LITTLE WALTHAM AND GREAT NOTLEY SURGERIES

PATIENT PARTICIPATION GROUP

MEMBER OF THE NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (NAPP)

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| PPG OPEN/AGM meeting on Wednesday 27.01.21 – 7.00pm - via ZOOM**1)****Apologies** Helen Mallender, Anne Johnson & Roger SmithIn attendance: Victoria Weavers, Jo Le Huquet, John Oates, Barry Crawford, Roy Perry, Dr Mackin, Hazel Throssell, Beverley Lampitt & Siobhan Bull.Many other patients via ZOOMVW thanked everyone for attending.**Chairpersons Welcome**VW welcomed everyone. It is the first time the AGM has been held via Zoom. Its usually held in October but we had to postpone due to the current climate. Lockdown means that the past few PPG committee meetings have been held this way.VW gave a brief overview of the PPG. It was formed in October 2014 and encouraged by the CCG (Clinical Commissioning Group) to be a bridge between the patients and the surgery. It’s for patients voices to be listened to NOT for individual complaints. There are currently 11 members and they meet quarterly with BL (practice manager) & Siobhan Bull (secretary). There is one public open meeting a year and the members cover different geographical areas of the surgery (Little Waltham, Great Waltham, Pleshey, Braintree & Great Notley). VW mentioned the twice yearly newsletter is available online and in the surgery to view (currently unavailable in the surgery).Tonight there are three speakers.Dr J Mackin – GP & partnerHazel Throssell – Social prescriberBeverley Lampitt – Practice managerQuestions can be asked after and a new chairperson will be elected along with any new members.**2) Dr James Mackin**JM talked about Covid and what is happening at the surgery.The vaccination program is run by NHS England national vaccination team. They co-ordinate the roll out to surgeries, mass vaccination centres and pharmacies. They don’t liaise with us directly but do so via the East of England Regional Group - our ‘STP’ - which covers Mid and South Essex. Even they don’t communicate with us directly. Our point of contact is the Mid Essex CCG and mainly Paula Wilkinson (the Chief Pharmacist - who does an excellent job) but also Robert Evans & Kate Butcher. They don’t have any control of what vaccines are sent where but provide the conduit for information to flow to and from the STP and national team.We were first asked to ‘sign-up’ to the vaccination programme (when only the Pfizer vaccination was going to be available) at the end of November 2020. We were told we had to do so as a PCN alongside Douglas Grove Surgery and Hatfield Peverel and Boreham). Due to storage conditions, the very short shelf life once defrosted, and with Boreham as the site for vaccination, we felt it was too unstable and unsuitable for us to sign up to. We indicated that if the Oxford Astra-Zeneca (AZ) vaccine were to be approved and made available to us we would sign-up and take part. It is felt that really only the AZ vaccine is properly suited to individual practice delivery. Danbury Medical Centre and Longfield Surgery in Maldon were the only two centres that did sign-up as being prepared to receive and administer Pfizer vaccine. We were then told at very short notice at the end of December that we had one last opportunity to sign-up as a PCN. As there was no guarantee that we would receive the AZ vaccine (and if we were to receive the Pfizer vaccine we would not be told how much or given more than 1 week notice to prepare), we decided we could not take part at that point. Over Christmas and New Year our eligible patients were invited to attend the mass vaccination site at Basildon and a proportion were invited to Maldon. In the New Year Pfizer vaccines were also offered to some of our patients at Broomfield Hospital. At this point we were told no new delivery sites in General Practice would be set-up and so we sought to collaborate with other local surgeries. Danbury (Beacon Health) Medical Centre agreed to work with us in January and so they are now the receiving site for our vaccines. They will initially contact our patients to give the Pfizer vaccine when it is available but as supplies of the more stable AZ vaccine improve we will be able to bring those to our surgery and provide it more locally from Great Notley. The focus initially is in completing the over 80’s age group, vaccinating the old-age Care Homes and vaccinating NHS staff. Last week we received some of the AZ vaccines for our care home - Longmead Court - so those patients are all now vaccinated as are the majority of our staff.The biggest issue is communication: The CCG do communicate with us but they often don’t get information themselves (or get it at the last minute) so cannot update us as to what is happening with supply, timing, or up until now, where our patients will be vaccinated.Danbury were expecting 400 vaccines on Friday. Today we were informed they should expect 1000 Pfizer and 1000 AZ. This will mean weekend clinics needing to be arranged at very short notice but does mean that our over 80’s can be completed along with the Care Homes and we can start to vaccinate the over 75’s.We haven’t heard anything regarding mass vaccination centres. It is rumoured the Great Leighs racecourse is going to be used. There are rumours of staff being offered extra shifts etc but we haven’t been advised of anything. It is organised separately by NHS England and possibly the STP but the CCG have no information to give us either.A patient asked