**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 19th April 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

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 19th April 2021 at 18:30 hrs.  [NAME] opened the meeting and welcomed those attending. He added that the update regarding Covid-19 would be in summary only as there were other issues that needed time to discuss, e.g. the forward framework matrix and current level of patient care.  [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:**  The actions from the last meeting included comments from the PPG’s regarding the proposed Future Change Framework Matrix which is included in the agenda. |  |
| **GPSH Update**  **FUTURE CHANGE FRAMEWORK MATRIX** | 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 * 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 when comparing the current number of cases per 100,000 patients, as follows:  • Solihull are 13.5 cases per 100,000, a drop of 41%   * West Midlands are 21 cases per 100,000 * National figures are 22.4 cases per 100,000.   There was 1 death reported yesterday, bringing the total for Solihull to a total of 535.  Regarding rates of progression, between November 2020 and January 2021, cases had doubled in Solihull and therefore lockdown was extremely beneficial. The situation has been improved by the vaccination programme, where over 60% of cohorts 1 to 5 have received their first vaccination.  **New COVID Strains:**  In addition to the four strains discussed at the last meeting, namely:   * UK strain * South African strain * Brazilian strain * Californian strain   Recently the double mutation strain from India has been identified. Investigative work is currently being carried out regarding the efficacy of the current vaccines. There are now 3 vaccines being used :  the Pfizer, the AstraZeneca and the new Moderna (which has not been delivered to Solihull yet), all of these vaccines have proved to date safe to use.  Regarding vaccine effectiveness, this is being researched and developed all the time and may result in a booster vaccination later in the year.  **GPSH Kit:**  Moving on to Development and progress within GPSH, [NAME] reported that the digitalisation of records was very advanced and expected to be complete by the end of May 2021. This will free up space which will be considered for future use e.g. Digital Change Centre. This will form part of the discussions regarding the future change framework.  GPSH has launched an Advance Navigation of Care in Care Homes which will safeguard the patient care and the number of vulnerable patients in society handled by GPSH.  GPSH has continued to develop the on line access tool currently being trialled at Yew Tree practice and also looking to launch the Airmed application being a system 1 app that can be used on smart phones  **Telephone system:**  Tom stated that GPSH have changed the telephone system supplier, which has identified some interesting issues. One issue was that the number of patient’s that had telephoned the old surgery numbers rather that the GPSH number had not been disclosed. Now patients will only be able to use the GPSH telephone number which will improve the management of calls. There has been a significant drop in the number of calls.  A second benefit will be in the position held in a call. If you are a high number in the chain then the patient can press 1 and the system will call you back when it is free. It is too soon to give statistics as yet, but they will be forthcoming at the next meeting. It has to date meant a 50% reduction in calls.  **GPSH Website:**  The new site has been launched and information is still being added. Some information needs to be updated e.g. Covid vaccination guidance staff profiles etc.  **Staff Changes:**  [NAME] reported that there was no significant changes to staff, except for two pieces of information:   * Three GP salaried staff have resigned but three replacements have been sourced for them. Unfortunately this is becoming a familiar pattern where salaried GP’s arrived for a few about 6 months and then choose to leave. Thee 3 replacements have previously worked and trained at GPSH and hopefully know what to expect. * Regarding Village and Tanworth Lane, Dr Patel has retired but is staying for another 12 months as a salaried GP.   .  [NAME] thanked [NAME] for his presentation and requested any questions regarding what had been presented.  [NAME] asked how the staff retention compared to national statistics. Do GPSH have an exit interview to establish reasons for leaving or moving on? [NAME] replied that they do have exit interviews with all staff leaving but the proportion of staff leaving is less than the national average and is not perceived as a problem.  [NAME] asked a further question regarding the use of one telephone number rather than being able to contact your practice directly. [NAME] replied that this was the system originally requested in 2015 but was never put in place by the supplier.  [NAME] made the point that when waiting for your call to be answered, the use of the word “agent” was not helpful. Could the recorded message be altered to “the next member of staff” for example? [NAME] agreed that this had already been brought to his attention and he will be looking at the issue.  [NAME] asked how it was possible for the number of calls to decrease by 50% as patients would still be calling. [NAME] replied that it was too early to give a definitive reply but in time and use more data will be available.  [NAME] asked why had the number changed and how has it been communicated to patients. [NAME] reiterated that the 2015 system did not work and the system now is as previously requested.  [NAME] asked why had the telephone number changed and while she had received notification by text how many patients would be able to receive texts. [NAME] replied that the number had not changed but now the system can work as we wanted originally.  [NAME] stated that he believed that [NAME] had received comments from each of the PPG’s regarding the future suggestions detailed in the presentation given by [NAME] at the last meeting. T[NAME]om confirmed that he had received comments and added that it had been a suggested way forward rather than an agreed set of objectives. However, there is a need to learn and move forward, learning from those systems put in place due to Covid and where these would improve the services for the patients and staff. It was the intention to have an informed discussion, both identifying what needs to start again which had been stopped over the last year. For instance developing on-line access, face to face meetings for PPG and ability to contact the medical staff. [NAME] reported that he had received comments from Meadowside PPG members, where there was a general agreement to move forward and not to go back to systems in place prior to Covid. However, the main concerns were the apparent difficulty in getting through to the surgery and then to speak to a member of the medical staff. When the new telephone system is generally understood by patients, it is hoped that the appointment system will be radically improved. Furthermore, there is a current dislike for the receptions carrying out a triage prior to a decision being taken to forward the call to a member of the medical staff. In some instances Receptionists have been very unhelpful.  [NAME] questioned whether GPSH were going to continue with not having face to face meetings with patients and suggested that mental issues will spiral due to their high level of stress and anxiety involved in their problems. It is necessary to see these patients face to face to determine the level of help that they need. [NAME] thanked him for his comments and would raise the issue with the clinicians. There was clearly situations where the medical staff need to see the patient, especially where the detail of the problem cannot be determined remotely. [NAME] stressed the need for the PPG members to raise issues where they have come across where the system is not working or needs to be improved.  [NAME] raised an issue regarding the problem of communication within the NHS. While it is recognised that the older patients are not used to using online services, they will be unsure what a suite of compatible products means. GPSH has over forty thousand patients registered but do we know how many are able to receive messages on their phones and how many have given their mobile phone numbers to be able to receive texts or given the surgery their land line numbers. There really is a problem with getting information to patients. It is important to have a simple system for communicating to all patients. [NAME] agreed with Andrew and stated that getting the communication right for patients was fundamental to the practices and can be then supported to incorporate newsletters and the web site. [NAME] added that it was important to make improvements that everybody can understand and use. [NAME] referred to a question raised some time ago regarding how many patients responded to text messages and believed it was a low percentage.  [NAME] agreed to report on the numbers at the next meeting.  [NAME] asked when would appointments be able to be made available online. [NAME] replied that sometime soon but due to Covid issues for the foreseeable future there would be no face to face meetings without having a virtual conversation first. Web based booking would bypass the system and the tool being trialled at Yew Tree based on a structured process  [NAME] asked [NAME] whether there was any movement on having a PPG at Knowle. [NAME] replied that this has been an issue at Knowle, Tanworth Lane and Park. It relies on patients wanting to join but how do we get the message out to them. The problem is again communication and [NAME]asked for any suggestions. Graham pointed out that the new website had a button for PPG where there was some detail including minutes of meetings and a form for patients to complete if interested. He added that any completed forms or interests shown could be forwarded to him and he would give them background and details of PPG’s. It was not on the latest website and [NAME] agreed to follow this up. | TO’S  TO’S  TO’S |
| **N.A.P.P.** | [NAME] introduced the subject of the N.A.P.P. and confirmed that he when he received the monthly Ebulletin he distributed to the members. However, they have introduced a forum for the PPG’s namely, VeryConnect Community Platform which allows discussion and comment from members of all the PPG’s affiliated with N.A.P.P. In the last Ebulletin that was distributed, there was a large section which described the purpose of the forum, so I won’t go into any detail. At the moment I am receiving forum details and I suggest that I monitor the emails and report back at the next meeting as to its usefulness. This was agreed by all. | GC |
| **Any Other Business** | [NAME] raised the issue of the lack of interest in the PPG. Currently it seems like a talking shop and little improvement coming from the PPG’s. There is a need to build an interest where progress can be seen and also including actual visible involvement from the PPG’s. [NAME] agreed and there was evidence of current members leaving the Groups due to lack of actual involvement in improving the service to the patients.  As an example, the martialling being done at Monkspath is being carried out by outside parties but why had the PPG not been asked to help?  [NAME] replied that volunteers had been organised. It was important for the PPG to look at how the members can offer their help and how it could be managed. He added that there was plenty of opportunity for the PPG to help but it was for the PPG to advise how that could be managed. [NAME] stated that he would speak with the site coordinator at Monkspath and arrange distribution of slots in the support through [NAME] for onward distribution to interested members. | TO’S  GC |
| **Next meeting** | The meeting proved important regarding the national and local crisis of Covid and the current programme of vaccination. This is very helpful to GPSH PPG members so that they could understand the situation and advise and reassure patients where possible and be able to answer any questions from patients. However, it was agreed that the interval between meetings could be lengthened as the lockdown is gradually being eased. Therefore, It was agreed that the next zoom meeting should be **Monday 7th June 2021 at 18:30 hours**.    Everyone was thanked for attending and contributing to the discussions. The meeting closed at 19:50 hrs. |  |