

**MINUTES FOR A PPG MEETING HELD IN PLAS MEDDYG SURGERY
TUESDAY 14th SEPTEMBER 2021**

1. Apologies

Jenny Phillips (JP)
Leanne Midwinter (LM)
Susanne Walsh (SW)

2. Attended

Ann Watson (AW)
Mark Burgess (MB)
Mike Tindall (MT) (Chair)
Muriel Simmons (MS)
Sandra Gilliard (SG)

3. Minutes of last meeting

27th July 2021 – approved.

4. Matters Arising

Covered in main agenda.

5. Plas Meddyg Brief

MB submitted the following update:

Update to the Plas Meddyg PPG meeting 14.09.2021

Flu vaccinations

We ordered two different vaccines for this season, one for the over 65s and one for those with underlying conditions.

We are currently inviting the under-65s with underlying conditions, with their first clinic scheduled for September 30th.

Unfortunately our order for the over-65s with Seqirus is the one that you may have seen in the news as being delayed due to a shortage of drivers. This, combined with our scheduled delivery already being one of the later ones, means that our first clinic for this cohort will not be until at least week commencing October 4th and we have been told not to invite our patients until the delivery date has been confirmed which will not be until the week before!

It is anticipated that District Nurses will once again administer the vaccinations to the housebound although an agreement between the CCG and Oxleas, who run the District Nurse services, has not yet been finalised.

Covid-19 vaccinations

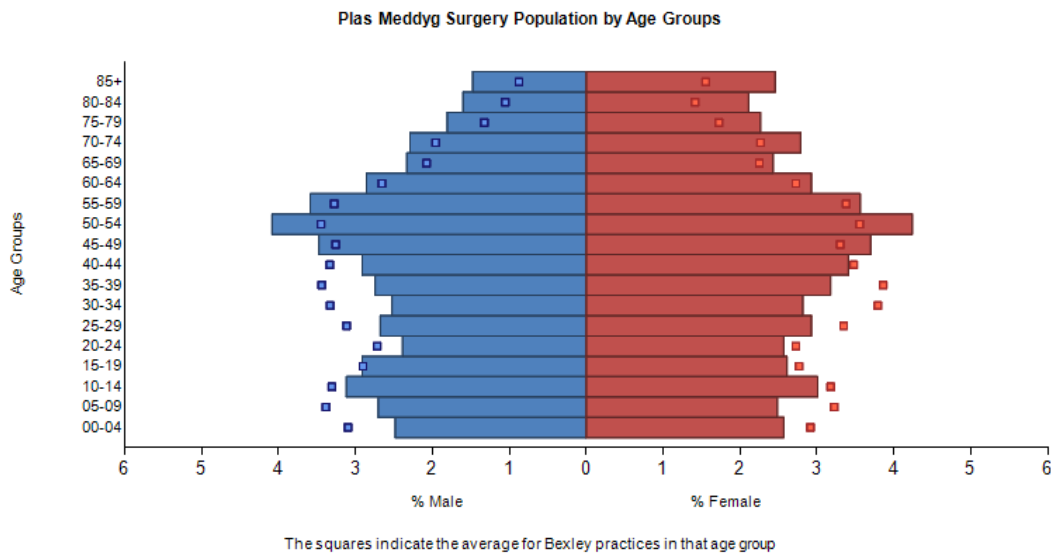
With the main vaccinations completed, it is looking likely that we will be able to administer any booster vaccinations (when confirmed by the government – probably before tonight's meeting!) at Plas rather than at our PCN site. Below are some statistics of uptake by Plas patients.