how we will contact patients once we have the vaccine available. Danbury will be giving Pfizer and they have access to our patient list so will start with the oldest and work their way down the list by phone. We will ring text and if needed write to patients so that no one is missed. Once a patient has had the vaccine it is logged on the system overnight so we know if it has been given elsewhere. Every time the record is opened it has a red box flash up saying that the patient has had their Covid vaccine.A patient asked if couples could have their vaccine together even if different age groups. JM said it really had to be done cohort by cohort but of course we will be as flexible as we can.Another question was raised by a patient asking that if a person has covid can they still have the vaccine. JM replied it is recommended that a person who has had the covid virus waits a month before being vaccinated. However, we will be asking the patient before the vaccine whether they have had any symptoms recently but we won’t be doing a test prior to giving the vaccine. Common sense has to also be used by the patient but essentially if you are well and don’t have a temperature or cough on the day (and haven’t had a positive test in the last 28 days) it would be fine to have the vaccine.VW asked which would be the most suitable site either GN or LW. JM replied is depends on the amount of vaccines we receive, logistically GN makes more sense, but we appreciate that some of our older patients reside in LW; so we would try to alternate if the CCG allow this.VW asked are patients made aware that the first dose of the vaccine doesn’t give total cover. JM had his vaccination two weeks ago and he wasn’t informed this. We will though be telling all our patients this. The vaccine will protect you from getting severe infection but it won’t stop you getting it completely and you still may be able to pass the virus on as an asymptomatic carrier’. Please remember to continue to wear masks, 2 metre social distancing and wash your hands regularly.To answer and reiterate another question our surgeries will only be administering the AZ vaccine, Pfizer will be given at Danbury.JM advised that if patients are given the opportunity to have the vaccine elsewhere before we have it available here, and they can travel to that site, they should take up the offer. Please feel free to go and have your vaccination. We believe Broomfield hospital may still have some available.If the racecourse is going to be a mass vaccination centre it will be available to our patients. The national vaccination program may send out letters and in responding to this a mass vaccination centre will be offered. The national booking service cannot book appointments at Danbury (or with us when they are available).A patient asked if they had their Pfizer vaccination before Christmas at Basildon, can they go to Danbury for the 2nd dose. JM replied possibly but we haven’t been told we can give the 2nd dose if we haven’t given the 1st dose. We have though been told if we give the 1st dose we MUST give the 2nd dose.JM said to contact Broomfield you need to use the shiftpartner link.A question was raised about the data and how many patients we have to vaccinate. JM replied that we currently are just short of 20,000 patients and including the PCN it rises to 36,000. If we had the Danbury PCN group its even higher at 80,000 patients.Luckily Danbury have already been able to vaccinate their over 80’s, house bound and care homes. They will help us to catch up.The patient continued to ask how many patients in each cohort. We have approximately 800 over 80’s, of which half had been vaccinated by the end of 2020. The remaining we are hoping to clear by the end of the next week.There are approximately 100 registered housebound patients of which 50 are completely housebound. So some of this cohort has been able to have their vaccination. There are roughly 1800-2000 over 75’s and around 5000 over 65’s. JM didn’t want to over promise but we will do our utmost to vaccinate as quickly and safely as we can. As Danbury had been told (and previously mentioned) to expect 400 vaccines but are now getting 2000 vaccines (1000 of each; Pfizer and AZ) it is very difficult to prepare and predict who will be called when. The priority is to clear the over 80’s, housebound and care homes.A patient advised of the following number that can be used to get appointments at Broomfield hospital or Basildon hospital – 01245 551919. They were able to get an appointment at Broomfield hospital using this number. JM was thanked for clearing up the queries and giving a thorough explanation. **3) Hazel Throssell – Social Prescriber**HT joined in March 2020 just before lockdown as a Social Prescriber this is not a medical role. Her job would usually involve her being out and about in the community but that hasn’t been possible. She is mostly desk bound and has been calling patients. She has been advising them on local groups (when able to attend), befriending services over the phone, helping to complete allowance forms. Some of our elderly patients have been quite lonely so HT has made weekly calls to check they are ok. The GP’s can task HT to call patients. HT said she made a lot more calls during the first lockdown compared to now. Neighbours are supporting each other which is helping isolated patients. HT advised that Braintree community transport is offering free transport to those that really need it in the local vicinity to the racecourse. She reported that Essex Wellbeing and NHS volunteer responders were struggling to get drivers at the moment.HT works 2.5 days for LW & GN she is always in the office on a Thursday & Friday. The rest of the time she supports the other hub surgeries.VW asked can patients make appointments – Yes they can call reception and leave a message for HT who will call them back.