

PPG Meeting Minutes
Held via Zoom
7pm, Tuesday 24th November 2020

1. Apologies

Leanne Midwinter (LM)

2. Attended

Anne Whatson

Halima Patel (HP)

Jenny Phillips (JP)

Mark Burgess (MB) (Practice Manager)

Mike Tindall (MT) (Chair)

Muriel Simmons (MS) (Deputy Chair)

Sandra Gilliard (SG)

3. Minutes of last meeting

29th September 2020 – approved.

4. Matters Arising – Mike

4.1. MT to circulate the CQC ideas and Committee can explore further, taking CQC structure into account – carried forward to January 2021 meeting.

4.2. MB to query IT security of “Coordinate My Care” – MB and SG investigated the security aspects and both were happy. Closed.

4.3. MS to circulate information about the “Ear nurse” – outstanding.

5. Plas Meddyg Brief – Mark

5.1. MB sent a message out to the staff asking whether there were any particular areas that they thought the PPG should look at but didn't receive any suggestions

5.2. Flu vaccinations - Our nurse hosted flu clinics seem to have been well received and minimised the time that patients were in the surgery or in close proximity to others. We are performing well both in Bexley and across South East London. The District Nurses are just about complete vaccinating our housebound patients and we have vaccinated all those over-65s and “at risk” patients that wished to have the vaccine.

We were finally given the formal go-ahead last week to vaccinate the 50-64 year-olds from December 1st, not before. We have managed to obtain sufficient vaccines from a central supply to vaccinate the estimated demand and are aiming to vaccinate this cohort between the 1st and 11th December. Over 1000 appointments have been put aside for this purpose.

AW had a vaccine at Boots – will they let the surgery know? MB said they should. JP asked if many had declined – no, better uptake this year. MS said the way the surgery ran the process this year was excellent.

5.3. Covid-19 vaccinations - Members probably know as much as we do as the situation changes daily, if not more frequently. It is very difficult to plan when/how we will be administering the vaccines as we don't know which ones we will get, when we will get them and whether mass vaccination sites run by other providers will be used for the large majority of patients!

APL, our primary care network of ourselves, the Albion, Lyndhurst Medical Centre and Bursted Wood Surgery, had to nominate a single site (we nominated Bursted Wood due to its large car park and quiet location) where they can be given, but we are anticipating that most of the vaccinations will be given at the individual surgeries.

Knowing which vaccine we are likely to be receiving would be helpful as, for example, the Pfizer one will arrive in batches of 975 doses, have to be thawed out from its -80 degrees C, drawn into syringes (it doesn't come in pre-filled syringes) and used within 3-4 days. We then have to cross our fingers that another batch will arrive in 3 weeks' time so the second dose can be given. If the initial dose only gets to us say on a Thursday then it is going to be difficult to administer without working the weekend. There is also the logistical headache that we understand that a patient has to wait 15 minutes before they can leave so where do you put everyone. That also creates challenges if we are administering to the housebound as we wouldn't be able to give many in a day if the person giving the vaccine had to wait for 15 minutes before moving on.

The Oxford one is easier to handle but it sounds like this will be available in a few months' time rather than in December.

In answer to a point raised by Muriel before the meeting, I don't think we will have a choice of which vaccine to use for this time around anyway. Entire countries are scrambling for the vaccines and it will come down to our government and its advisors which one(s) they manage to procure and to whom they will allocate them. With the flu vaccines, we do have a choice of suppliers each year and we do that based on them being on the recommended list obviously and then how the supplier has performed previously and the cost of the vaccine.

AW – will the flu vaccination process be used for Covid? MB - not sure yet as the situation changes so rapidly.

General discussion was held about the various Covid vaccines due.

5.4. Surgery News

5.4.1. We had two trainee doctors join us in August - Dr Vanessa Salih who will be with us until August 2021 and Dr Mahwish Alvi who is about to go on maternity leave. Happily we have another trainee doctor joining us to replace her, Dr Kary Leggett, who will be with us until August 2022.

5.4.2. Dr Sarah Botchway will be leaving us shortly and will be focusing on her work in Bromley. Her replacement, Dr Naima Jetha, has already started. Dr Jetha works Mondays, Tuesdays and Fridays. We will also have another salaried GP joining us shortly – Dr Lucinda Appiah who will be the Duty Doctor on Thursdays.

5.4.3. Nurse Sian Thomas is leaving shortly to move up to the Midlands. We are recruiting for her replacement but it is not proving easy. Other surgeries are having the same difficulty as ideally we would like to bring in someone who has prior experience of working in primary care.

5.4.4. Thankfully, surgery staff have not suffered with Covid-19 since the first few months of the pandemic. We have had some shortages on reception due to illness but not for Covid-19 reasons.

5.5. Workload - We have remained open throughout the pandemic, even if the front door was shut for a time. Doctor appointments still start off as telephone calls but patients will be brought down for a face-to-face if the doctor feels it would be beneficial. I can't see any return to the days where the vast majority of appointments were face-to-face.

MT asked if telephone appointments has saved time. MB - not really, as the appointments take the same time.

JP said she has rarely had to phone for appointment but has phoned on time, can be no. 4 in the queue, but when it gets to JP's turn there are no appointments left. JP said you also have to phone a week ahead on the day the doctor works, e.g. if Dr X works on a Thursday you have to phone on Thursday for an appointment the next Thursday. MB said the appointments are released at 2.30pm for the next week, so if a doctor works on a particular day this is why – but any doctor can be seen.

MT felt the telephone appointment system was working very well under difficult circumstances and asked MB to pass on thanks. MS agreed saying the Receptionists are excellent.

6. Initiative with other surgeries - Muriel

MS has contacted the other two surgeries but due to Covid any meetings and initiatives have been postponed until 2021. MT asked if MS had got an impression whether they were amenable to the idea of joint working on an initiative – yes, it just depends on what the initiative is.

7. Patient Council Meeting – Mike

MT said there were no minutes from the last meeting. MT is trying to obtain minutes.

8. PPG discussion and the future.

ACTION: MT to come up with a plan but welcomed input from others. MS said things will be easier when a physical meeting can be held.

9. AOB

9.1. MS – District nursing. MS was told District Nurses (DN) will only accept a Discharge Notice from the hospital, not the patient/relative or GP. MS complained to Oxleas and this was resolved for her particular experience. However, by giving the discharge notification to the patient, the DNs do not know when the patient has been discharged. An example given was an insulin-dependent patient discharged without DN knowledge and was found collapsed on the floor. MS was told the patient is given a discharge notification; this was for Darent Valley (DVH) – SG confirmed for DVH the patient should be given the discharge notification on discharge and the GP is then emailed a copy in the early hours of the next morning. Other hospitals may vary. MS suggested champions for older people may be something to consider for the CCG agenda as this could be a gap in the process.

9.2. JP – Prescriptions – Kings prescribed medication for 4 weeks and provided 2 weeks' supply, requiring the GP to provide the rest. Dr Schmalhorst was not happy about this, telling JP she needs to write to the consultant. When JP saw the correspondence from the consultant to the GP, the letter stated "I have prescribed" rather than "could the GP continue to prescribe" so the surgery would not have known to prescribe the rest of the medication. MB confirmed a lot of issues like this are arising and are taken up as quality alerts. MS said this is another area where a patient champion may be useful.

10. Date of next meeting

7pm, Tuesday 19th January 2021