

**Plas Meddyg PPG Meeting via ZOOM  
Tuesday, 25<sup>th</sup> May 2021, 7pm  
Minutes**

**1. Apologies**

Leanne Midwinter  
Mark Burgess

**2. Attended**

Ann Whatson (AW)  
Halima Patel (HP)  
Jenny Phillips (JP)  
Mike Tindall (MT) (Chair)  
Muriel Simmons (MS)  
Sandra Gilliard (SG)  
Susanne Walsh (SW)

**3. Minutes of last meeting**

23<sup>rd</sup> March 2021 - approved.

**4. Matters Arising**

- a. MT commented he would not know if there were any virtual member issues so this needed to remain on the agenda.
- b. MB to send MS details of Lyndhurst contact – completed. Closed.
- c. Patient Council Meeting - MT confirmed the PCM has confirmed PPGs have been overlooked recently since Lotta left, but are looking to review this and get them back on track.
- d. Outstanding action: All to consider how “non-tech” patients can be more included – not discussed specifically, carry forward.
- e. Mental Health (MH) awareness virtual session provided by Albion Surgery as part of our Primary Care Network - JP and SG attended. It was an interesting event, MIND provide a lot of support and there are other support networks available. JP noted one focus is on help available for males – MT asked why there is less engagement from men with MH issues. SG confirmed research shows they are more reluctant to discuss MH issues, or seek help in the first place. SG said the question asked at this and the previous session re waiting time for actual therapies was not answered either time, a vague answer “depends on the therapy” was provided. This is frustrating and SG has fed back to the event organisers.

**5. Plas Meddyg Brief**

MB apologised for being unable to attend the meeting due to a long-standing prior commitment and provided the following updates:

*Covid-19 vaccinations*

Still going strong although the guidance as to whether we should be bringing second vaccinations forward or vaccinating new age cohorts seems to change daily! We are now using St John's Ambulance volunteers to carry out most of the vaccinations and that, combined with our continued use of the BVSC volunteers for non-clinical work, means that not as many of the surgery staff have to be involved and can focus on core work back at Plas. So now it is usually myself, Dr Stokes, one of the Nurses and one

administrator who find themselves up at Bursted Wood on a regular basis. We have not been offered any Moderna vaccines so have continued administering Pfizer and AstraZeneca. Uptake has been very good and there has been little or no hesitancy.

#### *Future meetings*

I understand you will be discussing moving back to physical meetings and, from my perspective, I think we are now in a position where this can be accommodated and the sooner we can ditch online meetings while remaining safe the better! The upstairs room that we used to meet in, which I know some of you feel would not be suitable due to its size, is actually no longer available as it has been turned into an office – a result of us trying to space staff out because of the pandemic. I think the only realistic space is in the waiting area but it would mean balancing papers/laptops on knees as we don't have a suitable table. Alternatively, I could make enquiries of the local church halls?

Mike had asked if the GP partners would fund a paid subscription to Zoom for the meetings to allow them to go over the time limit on a free subscription. They had said no, partly because of keeping a tight rein on finances and partly because they felt that there were probably other free platforms out there which could be used so why pay? Following a nudge from Mike, I enquired of South East London CCG whether Microsoft Teams could be used instead and they have confirmed it can be, so if the committee feels they would prefer to continue with online meetings for the time being then I will happily get this set up.

#### *Clinical Pharmacist*

The Chairman has asked me to comment the effect of the pharmacist in the surgery and what does she actually do. Deborah has taken over much of medication work that the doctors and prescription clerks did. She updates patient records with any medication changes made by hospitals/consultants, deals with patient queries, contacts patients who need blood tests in order to monitor their medication, is working her way through a list of patients who are on more than 10 medicines to check that all are actually required and reviews new patients that are on medication. There is sure to be loads more that she does that I have forgotten! She has certainly reduced the amount of time that the doctors used to spend on medication queries.

#### *PPGs in the future*

I am sure they will continue to play an important part in being the patient's voice. I have just received an email (pasted in below and attached slide pack) regarding research projects and intend to agree to this if you are in favour?

