**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 8th March 2021**

**18.30hrs via ZOOM**

**REDACTED**

Attendees:

[NAME] – PPG Meadowside (Chairman and Secretary)

[NAME] – PPG The Village Surgery (Vice-Chairman)

[NAME] - GPSH CEO

[NAME] – PPG Yew Tree

[NAME] – PPG Park

[NAME] – PPG Park

[NAME] – PPG Blyth/Knowle

[NAME] – PPG Yew Tree

[NAME] – PPG Yew Tree

[NAME] – PPG The Village Surgery

[NAME] – PPG The Village Surgery

[NAME] – PPG

Apologies: None received

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|  |  | **For Action**  **by** |
| **Welcome** | These minutes are a report on the virtual meeting which took place on Monday 8th March 2021 at 18:30 hrs.  [NAME] opened the meeting and welcomed those attending. He added that as we were in a difficult phase of the COVID-19 crisis, the agenda was principally based on the latest situation within Solihull and Birmingham and how GPSH was handling the vaccination roll out to their patients.  [NAME] reported that no apologies had been received and that the meeting was quorate. |  |
| **Previous Minutes** | The minutes were approved, being proposed by [NAME] and seconded by [NAME], as a true record of the previous meeting.  **Actions Arising:**  There were no specific matters arising from the previous minutes |  |
| **GPSH Update** | At this point, [NAME] handed over to [NAME] to report on the current situation regarding COVID statistics for Birmingham and Solihull and the development and progress by GPSH regarding QIT and web improvements.  [NAME] stated that he would follow the agenda items:   * Current national COVID statistics and situation regarding Solihull and Birmingham * Vaccination roll-out programme * Effect of new COVID strains * QIT work * Changes in staff   **COVID-19 Situation Update:**  [NAME] reported that the statistics for Solihull were showing a marked improvement for Solihull when comparing the current number of cases per 100,000 patients, as follows:   * National figures are 58per 100,000, a drop of 32% and the triage calls were down 17%. * Solihull are 51 cases per 100,000,a drop of 35% and the triage calls were down 14% * Birmingham are 88 cases per 100,000, a drop of 28% and the triage calls were down 17%   However, Birmingham figures are affected by Sandwell and Dudley where rates are still high: this then has a knock effect on Solihull figures as Birmingham is taken as a basis for this area.  The triage case numbers are based on the number of new calls received by 111 or 999: these are providing a real positive outlook.  [NAME] then showed a chart (progression Board) based on the 7day moving average trend of 111/999 Triage and cases. This clearly demonstrated the exponential rise in cases necessitating the need for the current lockdown. The triage numbers have risen, probably due to the improvements in the test and trace system, but since December the number of cases has fallen dramatically to the levels at July 2020. Consequently, the population appeared to become somewhat relaxed during July and August leading to a further lockdown during Autumn.  **Vaccinations:**  Regarding the vaccination programme, the South Solihull Hub (comprising GPSH and Solihull Healthcare practices) have completed a total of 25,000 vaccinations at Monkspath Surgery last Friday and have already started vaccinating cohort 7 patients. We have now hit the 11 week window as set nationally. Also we have started to vaccinate patients for their second vaccination.  **New COVID Strains:**  There are four identified new strains of the virus, namely:   * UK strain * South African strain * Brazilian strain * Californian strain   There are three main problems with these other strains   * they increase the level of transmitability * whether the new strains are more virulent * vaccine effectiveness   The first concern is whether the current mitigation measures of hands face space are effective for the new strains. The advice is that the current mitigation measures are satisfactory for the new strains. It is worth remembering that the COVID virus acts in the same way as any virus which develops new strains. The reason for lower levels of flu during the winter is probably due to the mitigation measures that have been used during the pandemic, and it could be the advice that the population will receive during the next winter. For comparison, the flu vaccine is developed each year to counteract the various strains identified during the previous 12 months.  The second question is whether the new strains are more virulent and this is being researched at the moment.  The final point is vaccine effectiveness. This is being researched and developed all the time and may result in a booster vaccination later in the year.  