

**Minutes of The Drayton Surgery Patient Participation Group (PPG) meeting held on
Thursday 29th July at 3.00pm via Zoom**

Present: Daniel Ferrett Drayton Surgery Business Manager, Mary Ramsay Chair, A.F. T.M. R.L.
L.I. A.R. M.V.

Apologies S.M.

Mary welcomed everyone to the meeting.

R.T. is no longer a member of the group.

There are now group vacancies, so prospective members will be invited to observe at a future meeting. Each agreeing to a suitably worded confidentiality form prior to attendance.

Mary said the meeting was limited to 40 minutes as Zoom had returned to time restrictions. She reminded the Group of Zoom protocol by raising a hand if they wished to speak.

Mary explained that the pandemic had led to an internal reorganisation within the surgery. Our future meetings will slot into the new structure. Not all meetings will be face to face. The face to face meetings will start at 5.00pm ending 6.30pm. Zoom meetings will start at 3.00pm. The face to face meetings will not always have a GP present.

To enable a smooth effective running of each meeting, group members will continue to submit any questions for Daniel by the chair beforehand.

Mary reminded the group of the Terms of Reference which state continuous absenteeism without acceptable reasons will result in the chair having a difficult conversation with the group member.

Matters arising from previous minutes.

Mary said she had still not heard from the local councillor regarding the possible removal of the grass verge outside the surgery.

Short presentation by M.V. on the COV Boost research project she is participating in.

M.V gave the group a comprehensive presentation of the COV Boost research project she is involved with

Surgery update

A couple of questions from previous updates

Have you progressed further with the zero tolerance project?

The project is still ongoing and we hope to provide a full update soon.

Any further news on the new website?

The new Website design is on hold at moment due to time restraints

Covid update and vaccination programme

How is staff morale and how are they are coping with extra pressures

How much of an impact on staff resources is the current covid clinics having?

At the Vaccination clinics: Staff morale is holding up at the moment, only one vaccination room is in use at the moment. The vaccinator in the Covid clinic is working overtime on her day off, the inputter is a team leader who is also managing the clinic on the day.

Within the surgery: Staff morale is low due to the ever-increasing workload and demand being presented to us. Teams are exhausted and are dealing with rude comments and negativity on a daily basis. This is demoralising and upsetting for all.

Are there plans in place for the management of possible booster Covid clinics?

Will it be possible to integrate Winter flu vaccines with a Covid booster jab?

With the news of the expanded flu vaccine programme being announced, how does the surgery see this being implemented?

Will it be managed as a PCN or each individual practice within the network?

The surgery is currently planning the winter flu clinics and we are waiting for further guidance on how NHSE would like these to work and whether they will be done in-line with COVID booster vaccinations.

The PCN has just been asked if they wish to submit a bid for running a booster clinic which we have done. A service specification is yet to be agreed and released so we are very much in limbo with this at present.

What is the take up on the vaccine by young people, does the engagement vary within the practices of the PCN?

What are the overall take up figures?

There is hesitancy in the under 40 age group. The clinics are not being filled, every effort is being made to encourage this cohort to attend. A recent text message sent out was met with some abuse. Zero tolerance letters will be sent to the offenders.

I was a little surprised at the last meeting when Daniel mentioned that the surgery receives 300 E-Consults a week (i.e. 60 day). I wondered whether each requires a clinician to review and whether some of the E-Consults are now placing an unacceptable and unnecessary burden on the surgery. Could Daniel comment on the success or otherwise of E-Consults and the pressures they place on the surgery to respond.

eConsult is a very useful service which needs to be used properly. When you complete an eConsult for a specific condition it asks you very targeted questions, all of which give the clinician as much information as they would get from a face-to-face appointment. Sometimes the clinician may need or want to discuss this with the patient, at other times they have enough information to hand to be able to issue a prescription or provide specific advice. Sadly, some people are not answering these questions fully as they feel it is a waste of time, this is what creates more work.

Overall, the system works well, and patients are happy with the whole eConsult process. We have two specific clinicians working on eConsults each day which helps the workload.

I'd like to ask if there are any plans to re-start the diabetic blood tests. In the past blood tests were done regularly and the results discussed afterwards. I recognise that these aren't normal times but I recently had a blood test for my bi annual virtual haemochromatosis clinic at QA. After this the clinic tells me the results and advises whether I need more treatment I wondered if a similar system would be possible at Drayton, particularly if bloods have been taken for other purposes

We have continued offering diabetic blood tests as well as all diagnostic tests (with the exception of Spirometry which was stopped as a national guidance) all the way through the pandemic. Any bloods which are requested by the GPs here are reviewed when they come in – generally within 48 hours – and comments are put on to the clinical records. The GPs will generally send a text message with the results or will make contact/arrange further investigation if required. As a rule of thumb, if you haven't heard anything about your results, this means they were fine.

We are unable to review and comment on blood tests that are done for hospital requests as the GP can only see what they have personally requested.

Government initiatives and changing directives,

What is the Practices' view on NHS (GDPR) and centralising personal data? Will there be a local (CCG/Practice) programme to advise patients on options and encourage patients to opt in?

Other than the website, how is opting in or out being publicised? Is there a deadline for patients to choose?

The NHS has run a centralised data programme for many years now – The Spine (as we call it) holds the information about each patient that is crucial for us to know in order to effectively provide you care. When the Summary Care Records (SCR) was introduced a few years ago there was a lot of concern that data was being sold on or used for non-NHS related purposes. In reality, the purpose of the SCR was to ensure that increased knowledge was provided to different departments in order to provide the best care possible. This includes the ambulance and hospital services being able to see medications that you are on and any recent medical problems that they may need to be aware of in order to treat you.

All of this information is held securely and can only be accessed via a SmartCard (a credit card sized ID card with a password protected microchip) with appropriate access rights. For example, as Practice Manager I have full access to everything so that I can look into problems that arise and resolve them efficiently. A receptionist, whilst having access to what is needed, cannot access everything.

Access to any records is audited and should there be any cause for concern, is investigated fully. The NHS has never sold data on to any third party so this should not be a cause for concern.

The recently announced General Practice Data for Planning and Research (GPDPR) has been brought in to enhance the health care provided to patients throughout the UK. It replaces an existing system called General Practice Extraction Service (GPES) which is used to ensure practices are paid for the services provided – in particular, vaccinations and immunisations. Data extracted is pseudonymised and no personal information is released.

The new service has now been postponed allowing more time to liaise with appropriate sectors and providers. When it is re-instated, there will no doubt be a national campaign explaining the system but for now you may find this link useful:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research>

Are there any noticeable changes post 19th July with the surgery protocol re appointments, i.e. are there more face to face in house appointments?

We introduced a new appointment system in early June as part of our response trying to ‘get back to normal’. The new system is a hybrid of the old system and the newer, total triage model and allows for more face-to-face appointments with GPs, however these still need to be triaged over the telephone or via eConsult first.

This has been done to protect GP time as we find a lot of what people want to discuss can be done over the telephone/video and don't need to take up an in-person appointment.

Overall, the new appointment system has gone down very well and has worked well.

Facemasks will continue to be mandatory in General Practice and this is a national directive not a personal one.

New building

Is the new building operational yet?

The building has now been handed over to surgery and currently being used for admin, it will shortly be used for patient use. Plans are being considered for an official opening.

A.O.B.

Concern was raised over the new housing estate at Harbour Place, Bedhampton. As the development falls under Havant Borough Council it is not covered by 13GP practices within Portsmouth CCG.

Date of next meeting

Thursday 30th September 5.00pm at The Drayton Surgery