Dear colleagues,

Thank you for your continued and much appreciated efforts,

I hope this email finds you well and your GP Practice managing with the ongoing pandemic as best as possible.

The Primary care team would like to re-engage with all GP practices in South London with regards to Patient Participant Groups (PPG) and help with understanding the importance of our NHS research as well as encourage patients to take part using NHS resources such as [www.bepartofresearch.nihr.ac.uk](http://www.bepartofresearch.nihr.ac.uk).

We would like to attend your next PPG meeting, understandably 'online' at present, but in person too when appropriate, to go through the attached PowerPoint presentation and help answer any questions PPG members may have, all within 10 minutes or so.

Please get back to us as to when you have your PPG meetings and we will try our best to attend and present.

We look forward to your response.

### *Surgery going forward*

We expect to predominantly continue with telephone/video consultations for initial consultations, with doctors seeing patients face-to-face when there is a clinical need not just because the patient demands it. We are far away from, and don't have the appetite for, going fully online. So, don't expect to see a crowded waiting room for the foreseeable future.

On the subject of the waiting room, I would like your opinion on whether we should introduce magazines for patients to read while they are waiting, the children's toys area, and the book shelves containing books that are sold for charity. These were all made inaccessible when Covid hit to reduce patients touching things and maybe spreading the virus. The area seems a bit sterile/empty without them but does allow us to keep the area clear and tidier. Any thoughts?

### *Surgery News*

- Sadly, it didn't work out with our additional receptionist Sheila but we have recruited a replacement Dianne who starts mid-June
- Our primary care network, APL PCN has recruited a paramedic to work across the 4 practices. Initially, they (it is a different one each day as we are using a pool of paramedics) will be making urgent home visits on our behalf. Each practice has a daily quota of visits which if not taken up can then be used by the other practices. Each practice's duty doctor decides whether a visit is required.

### **PPG comments:**

MS – found telephone consultations very helpful and GP will arrange face-to-face visit quickly where necessary. HP confirmed Zoom meetings are also used for consultations. MT raised concerns about this for those less “tech savvy”. SW said phone consultations were fine but has concerns about text messages for those who may not be ok using text. JP said more 1-1 (face to face) consultations are needed. MS – telephone consultations were a government initiative so it is likely this will be encouraged as the way forward, but thought widening the brief to look at Plas Meddyg communications generally would be beneficial.

AW - Paramedics on site noted so presumably telephone consultation is a triage. JP said there was local criticism about accessing doctors the way they used to. HP – some are finding it impossible to see a doctor face to face by which time the condition has worsened. An example given was an initial telephone consultation and follow-up call meant a delay of a week or so as the face-to-face appointment affected the treatment decision.

Discussion was held around the type of appointments that should be available. This was the key discussion point of the meeting.

**ACTION: MT to ask MB to confirm plans for appointment types and PPG to take this forward as a separate project.**

## **6. To consider the reintroduction of face to face PPG meetings**

All agreed to use the Reception area of the surgery for PPG meetings going forwards, starting with the July meeting.

## **7. Initiatives with other surgeries**

MS had Zoom connection issues at this point but MT said not much work can be done at the moment as surgeries are getting up to speed again after the pandemic.

**8. Patient Council Meeting**

No meetings held, MT has circulated any available papers.

**9. PPG discussion and the future**

a. All - MB's suggestion of involvement (PPGs in the future) – group agreed involvement would be good.

b. MS – patients in a hospital have PALS (Patient Advocate Liaison Service) to help with any issues. GP and community care do not have an equivalent – could the surgery have “champions” who are similar to PALS, people who are available for raising concerns?

**ACTION: MT to ask MB whether the surgery could consider having a Patient Advocate.**

**10. AOB**

a. HP – now services are opening up again, could more face-to-face GP appointments be offered as covered in item 5, as per patient feedback to her.

**11. Date of next meeting**

27<sup>th</sup> July 2021 at 7pm, Surgery Waiting Room.