

Patient Participation Group

Minutes of the Full Meeting on 16th February 2021 Meeting held by Zoom at 7.00 pm

Leader: Mandy Preedy, **Minutes:** Graham Fothergill

- 1. Present:** Amanda Preedy, Rosie Chisnell, Graham Fothergill, Joy Hall, David Wilkinson, Kim Wilkinson, Ken Spooner, Barry Hall, Angela Dormer, Jan Burt, Brenda Davies, Robert Sprigge, Sally Elliott, Ros Sherry, Penny Berry, Tony Dollimore, Chrissy Cobbold, Kay Loveless, Mike Pye, Grahame Hill, Lynne Drake, Tony Stowe, Renata Crome, Gill Bartlett, Dave Bartlett, Clare Biddle, Melissa Aldrich, Charlynn Parry, Lynne Drake, Malcolm Cooke, Martin Connolly (Potterells PPG).
- 2. Apologies:** Sheila Stowe, Jane Walker, Vivienne Fountain, John Townend, John Stead, Janet Bell, John Bell, Jacqui Horbury.
- 3. Declarations of Interest:** None.
- 4. Minutes and Matters Arising from Meeting held on 19th January**

The Minutes were agreed as an accurate record of the Meeting.

There were no matters arising that would not be covered by today's Agenda

5. Covid-19 Vaccination Programme

Ken reported a satisfactorily high take-up of Covid vaccinations; 95% of patients over the age of 80 had received the first dose of vaccine, 90% in the 75 - 79 age group and also in the 70 -74 years old patients, 80 % of housebound patients have been vaccinated as well as 80% of care home residents. Later this week, patients in the 60 to 69 age range who are clinically vulnerable have appointments at the Roebuck Surgery. Other (healthy) patients in the 65 - 69 group have received letters from NHS England inviting them to have their vaccination at the Robertson House hub.

In reply to a question from Graham, Ken pointed out that in these elderly groups, only a few patients had refused the vaccination, some had not responded to the notification of their appointment and there were a few patients who were living abroad or were not contactable.

Requests for vaccinations by younger patients who felt themselves to be vulnerable but who fell outside the current definitions of vulnerability were being considered on an individual basis and there was some built-in flexibility, but Ken reiterated that the Practice can not be seen to be in breach of the JCVI guidelines.

Ken reported that NHS England had now widened their definitions of vulnerability and had identified a further 1.7 million patients who fitted these new criteria, of which 1.0 million had already been vaccinated; the remaining 0.7 million have still to be contacted.

Ken noted that the vaccination clinics at Knebworth Surgery on 4th and 5th February had gone very well. On 19th February there will be another clinic at Knebworth for a small number of patients with learning disabilities; Ken felt that external marshaling may not be required for this

clinic. It was hoped that further clinics could be held at Knebworth but Ken said that he was meeting resistance to this from the CCG.

Ken reported that batches of vaccine were being delivered to the PCN on a more regular basis and that they were now being given about ten days notice prior to delivery; this has allowed for better planning of the vaccination clinics as well as for routine appointments at the individual Practices.

In response to a question, Ken said that he was looking at our data on uptake by BAME patients. Brenda asked about patients with serious medication issues (such as severe immunosuppression); Ken said that the PCN was taking advice from NHS England and from consultants on an individual basis.

Mandy questioned if there was any evidence that women had more vaccination-related side effects than men; Ken was not aware that this could be a problem.

Following an enquiry from Joy, Ken acknowledged that there might be supply and vaccination clinic issues when, in late March, patients were due for their second vaccination at the same time as others were receiving their first jabs.

Charlynn asked if the Practice was aware which of its patients were being vaccinated at Robertson House; Ken confirmed that the computer system used (Pinnacle) downloads the necessary information to the Practice within 24 hours.

It was known that patients receiving vaccinations at Robertson House were being given appointments for their second dose; Ken said that the patients who had been vaccinated at the Roebuck or Knebworth surgeries would receive notification of their follow-up appointments shortly.

6. Practice Update

Ken mentioned that Dr Mike Smith, a new Partner in the Practice, joined on 1st February. He has already spent some time with us as a locum; his appointments will mostly be at Knebworth surgery.