Cohort (Age or Group)	DOUBLE Vaccinated	Population	% DOUBLE Vaccinated
PHASE 1			
80+ & HSC Workers	521	538	97%
75-79	299	314	95%
70-74	472	501	94%
65-69	292	317	92%
16-14 with underlying health conditions	524	599	87%
60-64	260	281	93%
55-59	364	400	91%
50-54	448	495	91%
Learning Disabilities	9	12	75%
BAME	315	417	76%
PHASE 2			
40-49	683	799	85%
30-39	479	699	69%
18-29	528	828	64%
Cohort (Age or Group)	SINGLE Vaccinated	Population	% SINGLE Vaccinated
PHASE 3			
16-18	91	176	52%
12-15 with underlying health conditions	No figures yet as only just under way		

Our PCN is discussing how to give immunosuppressed individuals their third primary dose. 787 patients have been identified across the PCN of which Plas accounts for 150. Of those 787, 668 (including 135 Plas) have had their first two doses. The third dose should ideally be given at least 8 weeks after the second dose, and, where possible, should be delayed until 2 weeks after the period of immunosuppression. We were hoping to give all these third doses in a one-off clinic at our PCN site but are now digesting whether this is possible given the restrictions on the timing of each patient's third dose.

Plas Meddyg's population

The graphic below shows how our patient profile compares to that of the others in London Borough of Bexley. The horizontal lines are Plas and the squares show the average for Bexley practices. So you can see that we have more 45-85+ year-old patients than the Bexley average, while for all ages below 45 we have less than the Bexley average.



Number of patients with conditions

Please note that the figures below are where a patient has a formal diagnosis of the condition on their medical records. In reality therefore, some conditions will have a higher number of patients than shown, e.g. dementia

Condition	Population
Atrial Fibrillation	205
Cancer	251
Chronic Heart Disease	209
Chronic Kidney Disease	89
COPD	80

Dementia	54
Depression	522
Diabetes	317
Epilepsy	30
Heart failure	71
Hypertension	800
Learning Disability	13
Mental Health	37
Osteoporosis	16
Peripheral Artery Disease	28
Rheumatoid Arthritis	44
Stroke / Transient Ischaemic Attack	127

Surgery News

Lot of staff changes!

- Dr Jetha has now gone on maternity leave. We have been busy trying to recruit someone to cover her maternity leave and are close to an agreement with another female GP. In the meantime we are employing a number of locum doctors to help meet demand.
- On the trainee GP front, Dr Adam Wright joined us at the beginning of August and has settled well and seems popular with patients. He will be with us until August 2022.
- We have a new Secretary (Kairan Hannah) and a new Medical Records Summariser (Louise Langley).
- Dawn Davison is joining us this week to get our Admin/Prescriptions team back up to full strength.
- Nurse Apryl left us at the end of August and we are busy trying to recruit a replacement for her. It is likely that we will have to use some locum nurses over the coming weeks as there is a general shortage of Practice Nurses so it is proving difficult to find someone suitable.

Questions/Feedback/discussion

Further news about the vaccine boosters – these can be given with ‘flu vaccine so some patients may receive both at the same time, but details have not yet been confirmed. MS – 1) patients have asked if the two vaccines will be administered together and if clinical trials have been done to ensure the safety of administering both together. Consensus was that there has not been enough time to conduct trials during the short time Covid and flu vaccinations have co-existed. 2) If

someone cannot have the Pfizer is there an alternative on the booster? MB said the booster vaccine brand has not been confirmed yet. MB said invitations have not yet been sent as deliveries have not been confirmed, but anticipating the first two weeks of October.

MT – 12-15 year olds with underlying conditions? MB – children with underlying conditions will be vaccinated first.

Committee agreed that there is a lot of information to digest and it will need some time to review this and see how the PPG can best use the information. MS commented that the information is invaluable and the breakdown of conditions can guide the PPG direction. MS – as Plas has a high percentage of elderly patients, is this because Bexley has this type of population? Yes.

6. Rebalancing to a more patient focussed PPG

MS had circulated the following paper prior to the meeting.

A Patient focused Patient Participation Group.