One of the questions being asked is whether you can have a different vaccine on your second vaccination or should it be the same as the first vaccine you were given. This is being looked at currently but it is recommended at present that the same vaccine should be used for both vaccinations. However, only two vaccines are currently used in the UK but there are others available in the future. This means that if there is a need for a booster jab in the autumn it could be a mixture of vaccines, similar to the current flu vaccination programme.  The continued success of the vaccination programme depends on continued delivery of the vaccines and the need to be advised of delivery in good time. Currently, we have only two days’ notice which does not help in organisation.  **QIT Work:**  [NAME] presented a power point presentation detailing the development work at GPSH as well as being available as a practice for the patients. Therefore while continuing concentration on the vaccine roll out we still must provide core services. Decisions have been taken to freeze some of the non-essential work, such as investment in people, cultural values review.  The presentation was the Future Change Framework Matrix, which he would send to Graham for distribution.  The four page presentation will be sent to members and [NAME] requested that it should be discussed and feedback would be useful in determining the way ahead when we start some sort of normality again.  The presentation was displayed in four sections, as follows:   1. Temporary measures put in place done to respond to the immediate demands but specific to the crisis  * Red site provision * Appointment duration increased to 15 minutes- is this to continue?? * Central phone answering tried during crisis  1. Obsolete activity to stop doing  * Home visiting by site  1. Paused activity during the crisis stopped during the crisis but now need to restart  * Extended hours (may not need to restart with vaccination activity) * Minor ops and contraception sessions * NHS Health checks  1. Innovative measures (been able to try new things and they show some signs of promise for the future), as shown below:  * Appointment booking to be phone or online (i.e. not to attend practice for this). Will help with progress towards potential development of Clinical Decision Unit * Use of AccuRx SMS based system * Emailing District Nurse team * Zoom meetings (can continue in some cases e.g. all team meeting, clinical meeting) but can also be F2F * Daily notes, zoom calls and huddles- ? to continue and with what frequency * Home visiting centralised * Telephone first for all appointments. Bring down who you need to see at end of session * AccuRx triage * Collaborative working with other Primary Care Networks   [NAME] stated that this was a time where GPSH would welcome discussion and feedback from the group regarding the suggestions made, in particular section four Innovative measures. Comments should be sent to [NAME] in the next few weeks but in time to enable discussion at the next meeting.  Some immediate comments were put forward regarding the triage system which varied from good to not well done depending on the member’s experience. [NAME] stated that she had used the AccuRx system which she thought was good.  **Website:**  [NAME] stated that work had slowed on improving the web page and the Patient Newsletter due to the support for the vaccination programme but confirmed that the discussions and feedback was being used when time allowed.  **Telephone system:**  [NAME] stated that GPSH are building a new system which was expected to be ready for deployment at Easter.  **Staff Changes:**  [NAME] reported that 20 staff had joined during January 2021 and were currently being employed to support the vaccination programme.  Also two salaried GP’s were leaving to take up employment elsewhere.  Graham thanked [NAME] for his detailed presentation which had covered most of the agenda. The outstanding item concerned N.A.P.P. which Graham decided would be discussed at the next meeting as he needed to have a conversation with Tom beforehand. Basically, N.A.P.P. have introduced a Community Platform, which is called VeryConnect, and is a professional platform to share PPG specific news and promoting activities. This also enables the Trustees to post newsfeeds and news items as and when they occur. It is supposed to be in addition to the current Ebulletin. | GC  ALL  GC |
| **Any Other Business** | There was no “Any Other Business” raised. |  |
| **Next meeting** | The meeting proved very important regarding the national and local crisis of Covid-19 and the current programme of vaccination. This is very helpful to GPSH PPG members so that they understand the situation and can advise and reassure patients where possible and be able to answer any questions from patients. It was agreed that the next zoom meeting should be **Monday 19th April 2021 at 18:30 hours**.    Everyone was thanked for attending and contributing to the discussions. The meeting closed at 19:50hrs. |  |