**Patient Participation Group**

**Minutes of the Meeting**

**Thursday 4th February 2021**

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| **PPG Members**Graham Mansfield (GM) | **Practice Representatives**Andrea Swanson (ALS) |
| Mark Russell (MR) | Laura Scott (LS) |
| Michael Worrall (MW) |  |
| 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** | **Final Flu Update**As we have now come to the end of the flu campaign, ALS discussed the final flu figures and thought it would be interesting to see where we sat nationally (See Table 1 below).We have done significantly well as we are slightly higher than the national average. Pregnant women is always a difficult cohort to vaccinate as the midwife is unable to vaccinate themselves even though it has been argued they should as they are more than capable. GM asked if there was anything that could be done differently. It was advised that we were very proactive with clinics; offered lunchtime clinics and Saturday mornings (which we have always done) but midweek lunch times proved popular and made a difference.MR asked whether the CCG had been in touch with regards to learning and passing onto other practices. Practice Managers share the data and what we’ve done to try and enhance uptake, there is a learning we’ve brought to the other practices. The numbers for the new 50-64 cohort would have possibly been higher but it took so long to confirm and by this time Pfizer launched the Covid vaccination so patients weren’t interested in the flu vaccination and wanted to wait for Covid one.If had at a pharmacy they should inform surgery of this. |
| **4** | **Covid-19**ALS thought the PPG would be interested in what the current situation is with Covid and where we are with it as it is changing rapidly – sometimes on a day to day. There are 9 cohorts coming through at different stages with the first one being care homes. Nottingham Post reported vaccination figures before we had even started vaccinating. 91.5% of our care home patients have now had the first dose; the remaining 8.5% won’t have had for reasons such as being inpatients or end of life so not appropriate. We have now moved on to housebound 70+ patients which practices are doing. The numbers are constantly changing due to positive Covid results meaning they need to wait 28 days or being admitted to hospital. The housebound patients need to vaccinated by 14th February, and only Tuesday this week we got the call to say we needed to start visits and started them yesterday. It has been difficult to manage as nurses sat with empty clinics waiting for the call that may not come or we can fill the nurse clinics and then have to cancel patients last minute, the scheduling is very last minute. We have 22 patients due to be vaccinated tomorrow (every vial has 11 doses; 6 hours to use once started and we can only open cool box a maximum of 12 times). The vaccinations are also recorded on a whole new clinical system so it has been difficult to arrange with logistics and staffing. Despite all this yesterday’s went well.We are using the Oxford vaccination as the Pfizer vaccination had guidelines saying it can only be moved locations once which doesn’t work for housebound patients and conducting home visits. We have to collect the vial from a vaccination site and it has to be picked up by clinician.GM stated that is was not clear what GP is responsible for or what wider NHS is responsible for. ALS informed that Nottinghamshire came up with idea of a roving team and mass hubs; however they are struggling for staff to attend the hubs and also wanted patients to be able to go until midnight but that was really not feasible for cohort due to be vaccinated. The Oaks had the ability to become a hub but we aren’t currently getting any information on whether or not we will be hub or if will even come into practices, but then last minute get the call to do HV – has to be picked up by clinician and not admin. The general response is that patients really do want the vaccination but the logistics aren’t that easy.MW commented that some patients had received multiple letters/calls. We have only called around the 80+ patients to offer any assistance with booking.MW also asked about getting the same dose e.g. if had Pfizer as first would that be the second, as we are not aware of any mixing trials, it will be the same one given. GM informed that the press had stated today they had started these but would have no results for at least 12 weeks. It is also the responsibility of whoever did the first vaccination to give the second, so we’ll be going out again to our housebound patients but the roving team who have done the care home patients will be going out to those. Plans for the next cohort have not yet been announced, we only found out about the housebound at the end of January and were given two weeks to complete them so it is really difficult to plan and is frustrating for staff and patients.  |
| **5** | **Terms of Reference**GM asked if everyone had had a chance to look over this, some had and some hadn’t. GM felt that this group was not a big enough to make a decision on the TOR and that it would need a bigger meeting with a wider audience. He agreed that they were interesting but didn’t reflect what the current PPG do at the moment and that this should be deferred to a further meeting.ALS confirmed that the Partners were happy with the TOR and would welcome the PPG doing different things within the Practice.MR commented that the TOR were a drafted version and would need updating again due to meetings becoming virtual and that this is now a way of the future.Every new patient that joins the practice is enrolled to a virtual PPG unless they tick to opt out however we haven’t been too proactive in sending out to a virtual PPG. We also need to advertise again through the website and try and draw into meetings. LS will look at who is signed up virtually and send out invitations for the next meeting. The TOR will also need to be updated annually and we can look at doing this at the start of the financial year |
| **6** | **AOB*** **Research** – Dr Taggar, one of our salaried GPs and also Clinical Associate Professor in Primary Care is involved with Research and has asked if he can come into group at next meeting with regards to research – all happy to attend.
* **Recalls/Annual checks –** MR has recently seen nurse/HCA for annual review and got an apt quickly but had not had the bloods which should have been taken in August. GM has also previously raised that these appear very adhoc and doesn’t annual recall doesn’t always happen. ALS explained that prior to moving over to SystmOne we tried to align recalls with birthday month however since moving over we have never got it quite right. We have been looking at over the whole Nottingham West patch so we all use the same recall system but this is a big piece of work cleansing all the data which we were due to do this time last year but then Covid hit so the the SystmOne S1 trainers that were booked to come in were all pulled off non Covid related tasks and it was advised by NHS England that unless absolutely urgent we shouldn’t do recalls. This then changed again to us doing but Spirometry and Ear Syringing. We have had a meeting today and Dr Addis and one of our HCAs who is currently working from home, have been tasked with getting back on top of recalls to start in again in April. We agree we are not where we should be but this is a large piece of work which has been pushed back a bit.
* **PPG Time –** It appears that the time of the PPG is not always suitable and despite trying various times, we haven’t been able to gain any more members. LS will also send out a text message poll to see what time would suit patients best to attend a virtual PPG meeting.
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|  | **Date of next meeting and close** Graham Mansfield thanked everyone for attending. The next meeting will be on:**Thursday 8th April 17:15 via Zoom** |

**Table 1. Practice Uptake**

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| --- | --- | --- | --- | --- | --- | --- |
| Eligible Group |   | National target | % Uptake | No. Vaccinated | No. eligible | Deficit to target |
| Patients aged 65 and over | Your Practice | 75% | 87.5% | 1577 | 1802 | Achieved |
| Your CCG | 83.7% |   |   |   |
| National | 80.6% |   |   |   |
| Patients aged 50-64 | Your Practice | 75% | 53.9% | 673 | 1249 | 263.75 |
| Your CCG | 36.1% |   |   |   |
| National | - |   |   |   |
| Total Combined – 6 months to under 65 years: At-risk | Your Practice | 75% |  65.7 %   |  823 |  1253 | 117 |
| Your CCG |  54.1 % |   |   |   |
| National | 51.7% |   |   |   |
| Pregnant Women | Your Practice | 75% | 55.9 % | 62 | 111 | 21.25 |
| Your CCG | 47.3% |   |   |   |
| National | 43.4% |   |   |   |
| Children aged 2yrs | Your Practice | 75% | 77.1% | 74 | 96 | Achieved |
| Your CCG | 58.4% |   |   |   |
| National | 54.7% |   |   |   |
| Children aged 3yrs | Your Practice | 75% | 75.5% | 74 | 98 | Achieved |
| Your CCG | 61.2% |   |   |   |
| National | 57.3% |   |   |   |