For some months now we have discussed the way forward for the Plas Meddyg Patient Participation Group (PPG). There has been general agreement that we wish to be more patient focused carrying out the PPG's objective of representing the view of patients.

We are also agreed that we do not want to be simply a 'box ticking exercise' to meet statutory requirements but it is hard for staff to see the relevance of the PPG if we do not play an active part in the life of the surgery.

Healthwatch have very useful information on ways in which PPGs can ensure that the voices of patients are heard and contribute to the service provided by the surgery. They stress the importance of one of the GPs attending the meeting plus a representative from the surgery administration, otherwise group members can feel that their existence isn't important. We know that this has been a cause of concern in our own group. Recognising that GPs have many demands on their time a solution could be that a GP attends by invitation to address specific issues or has a time limited regular slot to attend the meeting only for that item on the agenda.

Looking at ways the Patient Participation Groups could ideally work it is as follows:-

- a) Annual patient's surveys could be carried out in conjunction with the surgery with PPG heavily involved in creating questionnaire and collating the results.
- b) PPGs could be provided with breakdowns of complaints. These and the results of the questionnaire could then be fed into an action plan with the PPG working with the surgery to improve the issues raised. The action plan could be reviewed annually to measure success/failure.

- c) PPG could organise focus groups for specific conditions to discuss the difficulties the patients in that group face and how the surgery could help them manage their condition better. This too feeds back into the action plan. It also gives an opportunity for recruitment to the PPG.
- d) In addition to the focus groups the PPGs could also organise patient information sessions for specific conditions. This could possibly tie in with the CQC six special interest areas and again offers opportunity for recruitment to the PPG.
- e) The PPG could produce its own newsletter including surgery news which could be circulated to patients through various means.
- f) The virtual membership and patients who wish to have 'online' meetings could have the facility made available to them. This ensures that another line of hearing the 'voice' of the patients is engaged and reaches people unable or unwilling to attend meetings.
- g) The PPG could also review the website of the surgery ensuring that it is patient/user friendly, relevant, up to date and that there is a specific PPG page giving updates against the action plan.
- h) The surgery could advertise the PPG through the text service

Obviously to follow this pathway we would need to have a commitment from the partners of their support and willingness to co-operate and engage with us. We can only become more active, and patient focused if we have the support of everyone within the surgery particularly the partners.

MAS/Sept2021.

Questions/Feedback/discussion

MS said her starting point was what the PPG needs to do to engage patients and how we could represent them effectively. MS researched other PPGs and Healthwatch and selected appropriate topics we could cover. MS suggested a patient survey via SurveyMonkey to get an idea of what patients want and whether they know about the PPG. PPG would also need to have an idea of what it could do and suggest this to patients. E.g. focus groups to look at key conditions and how the surgery can play a part in easing any problems; feed into an annual plan, highlight what the PPG has done to help and feed this back to the patients. Two-way comms between the PPG and the patients is key. SG – "You said, we did"... type of comms, e.g. add items to the website to note patient feedback and how PPG/surgery acted on the feedback. MS said it is key the doctors are on board with this for it to work. Discussion was held around this and how it could be approached. AW suggested a member of the PPG is available in the surgery to engage with patients – issue here is the reduced footfall due to Covid.

The committee agreed with the paper in principle and felt all ideas were worth exploring further.

ACTION: MT to write to MB to agree meeting with the GP partners.

ACTION: ALL to review paper and consider further the specifics and how they could be developed.

7. Virtual questionnaire, rationale and any results

LM had circulated the following questionnaire to Virtual Members:

Dear Virtual Member,

The past eighteen months have been very challenging for us all, but the Patient Participation Group (PPG) have managed to continue to meet thanks to the wonders of Zoom. One positive to come out of the enforced lockdown is that we have reviewed not only our constitution, but also whether we are managing to really represent the views and needs of Plas Meddyg patients. **This is where we need your help.**

As a virtual member of the PPG you are in the ideal position to help us ensure that as the PPG moves forward we become even more patient focused. Initially it would help us if you could answer the following questions, sending your replies to your co-ordinator Leanne by 10th September..

