**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 13th September 2021**

**18.30hrs via ZOOM**

Attendees:

[NAME] – PPG Meadowside (Chairman and Secretary)

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

[NAME] - PCND Manager,GPSH

[NAME] – PPG Yew Tree

[NAME] – PPG Yew Tree

[NAME] – PPG Park

[NAME] – PPG Park

[NAME] – PPG The Village Surgery

[NAME] – PPG The Village Surgery

[NAME] – PPG Blythe/Knowle

[NAME] - Medical Director, GPSH

[NAME] - Site Manager/Interim Governance Officer GPSH

Apologies: [NAME] - GPSH CEO

[NAME] – PPG Yew Tree

[NAME] – PPG Blythe/Knowle

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|  |  | **For Action**  **by** |
| **Welcome** | These minutes are a record of the virtual meeting which took place on Monday 13th September 2021 at 18:30 hrs.  [NAME] opened the meeting and welcomed those attending. He welcomed [NAME], PCND Manager GPSH, [NAME] Medical Director GPSH and [NAME], Interim Governance Officer GPSH to the meeting.  [NAME] reported that apologies had been received from [NAME] GPSH CEO, [NAME], [NAME].  The meeting was declared 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**  **Feedback and Concerns from local PPG meetings** | At this point, [NAME] handed over to[NAME] to report on the current situation regarding COVID statistics for Birmingham and Solihull.  [NAME] t stated that he would follow the agenda items with support from [NAME] :   * Current situation statistics for Solihull * Booster vaccinations and flu vaccinations * Involvement of PPG members regarding local community and the practice ([NAME]) * Changes in staff   **COVID-19 Situation Update:**  [NAME] started by stating that the flu season was now starting and this fact together with the ongoing covid situation could lead to a severe problem with patient illness and hospital spaces. The flu statistics fluctuate from year to year and this year it is expected to be a severe situation.  Flu vaccinations are to be undertaken at Monkspath, GPSH have signed up to support the delivery of the campaign together with SHP as currently they are doing for the covid vaccination campaign. Patients will be invited to attend for vaccination according to age and residual health problems. Patients should not approach the practices for booking appointments as they will be requested to do so by GPSH.  [NAME] stated that it would be hoped that the PPG members could support the clinics for the vaccination programme.  [NAME] reported that the situation in Solihull was very positive and the vaccination programme was working very well. However, referring to data up to 7th September 2021, there has been an increase in cases as follows:  Solihull : 326.3 per 100,000 patients, a rise of 10%  Birmingham 296.6 per 100,000 patients, a rise of 8%  Both figures higher than the national average  Regarding the booster Covid vaccination, there was a change in the perception of which patients would benefit but GPS are awaiting national guidance, expected this week  A reminder that the links for Covid data information 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)   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.  [NAME] thanked [NAME] for his presentation and requested any questions regarding the information presented.  [NAME] handed over to [NAME], GPSH Primary Care Network Manager; she had previously described her work and where the PPG members could help.  [NAME] started by thanking [NAME] who had supported [NAME] with feedback on the forms and that she offered help and support for the three projects detailed by [NAME] at the last meeting. [NAME] was developing a group for the social prescribing projects and would welcome further feedback from the PPG members. It is intended to issue job adverts for further development of the team.  [NAME] was reminded that she stated at the last meeting that she would send out an email through [NAME] detailing where the PPG members could support. [NAME] agreed and promised to send out the email.  [NAME] advised that the first activity involves support at Monkspath with the flu and covid booster vaccinations starting in Autumn. Hannah thanked the PPG members who had already helped out recently at Monkspath. [NAME] also stressed that there is a need to find out patient’s preferred method of contact by analysing the patient community i.e. 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. There was again some discussion regarding this issue of collecting and collating such information and checking that the practices had correct and up to date information regarding addresses, land line and/or mobile telephone numbers. Also there are a large number of patients where English is not the first language.  [NAME] thanked [NAME] and suggested that sending an email to the members detailing the support required then individually the members could respond accordingly.  **Changes in Staff:**  [NAME] reported that GPS was losing a Clinical Pharmacist but are currently recruiting a Pharmacy Technician and 2 clinical pharmacists to grow the team. These appointments have proved to have been very successful to date as they manage the medical reviews and ensure there is more time for the medical staff to deal with patient’s appointments.    [NAME] reported that Park were losing a Site Manager and asked if recruitment of a replacement is taking place?  [NAME] responded that GPSH were continually looking to the future and are trying to maintain continuity in the hierarchy of the management team. The role of the Practice Manager is very important as a focal point for managing their practice in support of the medical teams and patients.  **Waiting Time for Operations:**  [NAME] reported that there was patient anxiety regarding extended waiting times for both planned operations and medical appointments usually carried out by the practices. It appeared that these appointments were often extended and wondered when waiting times would be expected to start to reduce.  [NAME] replied by reminding those present that GPSH manage patients as secondary care and where required referred patients to hospital treatment as they are primary care. In the media it is widely reported that there are about 5.5 million patients on hospital waiting lists due to the covid influence but before covid the patient waiting lists were about 4.5 million, mainly due to underfunding in the NHS. However, [NAME] stated that having an adequate workforce was more important than money being provided. There is currently a serious shortage of medical staff. There was mixed reaction from those present regarding satisfaction with respective treatment and an appointment text for surgery should be contacted in 48weeks and told that the requirement was not considered serious.  **Face to Face Appointments:**  [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 again there was a misapprehension that Medical staff are not having face to face appointments with patients. There have been a large number of complaints in the social media directed at GPSH. This is untrue and there has always been the requirement to telephone the practice first and then advice will be given whether to visit the local pharmacy, wait for a telephone consultation with the doctor or nurse or have a face to face appointment. Notwithstanding, the number of complaints regarding the previous telephone system and waiting times for a response, the new telephone system has improved the experience by advising where the patient is in a queue or given the choice of requesting a call back rather than hanging on.  It was suggested by those present that there was a need for GPSH to respond on the social media and present a response to the criticism.  (Subsequently, GPSH has posted in Facebook a response to the criticism with back up relevant back-up data. Also there is a reminder regarding the policy of zero tolerance to any abuse towards the staff and colleagues.)  [NAME] added that home visits were being undertaken by all practices every day, despite the fact that they do take up more face to face time per patient.  **Communication to Patients:**  [NAME] reiterated his comments from the last meeting regarding the fact that currently GPSH were not able to report how effective the current communication of information is to patients. There are a large number of patients that either don’t have smart phones or only have basic mobile phones. Not everybody has access to emails or computers to enable them to refer to websites and electronic patient newsletters.  He had mentioned to [NAME] at the last meeting that it would be helpful if there was a simple newsletter delivered to each household with basic information such as telephone numbers etc..  After some discussion it was agreed that there needs to be flexibility in communication and patients have their own preference how to receive information.  [NAME] stated that where there has been no reply to text messages then there has been a follow up telephone call or letter sent to that patient. | PPG  HN |
| **Any Other Business** | 1. [NAME] brought up the topic of support marshalling at Monkspath Vaccination Centre. Now that the booster vaccinations and flu vaccinations are planned to start, it was expected that there would be a need for support from the PPG members and [NAME] would contact the co-ordinator at Monkspath for information. 2. [NAME] asked what was happening regarding the sending of digitalised patient medical records to the NHS national project   (GPDPR). [NAME] replied that the sending of data had been delayed following several concerns regarding privacy and how they records would be managed.  [NAME] added that of course digital medical records are available throughout the NHS so that when a patient is being treated in hospital or other occasion there records are available to the location.   1. [NAME] asked what was the situation regarding the Patient Survey 2020/2021. Balvinder replied that there was a new survey questionnaire on the website and paper copies in the waiting rooms. It was important to receive a good response and asked whether the PPG members could help in getting responses on the paper questionnaires. She would send a copy to [NAME] for distribution to the members. 2. [NAME] asked whether the covid figures for Solihull were subdivided by age group, location etc. [NAME] replied that the information can be found by accessing the links that [NAME] had included in the last minutes. It does take some searching. Also, the CCG give a breakdown on their face book page. 3. [NAME] brought up the issue of face to face meetings for PPG meetings rather than continuing on zoom. There was a general agreement that it would welcomed after nearly two years of virtual meetings. It was agreed that the next meeting would be face to face provided the covid situation had not worsened. | GC  BD  GC |
| **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 6th December 2021 at 18:30 hours**. Whether a zoom meeting or face to face will be confirmed nearer to the date, but it was hoped that the meeting would be face to face at Tanworth Lane practice.    Everyone was thanked for attending and contributing to the discussions. The meeting closed at 20:05 hrs. |  |