Plas Meddyg Surgery
Patient Participant Group Meeting
Minutes
Tuesday 29th September, 2020
Venue: Zoom call

1. **Apologies**
   Halima Patel (HP)
   Leanne Midwinter (LM)

2. **Attended**
   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**
   21st July 2020 – Approved.

4. **Matters Arising**
   JP queried if people had volunteered for their "specialist" area as mentioned at the last meeting. MT said this was the initial idea and is still to be discussed in detail. MT commented that CQC has a view on how this should be structured e.g. children, the elderly, but this may detract from people's interest areas. JP said she has an interest in the children's category having been a Health Visitor for so many years. MT said the CQC structure is not rigid but any interest fitting in with it would be beneficial. MS commented that CQC categories are quite broad so this could be a challenge. MB confirmed the categories:
   - Older people
   - People with long-term conditions
   - Families, children & young people
   - Working age people
   - Vulnerable people
   - People with poor mental health

   ACTION: MT to circulate the CQC ideas and Committee can explore further, taking CQC structure into account.

5. **Plas Meddyg Brief**
   MB updated verbally the report that was circulated prior to the meeting:

   5.1. Covid-19
   We have continued to see patients when appropriate. The main door was opened on September 7th and a one-way system introduced. Doctors' appointments still start with a telephone consultation but they will bring down a patient if an examination or a face-to-face appointment is required. The nurses are seeing the majority of their patients.
   Currently this is the provisional order being recommended for if and when a suitable COVID-19 vaccine is developed:
   1. older adults' resident in a care home and care home workers[1]
   2. all those 80 years of age and over and health and social care workers[1]
   3. all those 75 years of age and over
   4. all those 70 years of age and over
   5. all those 65 years of age and over
   6. high-risk adults under 65 years of age
   7. moderate-risk adults under 65 years of age
   8. all those 60 years of age and over

9. all those 55 years of age and over
10. all those 50 years of age and over
11. rest of the population (priority to be determined)

5.2. Flu vaccinations
We are under way with our clinics – the first one was on September 24th and they will be held several times a week for about 7 weeks. The nurses are doing the vaccinating with either another nurse or an admin person checking the patients in.
We invited patients in in waves starting with our oldest patients – text where possible otherwise by letter. Invites to the usual population cohorts (the over-65s and the "at-risk" groups) should have all gone out by the time of this meeting. Other groups that are newly eligible, like household members of shielding patients, will be invited once we are sure we have enough vaccines (we ordered last November before anyone had heard of coronavirus!). NHS England have not advised us yet when and where from they will source the extra vaccines required to vaccinate the new and large eligible group of 50-64 year-olds.

MS asked how the flu vaccines are going to be administered. MB said nurses are administering and the first couple of clinics did not need to use the one-way system; this may change as footfall increases. Queuing has been according to social distancing and masks have been worn. However, the social aspect has had to cease. MT – is there a facility for cancellations so people can be put into these slots? MB - Not if on the day but if the day before, possibly. JP – If someone declines, can they come back later to have the vaccine? MB - Depends what type of "decline", if it's "at the moment" they are contacted again but if it's for the season they are removed from the list.

MS – someone told MS they did not want to risk going to a surgery to have the vaccine so went to a Pharmacy – does this affect Plas Meddyg Revenue? MB – not concerned with this in the current pandemic circumstances. Pharmacies and surgeries seem to be pulling together better this year.

5.3. Telephone system
We had major issues with the system while I was on leave which dragged on until a few days after I got back. Despite repeated requests to our provider and BT Openreach and numerous engineer visits it took ages to rectify for which I apologise. We couldn't get outside lines (so clinicians and receptionists had to use their mobiles) and incoming calls were subject to long delays and being cut off. We are very sorry!

5.4. Surgery News
Two trainee doctors joined us at the beginning of August - Dr Vanessa Salih (under Dr Stokes' supervision) and Dr Mahwish Alvi (under Dr Ralf's supervision).

Deborah Ologun joined the APL Primary Care Network as a Clinical Pharmacist from August 24th. She works with Plas Meddyg Surgery for 4 days of the week and at The Albion on Thursdays. Among her duties she is carrying out medication reviews and helping with pre-scription queries.

6. Patient Survey
This was circulated prior to the meeting but had been discussed previously.

7. Initiative with other surgeries
MS mentioned "Coordinate My Care" – recommended for vulnerable and older patients as it records their wishes, the GP they usually see and other questions usually asked when an ambulance crew attend a patient (e.g. end of life care through to pets that need looking after). MS found the system very user-friendly. A follow-up appointment is recommended

then the data is sent to the GP via a central location and becomes available to any emergency services. MS thought this would be good to recommend to other surgeries to use, to advertise it and to support people who may struggle with the technology to set it up. MS suggested asking Practice Managers to circulate the information to patients. SG – what security is in place for the patient's data? This does not look to be an NHS Digital-related company. MB – the Royal Marsden developed this and it is promoted by the CCGs but the security can be looked into. JP – is the data reassessed after a certain amount of time as things e.g. a patient's Do Not Attempt Resuscitation wishes, can change? MB – it can be amended by a healthcare professional.
ACTION: MB to query IT security of "Coordinate My Care" [post meeting note - SG can investigate this also].

MS mentioned a trial of dedicated ambulance crew for "fallers" who arrive quickly and have the relevant equipment to get people up off the floor rather than having to admit them to hospital. MT asked if this was happening in Bexley – MB said something similar is likely to occur around Paramedics being first attenders. The committee thought these were excellent initiatives.

8. Patient Council Meeting

MT reported a lot of change is ongoing and will send the minutes of the last meeting to the committee.
ACTION: MT to circulate minutes of the last Patient Council meeting.

9. PPG discussion and the future.

MT confirmed one aspect of the new direction of the PPG is to focus on one or two ideas the committee have and discuss these.

10. AOB

10.1. MT – MT sent "retirement" cards to Nurse Susan and Mavis Wilton; MT read out Susan's reply which was much appreciated.

10.2. JP – policy around ear syringing at the practice. JP has heard that people are having to go private to get their ears syringed. MB confirmed this has ceased at the surgery due to concerns about potential damage to the ears as it is not an NHS-approved service. He confirmed nurses will still look in patients' ears but not do the syringing. MS said an "Ear Nurse" is available locally.
ACTION: MS to circulate information about the "Ear nurse".

11. Date of Next Meeting.

Tuesday 24th November 2020.