with a greater number of patients, had asked for £50,000; AW was reluctant to go ahead due to this discrepancy in case a refund was demanded. The marquee would be useful as an observation space for those who had been given the Pfizer vaccine or as a corridor into the back of the health centre where vaccinations were given.  JHH enquired whether GPs wanted to attend the PPG meetings. AW said that currently Dr Mehta was unavailable due to an overload of meetings relating to the pandemic; he had circulated the minutes of the last meeting to the partners but received no feedback.  HM asked whether the last minutes had been posted on the website as he could not find them. AW said they had but as there appeared to be a current glitch with the website he would check later. | AW |
| 5 | **­­Practice Manager’s Report**  Staffing  No new staff recruited.  A secretary had left.  Vaccination rollout  Vaccinations given up to 28 February - updated figures submitted after meeting  (combined FCMC and Newbury Group Practice)   |  |  |  | | --- | --- | --- | | Age | 1st dose | 2nd dose | | Over 80s | 887 | 573 | | 75-79 | 603 | 127 | | 70-74 | 859 | 31 | | 65-69 | 939 | 37 | | 60-64 | 1127 | 60 | | 55-59 | 897 | 72 | | 50-54 | 809 | 90 | | Under 50 | 2443 | 264 |   (under 50s vaccinations given to those with underlying health conditions, care homes, health care staff etc).  AW mentioned no response had been received to the vaccination invite from 6 people in the over 80s group and 38 in the 75-79 group.  DI asked whether there were figures on how many had been offered and had declined in the two practices. These stats would be necessary to ascertain what the take up might be among the younger people in all communities.  AW did not have the figures to hand as the data could not easily be obtained on the GP system but he would try to obtain the data.  *The issue has been the subject of subsequent email; please see Note 1 at the end of these minutes for information provided by AW.*  HM enquired about on the extremely vulnerable list. AW said 240 extra patients had been added to the FCMC shielding list but these would already have been vaccinated.  DI asked which of the two vaccines were being offered and whether people could request a specific one. AW replied that this week it was Pfizer and the following week would be Pfizer and AstraZenica. Those with medical conditions would be given the best option for them and although most people were happy to get whichever jab on offer the few who had a strong preference could be accommodated.  AT asked whether the housebound had been vaccinated and AW confirmed that this had been done.  AW said the initial 3 week gap between doses had been amended to 12 weeks but people were now receiving follow up appointments after 11 weeks.  HM enquired whether there was any waste. AW said that there was more chance of waste with the Pfizer vaccine due to storage conditions but people were being called in at short notice to ensure there was no wastage. To date 7.5 thousand Pfizer jabs had been given and 1 thousand AstraZenica.  JHH asked whether the first dose vaccine could be different to the second; AW confirmed they would be the same.  DI asked whether the number of first doses would be reduced due to second doses needing to be given and how many people could be vaccinated per day. AW said there was an accelerated vaccine delivery programme; the vaccine was not the problem and he could offer jabs to lower cohorts if allowed. FCMC could vaccinate 800 with AstraZenica and 400 with Pfizer (less due to observation period) per day.  FCMC were carrying out vaccinations all this week, using an Army medic on Wednesday and Sunday. Army medics were useful in giving the jabs but did not do the admin which was the more time consuming part of the exercise.  Kay D enquired if teachers would be vaccinated soon; AW had received no instructions about their early vaccination.  Premises  A security audit had been carried out recently; a few things had been reported which would be beneficial, e.g. car park lighting had been an issue for people attending vaccination clinics during the darker evenings; this was not a problem now but would be later in the year.  The leak in the roof had been fixed.  RD noticed when she was last in the surgery that the men’s toilets in the reception area were out of order. AW had not been aware of this but would check. | AW |
| 6 | **Future Planning**  Mental Health  JHH asked whether there were any plans in place to address the increase in mental health issues due to the pandemic. AW responded that there was nothing in place at the moment. FCMC was fully operational and coping and as from end of March/beginning of April it would be Business As Usual. He said ‘talking therapies’ could be used more and mental health charities were in the news.  DI said that any delayed results from the crisis/lockdown should be pre-empted. Talking therapies and whatever other help is out there needs to be advertised with links to their websites.  KK said at the moment more funding was available to charities, such as St Francis Hospice, to address mental health issues. She would send AW links to websites for him to cascade to staff. | KK / AW |
| 7 | **Any Other Business**  HM enquired about the phlebotomy service and whether patients from Essex, outside the BHR area, were able to book blood tests at FCMC. AW said the online booking system was going well and he was looking to extend the service. Although it would be possible for Essex patients to access the website it was not advisable as all blood tests were taken to Queens or King George for processing and GPs outside BHR would not necessarily receive the results.  FCMC has received very good reviews on the NHS vaccination website.  JHH thanked AW for the amazing job done by staff and volunteers in administering such a high volume of vaccinations and asked him to pass the message to all concerned. |  |
| 8 | **Date of Next PPG Meeting** (to be held virtually over Zoom)  Monday 22 March 2021 at 3 pm |  |

**Note 1**

*How many people have actually refused the vaccine and what groups they fall into?*

AW - Below are the patients that have declined, there are many more that have not declined but not responded to the invites:

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| 80+ | 47 |
| 75-79 | 7 |
| 70-74 | 10 |
| 65-69 | 22 |
| 60-64 | 2 |
| 55-59 | 1 |
| 50-54 | 0 |
| Under 50 | 5 |
| High Risk | 2 |
| Moderate Risk | 2 |

*Is there any follow-up on these people?*

AW – No follow up on patients that have contacted us to decline. However I need to invite patients 3 times before we can take them off of the figures.

*Are there any targets at the local level for take up or refusal of the vaccine?*

AW – No official targets, but it’s anticipated that up to 30% will not take up the offer of vaccine.