**4) Beverley Lampitt – Practice Manager**BL said that this has been the hardest year in general practice. Everything had to change overnight. We went from face to face appointments to working remotely. We have new systems and photos can be sent from peoples mobiles. We had a nurse, dispenser and HCA who had to shield. They were able to log in and work remotely. It was a struggle at times but we all worked hard and together. Regular meetings were held to discuss the best and safest way to proceed. All calls were triaged over the phone and we only had face to face appointments if deemed necessary to reduce the footfall into the surgery. We have been the only surgery in both areas to not lock our doors thus still enabling patients to come in, register etc.A colleague has done a brilliant job of ordering all our PPE and stock. At first the PPE was given to the front line staff due to lack of supplies. Now though we are able to source PPE to ensure all staff are covered.BL advised that HT has been a godsend as a point of contact for our elderly patients, helping with shopping and delivering scripts. Even delivering bird food to a patient.Even in the pandemic we have recruited a receptionist, diabetic nurse, 2 physiotherapists,2 clinical pharmacists and an audit clerk.BL asked the staff their feelings whilst working in this pandemic‘Stressful, scary, at times like a warzone’ However, we are a great team who have pulled together and have been happy to work and glad to be here.There have been some meltdowns but it’s made us stronger. In the words of Billy Ocean ‘when the going gets tough, the tough get going’.Moving forward we will adopt some new measures.A patient asked JM if we’d had more missed appointments with the telephone system? In general no, although sometimes a GP can call a patient 10 minutes after they have rung in and have no reply, try 10 minutes later then 30 minutes later and still no reply. It works well but isn’t ideal as face to face is often the best option. It’s also very tiring being on the phone all day. There are some advantages and we will carry these forward. We are able to spread the workload and have the best clinician equipped to deal with the query allocated to the call back.The two clinical pharmacists are the best people to speak to regarding medications and often better than asking a GP. The Physiotherapists are very skilled and qualified to deal with musculoskeletal queries. They are employed to be ‘first contact’ clinicians which means they are trained to assess the initial symptoms and provide the right management. Again, as this is their specific skill area they are often a better first contact than the GP for this type of problem.JM spoke about a proposed digital service. Patients could call or send a photo at any time via a link. Other practices have slowly been introducing this. Some have 100% digital services. He was asked by a patient how this would work. JM explained that, for example, if there were 400 messages from 7pm to 8am then in the morning the receptionist would be able to allocate those tasks to the GP’s – by patient preference to a specific clinician if available. If a GP has 50 tasks, probably 10 could be dealt with digitally, some may require a phone call, some may need a face to face appointment. This initial triage could be dealt with within an hour or so to then leave the rest of the morning free to speak or see in person those that require it. As most of the 8.00am phone rush has been removed, this would free up the incoming phone lines for patients who needed to call and can’t use the digital service. The receptionists would add the phone calls to the triage list so no patient has an advantage over another. All contacts should be dealt with on the day and demand led in an ideal world.A question was asked if Brexit had caused any delays in medication. JM said the for last 5/6 years there have been delays with lots of medications, particularly hormonal medications (things like the contraceptive pill and HRT). Ear and eye drops were always harder to get hold. This predates Brexit and has not been worse because of it. One reason seems to be that drugs manufactured in the UK are sold at a fixed price to the NHS. For example the NHS may agree it will only pay £15 for an asthma inhaler whereas somewhere like Malta may pay £35. Wholesalers may therefore choose to supply where they can achieve a higher price and UK supply is reduced. This is one reason but there will be others too. VW thanked JM, HT & BL for their time and valuable information.**5) AGM**Minutes from the last meeting approvedELECTIONSB proposed VW as the new chairperson seconded by JO.JLeH said she would be happy to be the vice chairperson. SB proposed JLeH as the new vice and VW seconded it.New Members: Anne Johnson and Susan Duke.SB asked if the new members could call her to advise of contact details.**6) AOB**Nothing was raised.VW thanked everyone for attending and advised the next AGM/Open meeting should be in October 2021.Next meeting as discussed at the last meeting 31.03.2021 at 2pm via ZOOMNB: The racecourse has since been opened as a vaccination centre S Bull17.02.21 |  |