



Patient Participation Group Meeting

Tuesday 9th February 2021

Virtual: Via Microsoft Teams

Protocol: raise hand to speak, thumbs up to agree, thumbs down to disagree

1.Present: WA (Chair) JA, GA, VM, IE, CE, HB, PP, JO, LA, SS, LB, Dr LD,.

2.Minutes from 3. 11. 2020; read. Proposed by VM, seconded by JA.

3.Matters Arising:

Waiting time for consultants' letters to be entered on patients' notes, is leading to delay in recommended medication changes. LD said this should be approximately one week but if the change is urgent, she would expect the consultant to be effecting these. WA and GA both reported recent positive experiences of mobile text messages enabling them to access consultant letters quickly and easily.

4.Treasurer's Report:

JA reported no change and commented that the practice kindly pays the annual NAPP membership fees. LD confirmed that this will continue.

5.Medical Records:

This relates to the lengthy saga of the absence of the Documents section in patients' medical records. LD reported that EMIS and Doc-man have (finally) agreed the appropriate protocols. The missing information will shortly be restored, probably in the next 1-2 weeks. When this is complete, a notification will be put on the Manor House Facebook page.

6.Update on the Flu Vaccination:

LD reported a low uptake in the over 50s group, 18.6% at Glossop, 19.1% at Hadfield. This seems commensurate with the national picture and is in contrast to the traditional (Over 60s) which has a take-up rate of over 90%. LD said that there had been publicity and encouragement for the over 50 group, but with no further success in uptake.

7.Update on the Covid Vaccination:

LD reported that Tameside & Glossop is top of the country for progress!

She informed the meeting that practices get only 48 hours notice of a vaccine delivery, thus a considerable amount of work has to be undertaken in a tight timescale to ensure that all the appropriate people are contacted and no vaccine is wasted. Pharmacists have been able to achieve 6 doses per vial rather than the standard 5; the Pfizer vaccine is extremely fragile so there has to be some allowance for wastage. All second doses will now be at a 12 week interval, with the World Health Organisation now supporting this. Currently, our area is one of very few moving into vaccinating Group 5 of the 9

designated groups; this is a relatively small group in comparison with the next, Group 6 (1,906 in Glossop, 446 in Hadfield).

In response to questions,

- LD said it was hard to tell if press reports of vaccine supply problems were accurate, as there is so little notice of any delivery; there was no indication that supplies of second doses would not be available. Dr Jha has been heavily involved in the vaccination programme and would be among the first to be raising any concerns.
- LD also said that there is currently a lower age limit for the vaccine (16-18) with no current research on those younger. With insufficient data, including on dosage levels, there are no current plans to vaccinate children. It may be that it would be indicated for very vulnerable children (currently recommended to shield) but the practice does not have any of that group.
- The notification for the second dose will be as for the first.
- If there are supply issues, second doses would have priority over Group 6.
- Current research supports the same vaccine for both doses; this may change if new evidence emerges.
- There are a number of other vaccines likely to come on stream during the year; the UK does seem to be well-supplied in quantity of vaccine ordered.

All present agreed that an outstanding job was being done by all involved.

8.New Telephone System:

Has it eased pressure on admin staff?

LD: probably too early to say; the average waiting time for a call to be answered in January was 4 minutes. The worst has been an hour. Monday mornings and Friday afternoons are always exceptionally busy, other times can be far quieter and, if not urgent, the end of the day can be best. In January, 15,430 calls were made, approximately 700 per day. There is monitoring of staff to try and take pressure off and re-route calls if possible. Undoubtedly, Covid is responsible for part of the high numbers as patients are uncertain about symptoms, but that aside, there is not data on the content of the calls. A dedicated Covid line was considered, but felt to be unworkable. Until the pandemic does ease, the numbers and consequent pressures are unlikely to alter.

9.Facebook:

WA continues to monitor the Manor House Facebook page and forward items of interest to the PPG to VM, who forwards to the group. This system will continue.

10.Questions to the Surgery:

This has arisen from the difficulties for the GPs, in the time of Covid, in attending the PPG's formal meetings; with a 2 month gap between such meetings, it was felt that this often rendered questions redundant and an email would be an efficient method of communication in order not to lose important items.

LD said that 1 or 2 brief questions would be fine, but the time to respond to a lengthy email, with a number of different questions was not available. There is time allocated for a formal PPG meeting, but not to respond at length to emails. She wondered if a return to monthly formal meetings might work.

IE noted appreciation for LD's attendance today and that the frequency of the meetings had been altered in order not to overload staff at such a crucial time.

It was suggested that this could be discussed again at the next informal meeting.

11.Plans for the Future:

Discussion about what might change when the pandemic is more controlled, particularly a return to face to face appointments and being able to use the waiting room.

LD outlined the ongoing problems with the waiting room and the high risk of transmission currently. It had given rise to more wide-ranging thoughts about the advisability of having a number of possibly infectious people together in a waiting area at any future point. LD thought that a number of telephone and virtual consultations would probably remain post-Covid, but that face-to-face ones would return as soon as safety allowed. Currently, approximately 20% are face-to-face. Apart from ear syringing, (still too high-risk close contact) the practice is undertaking virtually all of its range of services.

Discussions about the future need to build an annual vaccination programme for Covid into forward planning. It was agreed that this would be part of planning how to live with the virus.

The group felt it very important to endorse and appreciate the collaboration and co-operation evident throughout Glossopdale in the highly efficient planning and delivery of the vaccination programme.

12.Any Other Business:

LD reported that there had been some adjustment of services to the Hadfield surgery, following a realisation that it handled 20% of patients, but had only 11% of clinical time. This has now been rectified by increasing the number of surgeries, with often two doctors available and opening on a Thursday pm. There is also a new GP at Glossop, Dr Zin shared with the Howard St practice.

WA: important to reaffirm the PPG's commitment to supporting the practice in such difficult times.

Next Informal Meeting: Tuesday 9th March 2021, 2.00pm

Next Formal Meeting: Tuesday 13th April 2021. 1.00pm