Ken reported that there was still enormous pressure on the nursing staff and that, because of their involvement with the Covid vaccination programme, this has necessitated cancellation and rearrangement of their normal clinic appointments. Ken explained that although the BMA and the RCGP had negotiated with NHS England to list certain clinical services as non-priority (e.g. Vitamin B12 injections), the Practice is trying to maintain a normal level of such services.

Ken mentioned that staffing problems because of absences due to illness, shielding etc are now steadily improving.

Ken commented that the new Knebworth surgery building seems to be functioning well, although Openreach will be on site later in the week to finalise some of the cabling links. The Practice telephone system is moving to a cloud-based set-up which should provide an enhanced service.

Ken felt that it would be a further six months before the Practice returned to a normal level of service and, even then, telephone and online appointments will remain in place with face-to-face ones only as required. Nevertheless, in the meantime, all urgent problems should be reported to the surgery and will be dealt with, and especially for cancer referrals and pathways.

7. Cancel Out Cancer (COC)

Mandy and Rosie reported that COC sessions are continuing on Zoom and are proving to be very popular. There are still a few places on the next one (Saturday, the 20th) and Ken agreed to get a text sent out to patients. There are also a few outside organisations interested in running these sessions.

8. PPG Quiz

Graham said that he felt that the PPG Quiz went well; there were eighteen contestants and he had received some good feedback. It was agreed that we should have another one, again on a Saturday evening, probably in a few weeks time. PPG members and others will be notified of the date well in advance.

9. Lloyds Pharmacy

Brenda reported continuing problems of delays in the processing of her husband's prescriptions at the Knebworth branch of Lloyds Pharmacy; Chrissy and Robert reported similar problems. Ken explained that, to some extent, this may be the result of shortages in the manufacturing and distribution chain. Kay said that she uses Lloyds Echo system for ordering prescription items and has had no problems. Graham suggested that there may be better service at an independent pharmacy; Gill commented that they had successfully switched from Lloyds to Waitrose pharmacy.

It was agreed that Tobi, the Knebworth Lloyds branch pharmacist, be invited to a future PPG Meeting; Graham said he would see if Tobi was amenable to this.

10. Speakers for Future PPG Meetings

Robert asked if it would be possible to have a presentation on the evaluation of medical technology, such as apps. Ken explained that there were quite a few NHS-approved apps and that these could be helpful for patients; he agreed to explore this further with the CCG and with NHS Digital. Meanwhile, he reported that the Practice was testing a 24-hour blood pressure monitoring device in the form of a wristwatch which transmits the recordings back to the nurse.

Dave felt that a presentation on Herts Sport and Physical Activity Partnership's "Active Local" projects would be interesting to the PPG. He agreed to send Graham and Mandy the contact details.

Graham reported that Phil Lumbar of the CCG would be happy to give a Zoom presentation on the work of the local 111 Service. It was agreed that he should be invited to the next Meeting (16th March).

Rosie explained that because of her work with Carers in Hertfordshire, she may be able to give a talk about the bereavement services that the Bereavement Group at CiH are able to offer. This will be further discussed at the next Officers Meeting to decide if it is an appropriate subject for a PPG Meeting.

Renata wondered if it might be possible to get someone from the local Butterfly Volunteer Service to give a talk to the PPG. This will be discussed at the next Officers Meeting.

11. Any Other Business

Kim asked if anyone knew of a speaker to give a talk on mental health to her local Mothers Union. Graham said that he would have a word with Ron Walker (Bedwell PPG) who might have such a contact.

Clare asked if the defibrillator could possibly be positioned on a wall in Knebworth High Street (London Road) instead of on the outside of the surgery; this would be a more central location and would give it more visibility. Ken reported that he had made arrangements for it to be reinstalled at the surgery within the next week or so but that he was in favour of finding a more central location. After some discussion, Clare agreed to look further into this idea and would approach Darren Gilbert (of Mather Marshall), among others.

The Meeting closed at 8.25 pm.

The next PPG Meeting will be on Tuesday, 16th March at 7.00 pm.