**Minutes of the GPSH**

**Virtual PPG Meeting**

**Monday 6th December 2021**

**18.30hrs via ZOOM**

**[REDACTED]**

Attendees:

[NAME] – PPG Meadowside (Chairman and Secretary)

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

[NAME] - Medical Director, GPSH

[NAME] - PCND Manager,GPSH

[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] – PPG Blythe/Knowle

[NAME] - Site Manager/Interim Governance Officer GPSH

[NAME] – Sutton Coldfield Group Practice, observing

Apologies: [NAME] – PPG Yew Tree

[NAME] - GPSH CEO (left GPSH)

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|  |  | **For Action**  **by** |
| **Welcome** | These minutes are a record of the virtual meeting which took place on Monday 6th December 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. A welcome was given to [NAME] from Sutton Coldfield Practice who attended as an observer.  [NAME] reported that apologies had been received from [NAME]  The meeting was declared quorate. |  |
| **Changes within GPSH** | At this point, [NAME] stated that he had not received any correspondence from [NAME] during the last few weeks and wondered if there had been a problem.  [NAME] stated that [NAME] had been unwell for a few weeks and had tendered his resignation as CEO from GPSH. The GPSH members had just come from a meeting where the organisation within GPSH had been discussed. There is a job advertisement currently out for a Chief Operating Officer to replace [NAME]’s role within the organisation.  [NAME] stated that the plan is to recruit a replacement for the position but advantage has been taken to carry out a detailed review of how GPSH delivers support to the patients.   * The intention is to partner up the six practices to improve consistency in delivery across the practices. * Site Managers roles will be changed and each one will cover two practices, as follows:   Tanworth Lane and the Village [NAME]  Knowle and Yew Tree [NAME] Meadowside and Park [NAME]  Therefore there will be only 3 Practice Managers within the organisation.   * [NAME] has been seconded to compliance as interim Governance Manager. This will include delivery of compliance to patients. * [NAME] as Clinical Services Support Manager has responsibility for the clinical records data base ensuring privacy and accuracy of patient confidentiality. This will interface with compliance and Health and Safety requirements.   [NAME] apologised that this was the first that the members had heard of the changes but they had only just returned from a meeting themselves. The changes would result in a better structure for consistent delivery to patients. He will ensure that the PPG will see the new organisation structure when available.    [NAME] commented that he was surprised that the PPG are just learning about these events and looked forward to receiving the new organisation structure and supporting the new organisation. |  |
| **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] stated that he would follow the agenda items with support from [NAME]:  **COVID-19 Situation Update:**  [NAME] started by stating that the flu season was now well under way 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 regarding Covid was still of concern although the statistics indicate that the vaccination programme is successful. However the effect of the recently identified covid variant Omicron is being evaluated and government guidance is still being determined.  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)   It is imperative that medical staff operate safely when seeing patients.  These variations will probably continue, so we need to ensure that each site is operating in a consistent manner regarding appointments with patients.   * The one Red Room site which has been used for patients suspected of having Covid will now be extended to individual sites. This ensures that patients will be seen inside buildings. Each site will have a Red Room and develop methods of safely controlling the possible spread of Covid to other patients and staff. * Regarding reported lack of face to face appointments, the issue has been led by the media. The Press usually present one side of the story but in reality face to face appointments have always been available where necessary. However, GPSH have used the use of telephone and IT such as text and video to minimise face to face appointments and determining whether face to face is actually required. Also where appropriate home visits have been continued. * The identification of the new variant Omricon has made the made the medical staff more cautious until investigations identify the effect and spread regarding patients and staff.   Face to face appointments continue as before but still waiting further scientific information.  GPSH have a Duty of Care to their staff as well as patients and therefore each member of each practice is being assessed regarding their medical circumstances regarding their interface with patients. Currently, patients do not wear masks but the situation is being dealt with as safe as possible. The wearing of masks has not been mandated but a pragmatic approach is taken.  [NAME] thanked [NAME] for his presentation and requested any questions regarding the information presented.  [NAME] asked how long before working as usual becomes the norm, because there will always be variants?  [NAME] replied that we must take the current situation as normal and we must provide the best service to patients. We must strike a balance with regard to how we worked before and what is safe now. The use of triage and telephone will remain. However, we are not and will not be closing doors to patients but we shall move forward as circumstances permit.  [NAME] further asked how GPSH ensures that all patients know what the system is and how to obtain an appointment.  [NAME] responded that is why we use the PPG as a sounding board and comments on Facebook and the web are actioned and responded to.  [NAME] asked whether negative feedback was actioned.  [NAME] responded that all comments are actioned by IT or letter as negative feedback is taken very seriously.  [NAME] asked whether there was close contact with SHP regarding compare and contrasting methods of working.  [NAME] replied that between GPSH and SHP about 90,000 patients were covered, which was approximately half of Solihull population. We work  Closely with SHP regarding the vaccination roll out and therefore share knowledge and methodology.  [NAME] added that we work with all GP providers through membership of Solihealth such that across Solihull there is a common policy regarding mask wearing, asylum seekers etc.. for example.  [NAME] stated that there had been little need of recent PPG help required at the vaccination hub at Monkspath, but regarding the expected increased workload with booster jabs and flu jabs there may be a need.  [NAME] replied that she would contact the co-ordinator at Monkspath regarding the offer of help.  [NAME] added that it was important to stress that vaccinations are successful in preventing no or less serious illness in most patients and should be encouraged.  [NAME] handed over to [NAME], GPSH Primary Care Network Manager; she had previously described her work and where the PPG members could help.  [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] detailed where help was required, as follows:   * There is a new service regarding Health and Wellbeing being developed. There is a work plan which she would like PPG members to read and comment. [NAME] agreed to send the information out to the members. * A new registration process is being developed involving discussion with the patient and not completing the mandated registration forms but covering the mandated information together.   [NAME] added that she had seen the current registration form which was very long and required modification.  [NAME] agreed but stressed that we need to get a balance between process and governance  [NAME] thanked [NAME] and suggested that sending an email to the members detailing the support required then individually the members could respond accordingly.  **View/Cancel Appointments on line:**  [NAME] suggested that as well as using on line for repeat prescriptions, could the system be developed further to allow patients to view appointments availability and cancel appointments rather than having to telephone and add to the number of calls already waiting. This could make the use of telephone calls more effective and efficient.  [NAME] replied that this was an excellent suggestion and he would take it forward.  **Communication to Patients:**  [NAME] stated that there is a need to ensure that all patients are able to receive and understand information regarding the working of the practice and confirmation of any appointment. It is recognised that about 80% respond to text, letters etc but 20% do not. There is a need to identify needs of patients regarding their ability to read English, need somebody to translate to them, their ability with IT, texts etc….  It is wrong to assume that all are able to read what is sent out and can be very misleading. The average reading age of patients is that of a nine year old. Also with the number of non-English speaking patients there is a need to ensure that a relative can translate for them.  [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.  [NAME] added that many were instructed to keep communication as KISS which helps with basic understanding of a topic and that it does not take too long to read. | HN  HN  ML |
| **Any Other Business** | [NAME] moved to the next agenda item which was Any Other Business.  [NAME] asked whether there had been any discussion within GPSH regarding the reported news of possible strike action by doctors.  [NAME] replied that this reported strike was called based on a ballot of BMA which offered five replies to a mandate offer by the association. GPSH are not interested in strike action as it believes close interaction with its patients’ needs. However, there was about 50% response across the country for strike action. At the present GPSH are interested in patient needs and providing an effective and efficient service as a secondary care organisation.  There was no further business added by members to the meeting. |  |
| **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, advice and reassure patients where possible and be able to answer any questions.  Following discussion regarding face to face meetings and ZOOM meetings, [NAME] stressed that ZOOM meetings would not become the norm and also looked forward to a face to face meeting. However, in the current situation of developing information regarding Omricon which is believed to have a high transmission rate, it was in the interests of safety that this meeting was a Zoom meeting.  Therefore, It was agreed that the next meeting would be held on **Monday 7th February 2022 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.    [NAME] wished everybody a happy and safe Christmas and New Year.  Everyone was thanked for attending and contributing to the discussions. The meeting closed at 19:50 hrs. |  |