**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 07th June 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 Yew Tree

[NAME]– PPG Yew Tree

[NAME]– PPG Park

[NAME]- PPG Park

[NAME]– PPG Blythe/Knowle

[NAME]– PPG Blythe/Knowle

[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 of the virtual meeting which took place on Monday 7th June 2021 at 18:30 hrs.  [NAME] opened the meeting and welcomed those attending. He welcomed [NAME] to the meeting. She had shown interest in attending the PPG meeting and would be particularly interested in helping the PPG at Knowle to start again.  [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 are included in the agenda, in particular the volunteer marshalling at Monkspath Covid Vaccination Centre. |  |
| **Re-election/ election of Officers for 2012/2022** | As this meeting was also the Annual General Meeting, it was necessary to appoint officers for the next twelve months. After a short discussion, it was agreed that [NAME] should continue as Chairman and Secretary and [NAME] to continue as Vice-chair for the next twelve months. |  |
| **GPSH Update**  **Integrated Care Systems**  **Feedback and Concerns of the PPG’s** | At this point, Graham 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 * Implication of Indian variation * Changes in staff   **COVID-19 Situation Update:**  [NAME] first apologised that there was not a clinician present but explained that the work requirement had increased markedly and they were still working.  [NAME] reported that the situation in Solihull was very positive and the vaccination programme was working very well and showed a decrease in infections. However, there has been an increase of 65% lately due to the variants and increased testing of the patient population. The numbers are still low compared with the average across England. There has been a 131% increase in calls to 111 regarding covid symptoms related to the gradual relaxation in social working and social contacts.  Regarding the vaccination programme, patients aged 50 and above have been invited for their second vaccination as the interval has been reduced from 12 weeks to 8 weeks. The take-up has been 93% of the patients contacted. However, 1150 patients in the under 50 cohorts have not come forward due to being nervous by media reports, the concept of herd community protection. The take-up of the first vaccination is 80% to date for the over 40 year old patients and 59% of the 30-39 year old patients. The 18-29 year old patients have not been formally invited to date.  Overall, there has been a much lower uptake in young people and working people. Unfortunately there has been a large number of DNA from patients who had booked an appointment.  **New COVID Strains:**  The Covid variant known as the Delta Variant was first found in India (previously called the Indian variant) and is 60 per cent more transmissible than the Kent strain, according to official estimates. It is now the most dominant strain in the UK by some margin, triggering questions about whether the UK’s final stage of unlocking – due on June 21 – should go ahead. However, according to PHE (Public Health England), there is no real suggestion that the symptoms are strikingly different from the other strains of coronavirus.  It is reported that the Pfizer and Astra Zeneca vaccines are active against the strain and that greater protection is provided after 2 injections.  **Staff Changes:**  [NAME] reported that there was no significant changes to staff, except for two pieces of information:   * [NAME], has left the practice * [NAME], Site Manager at Knowle practice is leaving.   [NAME] added that there was no recruitment at present as we come out of the Covid situation, but there has been a review regarding how GPSH moves forward the outcome of which is expected in the next two weeks. This means that the road map that had been debated at the previous meeting has been halted until the review is complete.  [NAME] thanked [NAME] for his presentation and requested any questions regarding the information presented.  [NAME] opened the discussion regarding Integrated Care Systems by explaining what an ICS was and how GPSH were ahead in the development of the local situation.  Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.  ICS’s are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped that they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.  Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement.  This requires a primary care network (PCN) which will take out new investment from individual practices and manage across the ICS. GPSH is a Primary Care Network. PCN’s are concerned with local area, sharing common borders and therefore can interface with local services. GPSH has been doing this work for a few years now. An example is the current partnership arrangement with SHP working at Monkspath at the Covid Vaccination Site. This has also helped GPSH to maintain the core business. This has enabled GPSH to continue with home visits.  The manner in which the budgets and finance control is not yet clear, CCG’s being clinically led by GP’s or the Health Trusts.  [NAME] added that although this is as a result of government pressure the needs of the average patient needs to be covered.  [NAME] stated that regarding Meadowside, patients are still concerned about obtaining face to face appointments with medical staff and if there is a way rather than just the telephone, how is this communicated to the patients. [NAME] agreed that this was a problem still that needed addressing. At the last meeting it was suggested that the intention was to get to face to face meetings as soon as possible.  [NAME] replied that it was the intention to return to face to face meeting from June 21st, provided that patients were willing to participate but there is the overriding factor that we do not know yet if the removal of restrictions will actually occur then. The clinicians are wanting to get to the stage of face to face meetings where required, but there are still problems with a high infection control risk and the extra demands on the practice due to the vaccination programme being amended. GPSH is now starting to work through the backlog of cases and have increased their staff level accordingly.  [NAME] asked whether a hybrid system regarding consultations had been considered and would it help alleviate some of the current issues. [NAME] replied that there were a couple of different avenues being considered.  One avenue is trialling Group consultations where several patients have a same problem e.g. diabetes being trialled with the clinical staff at Park practice. This helps with having the same conversations with several patients at one time rather than having the same conversation several times. We have also been trialling for some time at Yew Tree where you submit your query via the on line portal and the doctor will reply and agree a face to face consultation or prescribe something that can be picked up from the pharmacy. The problem has been that the system has been overloaded and with the extra work resulting from Covid has put a heavy demand on the clinicians. There are other models that GPSH have been considering such as hot sites and cold sites for long term pre-booked conditions. We have also considered a couple of walk in centres, which have been run by SHP. However, SHP patients have somewhat vilified the process and the feedback has been dreadful. We are currently discussing whether we should consider a Clinical Support Unit. This would be a central unit and we have to consider where the resource would come from and where it could be located. [NAME] added that he felt that changes are well supported by the PPG members and requested that if any member had experience of other methods then could they forward any information to him. The current problem is that the staffing is currently good but the demands have grown beyond the resource. The current vaccination activity at Monkhouse is expected to reduce by the end of July 2021 which will free up staff and help to cover the backlog of cases. |  |
| **Any Other Business** | [NAME] brought up the topic of support marshalling at Monkspath Vaccination Centre. First he thanked those volunteers that had supported the marshalling activity and explained that currently there was a lull in demand for volunteers and he would inform those willing to help when he receives a request from the co-ordinator.  [NAME] wanted to share a couple of items:  The first one was regarding GP Data for Planning and Research (GPDPR). [NAME] has read the background and researched into the requirements and has personally opted out of sharing patient data with this organisation. This has been done in such a time rushed manner with no consultation at all. However, we are being mandated to do it by the Secretary of State.  Firstly we are publishing information on our website. We hold a lot of information about our patients, which is protected vigorously and once delivered to GPDPR, we will have no control as how the data is protected. As far as GPSH is concerned we will ensure that the data is rigorously protected.  The second point is that after June 21st we could have a face to face meeting rather than a zoom meeting which we could do safely at Tanworth Lane practice but it really depends on the PPG members.  [NAME] asked whether information was available regarding how successful email and text notifications were in communicating with patients. The question of whether the mobile numbers and email addresses were up to date was to be addressed and how many of the 40,000 actively used and responded to messages sent to them.  [NAME] replied by agreeing that it was an important issue but the best data base needed to be considered. All patients since February have been contacted by text in the first instance, and while he is not sure how effective that approach was in cohorts 1 to 3. However, from cohorts 4 onwards 70% booked a first appointment after the text message which increased to 85% after a couple of reminder text messages. This was then followed up by telephone calls and letters. Regarding the first 3 cohorts requests were made by telephone calls. This seemed to suggest that text messaging had been successful.  [NAME] asked whether the actual number of the 40,000 patients who were actively using text messaging was known but [NAME] stated that currently that information is not readily available.  It was generally agreed that using text messaging was a good way to communicate with a large proportion of patients, but referring back to the issue of communication it is important to know how to communicate with those patients that do not use text or email as their prime method of communication.  [NAME] added that there were a large number of younger and ethnic minority patients that have not responded to having the vaccination, including DNA’s having made appointments and requested the PPG members to consider what should be done. One question is how do we ensure that patients keep their appointments for the second vaccination even though the requirement is not mandated? Secondly, how many times do we remind patient by further texting, telephone and letters before we concentrate on the younger patients in the 18-29 cohort. | GC  TO’S  PPG |
| **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. After some discussion it was agreed that the next meeting could be face to face, depending on lockdown conditions after 21st June 2021. Therefore, It was agreed that the next meeting would be held on **Monday 26th July 2021 at 18:30 hours**. Whether a zoom meeting or face to face will be decided nearer to the date.    Everyone was thanked for attending and contributing to the discussions. The meeting closed at 19:50 hrs. |  |