

FULLWELL CROSS MEDICAL CENTRE PATIENT PARTICIPATION GROUP

MINUTES OF VIRTUAL MEETING HELD MONDAY, 18 JANUARY 2021 @ 2.30 pm

Present: Jennifer Hobbs-Hurrell (Chair); Dr Adam Al-Khafaji; Judy Berkowcz; Kay Demby; Ken Demby; Ruth Diamond; Denise Ingamells; Karen Kent; Harold Moth; Lynn Murcutt; Graham Sturt; Adele Trainis; Sharad Vyas; Andrew Watson

Apologies: Pat Humphreys

No	Item	Action
1	<p>Welcome The Chair welcomed everyone to the meeting.</p>	
2	<p>Minutes of the last meeting Minutes were accepted.</p>	
3	<p>Matters arising</p> <p><u>Dedicated phone line</u> HM asked whether a dedicated phone line had been set up for those invited to book their Covid-19 vaccination; AW replied there was no need for patients to phone in as the surgery phoned patients and made the appointments.</p>	
4	<p>Practice Manager's Report</p> <p><u>Covid-19 vaccination</u> The programme is progressing well. In addition to patients, FCMC was vaccinating staff from King George's, Queens and private hospitals treating NHS referrals. All FCMC staff have been vaccinated. People who received the first dose 16-19 December were given their second dose by 17 January. However, due to a government stipulation there is now a 12 week interval between doses. As from this week over 70's will receive their first dose. To date a total of 2629 first doses and 950 second doses had been given.</p> <p>Currently FCHC have used all their supply of the Pfizer vaccine and do not have a date for further delivery; it is essential supplies are available by March in order to give second doses. It is possible to get 6 doses of vaccine per vial rather than the expected 5, and there is an adequate supply of the AstraZeneca vaccine for all outstanding patients aged 70 and over to be offered first doses. It is anticipated that by the end of January all patients in the first 4 cohorts (70's and above) would have been offered a first dose, well ahead of the government's target of mid-February.</p> <p>There has been extremely low incidence of people not turning up for their appointments. The vaccine lasts 120 hours after it has been taken out of the freezer and people have been phoned and given last minute appointments to avoid any wastage. On occasion staff have worked until midnight stocktaking.</p> <p>DI asked if it was possible to have a breakdown of how many patients were in each of the top 9 cohorts and an estimated vaccination timeline; AW agreed to provide this. HM asked whether those in care homes registered with the practice had been</p>	AW

	<p>vaccinated; AW confirmed that they had.</p> <p>GS asked if the service to vaccinate the housebound had been rolled out yet; AW reported that it had not been so far but he hoped it would start later in the week. KK commented that this delay was causing problems for highly vulnerable housebound patients.</p> <p>HM said he had received a letter after he had been vaccinated at the surgery inviting him to book a vaccination and that the accompanying literature mentioned that he should receive a vaccination card; AW explained that this was a standard NHS letter, the NHS did not have access to the same database the surgery was using so was unable to ascertain who had already been vaccinated. Those attending FCMS would receive a vaccination certificate when they had their second dose.</p> <p>LM asked whether the jab had to be given in the arm in cases where it was medically inadvisable to do so; Dr A replied it could be given in any large muscle. AT commented that from her experience the surgery was providing a ‘fantastic’ vaccination service and this was backed up by other PPG members who had attended.</p> <p><u>Staffing</u> Receptionist Diane has retired. AW has recently employed three reception ‘apprentices’ aged 17 to 19. There is no social prescriber in place yet.</p> <p><u>Appointments</u> DI enquired if people were reluctant to ask for appointments due to the pandemic; AW said that there was no drop in requests as most people had telephone consultations and were only called into the surgery by doctors where necessary. Smear tests and baby inoculations were being carried out. Dr A said this was not the case in hospitals where people were presenting with problems at a much later stage.</p>	
5	<p><u>Forward Planning</u></p> <p><u>Intervention on preventing Type 2 Diabetes</u> Dr Adam is a GP working at FCMC 3 days a week. He outlined a proposed intervention aimed at preventing people from developing Type 2 Diabetes. The percentage of the population with diabetes in Redbridge is estimated at 9.8%, compared to the national average of 7.3%; a factor may be the multi-ethnic make-up of the borough.</p> <p>The link between obesity and Type 2 Diabetes is high. The intervention will promote an exercise and weight management scheme aimed at reducing blood sugar levels. It will involve personal trainers (possibly virtual) and dieticians over a 12 week period with follow up sessions; it will be culturally sensitive. It will be beneficial to those who are overweight (85% of pre-diabetics are overweight) with a BMI of 25 or over. The earlier the intervention the better.</p> <p>DI asked how participants would be selected; Dr A explained coding would be used to identify those in the pre-diabetic range. He recommends an annual health check with blood test including cholesterol, diabetes and kidney function for those over 40 or where there is a family history of diabetes.</p> <p>JHH said that although some GP surgeries carried out ‘milestone MOT’s’, e.g. for</p>	

	<p>70 year olds, FCMC did not. She considered screening and an annual blood test from age 40 would be reasonable. AT said that her twice yearly blood test had now been reduced to once a year and she felt there was a lack of encouragement to have health checks. KK said that there had been a shortage of phlebotomist appointments.</p> <p>AT said one difficulty was getting people from certain ethnic backgrounds to acknowledge that they either had diabetes or were pre-diabetic; some found it difficult to accept the reality. Dr A added that there was also a language barrier and in some cultures being overweight was considered attractive. HM asked when the programme was likely to start; Dr A said the Covid vaccinations were currently causing delay but the programme had been partly approved by the Commissioners and he hoped to start in around 6 months.</p> <p>Kay D questioned education programmes for the recently diagnosed diabetic as four years ago a day's course was being offered but that has been discontinued; Dr A said there was the DESMOND programme and he would find out how to access the booking service. JB said there was a current diabetes prevention programme for over 70's available virtually on Teams. There was discussion as to whether there was any duplication of education for diabetics and if the same patients were being targeted.</p> <p><u>GP referrals</u> In reply to comments on the length of time it took to get referred to a consultant, Dr A explained the system where GP's could receive advice from a specialist within 48 hours on difficult cases.</p> <p>JHH thanked Dr A for his input and told him he was very welcome to attend future PPG meetings. The invitation was extended to all FCMC doctors.</p>	<p>Dr A / AW</p>
<p>6</p>	<p><u>Any Other Business</u></p> <p><u>Marquee</u> JHH requested a status update on the proposed marquee; AW said that nothing has been finalised. It could not be used for vaccinations but only to keep people under observation afterwards, although this is no longer necessary for those receiving the AstraZeneca vaccine.</p> <p><u>Invitation to PPG meetings</u> JHH asked AW whether he has asked Dr Mehta and the other GPs whether they would like to attend future PPG meetings in order to familiarise themselves with what the Group does and give their input; AW has not yet had an opportunity but will do so soon.</p> <p><u>Distribution of PPG minutes</u> AW undertook to post the minutes on the FCMC website.</p>	<p>AW</p> <p>AW</p>
<p>7</p>	<p><u>Date of Next PPG Meeting</u> (to be held virtually over Zoom) Monday, 22 February 2021 @ 3 pm</p>	