1. Is the information you receive from the PPG of interest to you?
2. If not is this due to the volume, content or presentation of the information?
3. Is there information that you would like to receive from the PPG?
4. What do you see your role as virtual member to be?
5. Do you recognise the role of virtual membership as being the eyes and ears of the PPG?
6. Do you feel able to pass on to the PPG comments on your own experience with the surgery, or that of fellow patients?
7. Are you aware of the way the PPG can help patients of the surgery?
8. Are there any areas relevant to Plas Meddyg surgery that you would like to see the PPG work on?
9. Do you have any particular skills that you could offer the PPG?
10. Would you like to be more involved with the PPG?
11. Would you prefer to stand down from virtual membership?

Please feel free to make comment on anything not covered by the above questions, we are seeking views so nothing is ruled in or out.

Thank you in advance for your contribution in helping the PPG to move towards its next stage of development.

Very best wishes

Mike Tindall
Chairman
Plas Meddyg PPG.

Questions/Feedback/discussion
31 virtual members and 2 reserves.

On behalf of LM, MS confirmed 4 responses. All felt the PPG was worthwhile. 2 would like to become a Committee member. One lady thought at 85 her age may disqualify her – Committee disagreed, feeling that if a person of any age is able to help and participate their contribution is valuable.

ACTION: MS to ask LM to pass on the names to MT for him to respond to the comments.

AW questioned whether there are too many virtual members if only 4 replied. MS suggested any future contact with the virtual members needs to identify whether the information has been read as the Committee are concerned about apparent lack of engagement and input from virtual members.

8. Ratification of the PPG Constitution

Email discussion around the PPG constitution revisions had taken place with the latest draft as follows:

The Committee approved this version which will be finalised and distributed to all members.

9. PPG discussion and the future - All

SW had submitted the follow for consideration:

Hi Mike

I've been thinking about what the purpose of the group is and what we want to achieve in the way of interaction with patients. As the surgery is still not really seeing many face to face patients any notifications on the walls will be to a very limited audience. Would the surgery send out an email from us at a targeted section of the patients as perhaps a pilot scheme making them aware of what we are about, how we can help and include contact details .I have given thought to what section should be targeted in the first instance . I think the people who need an intermediary are the older generation. Now everything is done by photographs being sent to the practice , text messages for info and generally the use of technology. I know several patients that do not have either the technology or a clue how to use it . We could see how receptive this age group are and then adapt the email to encourage younger people to use it . There obviously needs to

be more thought going into this but these are only my thoughts and with ideas from the rest of our group we could expand it .

I hope you are happy with me making suggestions and would appreciate it if you give me your thoughts on this kind regards

Susanne

Questions/Feedback/discussion

The Committee considered the points raised and felt that they were in line with the suggestions for the way ahead, covered in item 6. Emailing users who are less-tech savvy may be a challenge so viability, or alternatives, would need to be investigated.

10. AOB

- 10.1. MT – HP has resigned from the Committee due to ill health. The Committee were sad to hear this and it was agreed HP should be formally thanked for all her contributions over the years. **ACTION: MT to write to HP.**
- 10.2. MT – GP face-to-face appointments. This is still a concern and was discussed but telephone appointments are felt by the GPs to be quite effective and possibly better for gaining medical history.
- 10.3. MS – very impressed with the prescription service which have been very efficient and effective. Thanks passed to them via MB.
- 10.4. SG - Clarification of answering the phone/people at the desk. Is the protocol to answer the phone and respond immediately to the patient on the line, or answer the phone and ask them to hold whilst the person who has arrived at the desk is helped? MB confirmed the latter as it's harder to address the issues of person on the phone when the other "physical" patient is listening.

11. Date of next meeting

Tuesday 23rd November 2021