**Patient Participation Group**

**Minutes of the Meeting**

**Thursday 8th April 2021 17:15**

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| **PPG Members**Graham Mansfield (GM) | **Practice Representatives**Andrea Swanson (ALS) |
| Mark Russell (MR) | Laura Scott (LS) |
| Michael Worrall (MW) | Dr J Taggar (JT) |
| Barbara Worrall (BW) |  |
| Ruth Hawley (RH) |  |

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| **Apologies** |  |
| Tom Turner (TT)Sharon Bilbey (SB) |  |

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| **Ref** | **Discussion** |
| **1** | **Welcome, introductions & apologies**Graham Mansfield welcomed everyone to the meeting. Introductions were made and apologies noted.  |
| **2** | **Minutes of the last meeting / matters arising**Everyone agreed the minutes of the previous meeting were accurate and correct.  |
| **3** | **Research**JT introduced himself. He has extended roles at the University of Nottingham – He is an associate professor and Head of GP teaching is his primary role. He is also heavily involved in clinical research and is part of the local clinical research network as the lead for General Practice in the East Midlands. Attended the meeting today as would like to have some input from the PPG on research.1. Need to raise awareness – why is it important, why should we bother raising the profile? Patients are central to every piece of research and they are fundamental in being able to carry out research. Gravitate to patients receiving treatments etc but thinking about Covid, patients are integral to every stage of research from trials to reporting of research. Recently re-written guidelines for Atrial Fibrillation (AF) and will be launched in near future, have been working on it for 2-3 years and patients were heavily involved. Important that as many people as possible know and have every opportunity to get as involved if they want to.
2. The Oaks is one of the practices involved in the local clinical research network and it was before JT became a GP with us. We are a level 3 practice (total of 4). Level 3 practices are expected to be pioneering leadership in research and patient/public involvement is important to that. On our website there is page for research, lists of studies/topics that we are/have been involved in. Research in the practice is led by Dr Lucy Laurance and Charlotte Hubbard, Deputy Practice Manager.

Brief discussion between PPG members. Some members of the PPG weren’t aware that we were a level 3 practice and will look at the information on the website. GM would like to see more advertisement of research so that patients have the opportunity to join in. Covid has played a part in that as a lot less footfall through the building. One action for us is to better engage in the absence of that footfall and think about how we communicate with patients in other ways. MR wondered if any other practices were involved in any of the research as could be an idea to involve PCN/localities in numbers. Total of 110 practices on the portfolio, aspiring to get to 30-40% and raise the profile more. Specific research around AF, has a portfolio of patients that have AF and want to be involved. We usually do a letter drop to all patients that fit the criteria. AF is a common heart problem, it occurs around the age of 80 and about a third of patients have no symptoms but it vastly increases risk of stroke (5x more likely). The research aims to develop a risk prediction model which essentially is an algorithm that takes height, weight, etc and what their risk of AF in 5-10 years’ time would be to see if they would be appropriate for screening. JT asked if anyone had any thoughts/perspectives on risk prediction models. MR has experience of very early work around genetic research with professors in Leicester. Lots of questions about moving to a proactive model. If studies identify someone as being at risk, it can have negative connotations as not everyone wants to have a disease label and it can cause anxiety in itself, these are all factors that need to be taken into consideration. JT thanked everyone for listening, he has extra points can take away from attending and the feedback given from the PPG and is happy to come back to a future meeting. JT is also happy to answer any questions from PPG members via email if they wish.ALS informed the group that if patients are eligible for the research they would get a letter but we do need to look at the methodology of recruiting patients.  |
| **4** | **Smear Drop In Clinics** A new drop in smear initiative was launched in October 2020 by Nurse Claire Woodhouse, after researching drop in clinics. Ours have been incredibly successful. They are usually on a Friday afternoon between 14:00 & 17:00 with Dr Laurance on standby to help should it be really busy. 39% of the total smears taken between October and March were taken during the smear drop in clinics. The biggest success being that a patient has been diagnosed with cervical cancer following her attendance at the smear in a drop in clinic. She said that she wouldn’t book into a routine appointment and that the drop in clinic has saved her life.We text any patient who is routinely eligible and inform them of the next drop in clinic. We also invite to patients that are overdue for their cervical smear and include the dates in the reminder texts and yellow/pink reminder letters.  |
| **5** | **Covid-19**We ran a Covid vaccination clinic here on Saturday 27th March, and vaccinated just shy of 600 pts within a 4 hour window. We had patients and staff from all local practices. 256 patients were our own patients and the rest were a mix of patients from The Manor, Bramcote, Abbey and Chillwell Meadows/Valley patients. The second dose clinic is on Saturday 12th June and we are planning to do another clinic on Friday 7th May in the afternoon during regular surgery hours - this will be for our own patients only. All the patients vaccinated were eligible up to cohort 9. It appears that they have opened up appointments to 48-49 year olds now and but not another full cohort yet. As soon as patients have been for their vaccination, we get informed and it is automatically coded into records. There was a lot of duplication from the national service with invitations and it wasn’t very clear that it wasn’t coming from the practice. We only did text messages and phone call invitations from mid-March as we weren’t sure on numbers of vaccines we would be able to get. RH asked if there will be other clinics at the surgery for the other cohorts when they eventually get called. We are hoping everyone will be called by the 7th May clinic to give them the opportunity to have it here. ALS gave information on the national figures. This can be found on the following website: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations>  |
| **6.** | **Poll**LS sent out a text message poll to try and encourage more patients to attend the PPG, asking which time would suit people better. The text went out to 503 17-85year olds who had opted into the virtual PPG. The response rate was not very good with a total of only 14 responses and there was no clear, definitive time that was preferred. LS will continue inviting patients and informing them of dates of meetings in the hope that we will eventually recruit more members. It was noted that the virtual meetings haven’t been as well as attended as the face to face meetings.It was queried whether the next meeting would be face to face as it would be in June however we would have to follow guidelines at the current time. We still have working bubbles and face to face appointments are still staggered at the moment. We don’t have more than 2-3 patients in at one time at the moment; however it will depend on the government guidelines. |
| **6** | **Terms of Reference**As we were hoping to have more PPG members at this meeting, it has been decided to put this item on hold until we get a meeting with more members present. It was agreed to put on the agenda in the Autumn with a reminder for members to read the document before the meeting.Some practices get PPGs too big and no decisions can be made. Patients can be part of the virtual meeting and can be on waiting lists with access to the minutes.  |
| **7** | **AOB*** Website: MR had picked up that the information regarding the PPG had not been updated in some time. If we are trying to encourage patients to attend it would be beneficial to have updated information on website. This had been raised in the business meeting and LS will pass to Charlotte to add to the website.
* Care Homes: CQC report on one of the local Care Homes was poor which led to a closure. MR thanks ALS as she had contacted the CCG and got positive answers very quickly.
* Staff Update: We have a new nurse, Charlotte Hall who started on 8th March. Nurse Caroline Garfitt is leaving us at the end of this month and we also have a new admin member of staff Liz. There is also an internal post being advertised for a data administrator who will eventually be responsible for all recalls, these are currently being tided up by HCA Emma.
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| **8** | **Date of next meeting and close** Graham Mansfield thanked everyone for attending. The next meeting will be on:**Thursday 3rd June 2021 17:15 via Zoom** |