**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 26th July 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 Park

[NAME]– PPG Park

[NAME]– PPG Blythe/Knowle

[NAME]– PPG Blythe/Knowle

[NAME]- PCND Manager,GPSH

[NAME]- Medical Director, GPSH

Apologies: [NAME]– PPG Yew Tree

[NAME] – PPG The Village Surgery

[NAME]– PPG The Village Surgery

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|  |  | **For Action**  **by** |
| **Welcome** | These minutes are a report of the virtual meeting which took place on Monday 26th July 2021 at 18:30 hrs.  [NAME] opened the meeting and welcomed those attending. He welcomed [NAME], GPSH to the meeting. [NAME], Medical Director GPSH also joined the meeting.  [NAME] reported that apologies had been received from [NAME], [NAME] and [NAME] 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. |  |
| **GPSH Update**  **Involvement of PPG members with GPSH Practices**  **Return of Face to Face Appointments**  **Feedback and Concerns of the PPG’s** | At this point, [NAME] handed over to [NAME] to report on the current situation regarding COVID statistics for Birmingham and Solihull.  [NAME] started by discussing the following two points regarding:   1. ensuring that patients contact details were up to date and 2. following up on those patients that who had either not responded or declined appointments to take the covid vaccination.   Regarding the first point, [NAME] stated that generally GPSH do check mobile contacts and emails of the patients and generally there were no general system in place for other practices.  Regarding the second point of following up patients that had not responded to having the vaccination or just declining the opportunity to take up the offer of a vaccination, GPSH do follow up and use telephone or letter to patients asking why they have not responded or declined the vaccination. There has been less time to include the 18 to 39 year old cohorts but this will be tackled as appropriate.  Despite the actions of “antivaccers” in other parts of the country, there have been minimal demonstrations at Monkspath and when on the only occasion that he had seen protesters they left very quickly.  [NAME] stated that he would follow the agenda items:   * Current situation statistics for Solihull and Birmingham * Booster vaccinations and flu vaccinations * Changes in staff   **COVID-19 Situation Update:**  [NAME] reported that the situation in Solihull was very positive and the vaccination programme was working very well. However, there has been an increase lately due to the variants and increased testing of the patient population. The numbers are still low compared with the average across England. There was a small number of slow text replies and an element of vaccination hesitancy particularly in the BANE community. Also other areas to be tackled include patients with disability, traveller patients and patients with learning difficulties.  [NAME] then presented a screen shot of the Covid details and discussed the various figures and data for the West Midlands. The links for the screen shots are as follows:   * [Daily summary | Coronavirus in the UK (data.gov.uk)](https://coronavirus.data.gov.uk/) * [Coronavirus (Covid-19) latest information | solihull.gov.uk](https://www.solihull.gov.uk/COVID-19/Coronavirus)   The first screenshot gives figures and trends for the UK updated 26th July 2021, from which you can home in on a particular area of the UK, which was the second screenshot giving statistics for the West Midlands. Regarding the colour scheme it is evident that both Birmingham and Solihull are200 to 400 cases and a closer view shows that within Solihull there is an area which is significantly higher. It is suggested that you view these charts later.  Also, the statistics are skewed to some extent by the Ping-demic due to isolation requirements have not altered yet, account not taken by the higher vaccine uptake and the higher levels of testing being undertaken.  Now that the legal requirements of the roadmap have been removed, the advice is still to continue to follow the guidance of hands, face, space and fresh air.  A third screenshot showed the numerical data for the four Solihull vaccination sites regarding total vaccination uptake to date. It shows that the total vaccinations are 187,641 to date, which breaks down into 99,851 first dose and 87,790 for the second dose. Currently GPSH is carrying out more second doses than first doses as they are concentrating on second doses at present. A further point is that comparing the number of daily doses given since December 2020 to present date there has been a reduction in doses given but this is also due to provision of the vaccine to sites. The chart also shows the percentage of vaccinations given to each cohort which indicates that over cohorts 1 to 12 85% have had first dose and 70.4% have had second dose. It also shows a lower figure for the 30 to 39 year olds and 18 to 29 year olds of 34% and 14% respectively having the second dose.  [NAME]added that the Outreach work was targeting the community groups with a lower take up of vaccination.   * Taking the next points on the agenda, [NAME] reported that there had been no significant changes to staffing * [NAME] stated that they were waiting for information regarding the booster and flu campaign. GPSH have signed up to support the delivery of the campaign together with SHP as currently they are doing regarding the vaccination campaign.   [NAME] thanked [NAME] for his presentation and requested any questions regarding the information presented.  [NAME] queried the validity of the statistics based on the NHS test and trace system as about 4 million mobile phones are not up to date to enable to have the app on their phone. This has not been queried by the media. There was general agreement that the Test and Trace system had a number of anomalies and people will turn the app off rather that respond to the ambiguity of the test and trace system, in particular if it resulted in lost income.  [NAME] added that it does rely on personal preference but stated that the NHS teams in Solihull had done sterling work in following where local covid hotspots had been identified and carried out door to door PCR tests.  [NAME] handed over to [NAME], GPSH Primary Care Network Manager to describe her work and where the PPG members could help.  [NAME] started by explaining her role which involves making plans within our local partners system to identify priorities which they could work on together. The aim is to improve the services given to our patients and [NAME] wanted to share three projects with the PPG members where she hoped that the PPG could become involved.  The first activity involves support at Monkspath with the flu and covid booster vaccinations starting in Autumn. [NAME] thanked the PPG members who had already helped out recently at Monkspath. There is a need to find out patient’s preferred method of contact by analysing the patient community by land line, mobile texting email and also their preferred language. This would develop into a database. Information could be collected from patients by forms or some other way.  [NAME] stated that they had done this at Village but were hampered by data protection. [NAME] is looking for some support and she will send out an email with details so that individual members could contact her directly.  The second item concerned Social Prescribing. This involves helping patients to improve their health, wellbeing and social welfare by connecting them to community services which may be run by the council or a local charity. It is a new service which has been ongoing with the Citizens Advice Bureau. Actually, it is anything to do with health problems which are not of a medical nature. If there is anyone within the PPG who is aware of support needed then please contact [NAME] and also if you are willing to be part of the activity.  Thirdly, [NAME] is planning to build a Wellbeing Bench at Knowle and would like to work with volunteers to help build the structure. This would enable discussions to take place away from the medical centre and help to identify the patient’s actual problem.  [NAME] thanked Hannah and suggested that sending an email to the members detailing the support required then individually the members could respond accordingly.  [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] replied that there is currently a high level of telephone appointments being made and an increase in seeing patients face to face. All sites are dealing between a backlog of medical care and transmission of covid infections, together with post covid infected patients affect patients with existing breathing difficulty. GPS has a high level of clinicians and during August it is expected that all practices will fully open.  [NAME]confirmed that the existing problems with staffing are self-isolation and staff needing breaks for holidays etc.. we are also opening up more face to face appointments    Movement of medical notes between sites was raised by [NAME]. He stated that he had received queries regarding the length of time taken to move medical notes from one site to another. [NAME] replied that he was aware of the problem which has been resolved. The digitalisation of patients’ notes has been completed. GPDPR consultation, included in the previous minutes regarding patient information has been extended. | HN |
| **Any Other Business** | 1. [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. To date he had received no requests. [NAME] confirmed that current levels of vaccination were lower but once the booster vaccinations and flu vaccinations start there would be a need for further support. 2. In response to the request last meeting regarding how we deal with patients who do not reply to requests to have the covid vaccination, [NAME] had produced an email with several suggestions, which I include below:   A tear off strip on bottom of letter “Please sign and return this slip to let us know that we have reached you”.  Also on slip: “Is there anything preventing you coming to a vaccination clinic e.g. transport difficulty, language problem or something else we might be able to help you overcome to enable you to receive your vaccinations? Please let us know”  Are you being prevented by a third party from attending for vaccination?  Would GPS be prepared to do home visits to achieve the vaccinations?  Perhaps another question on the tear off return slip. “Have you received one, or both, vaccinations elsewhere?” At the same time ask if patient is now registered with a different surgery or alternative service is a private GP.  [NAME] commented that there were some points worth considering. The ability to attend for a vaccination and whether there are pressures that prevent you attending were very useful. Home visits are not allowed. The issue regarding private doctors and GP’s are not allowed as the vaccination programme is nationally managed through the NHS. When you have been vaccinated it is recorded nationally in a database and then it is recorded into the patient’s records.   1. [NAME] added a further AOB regarding Communication.   GPSH should put out a one page newsletter to ensure that  patients knew telephone numbers, who to contact, how to get an  appointment, services provided etc... There was some discussion regarding cost to cover 44,000 patients. [NAME] stated that the newsletter on the webpage had improved and there was ample information available. However, not every patient is able to use the service and a one page newsletter seemed to be a good idea. [NAME] replied that it would be appropriate and very useful for the coming winter with the probable difficulties ahead.  [NAME] reinforced the work that [NAME] had detailed earlier and hoped that support from the PPG members would be forthcoming. | GC  TO’S  PPG |
| **Next meeting** | The meeting proved important regarding the national and local situation of Covid and the current programme of vaccination. This is very helpful to GPSH PPG members to help them understand the situation, advise and reassure patients where possible and be able to answer any questions. Therefore, It was agreed that the next meeting would be held on **Monday 13th September 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 20:05 hrs. |  |