



Patient Participation Group Meeting

Tuesday 13th April 2021, 1.00 pm

Virtual, via Microsoft Teams

Protocol: Raise hand to speak, thumbs up to agree, thumbs down to dissent.

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

Apologies: LA.

2.Minutes from 9.2.21: Proposed by HB, seconded by CE.

3.Matters Arising:

All in main body of meeting.

4.Treasurer's report:

JA reported no change.

The PPG still has an A3 printer that is not of current use. After discussion on its future it was agreed to offer it to The Bureau for use.

5.Review of Current Meetings Structure:

Discussion on whether to leave the current structure in place for the duration of the pandemic, with a focus on not overloading the time constraints of the doctors. LD had commented that attendance in person was easier to organise than responding via email to complex questions. It was agreed that the present structure would remain for the time being, with the recognition that replies to questions would be likely to be delayed.

Action: to review when the situation alters/improves.

6.Covid Vaccination Update:

LD: It is going well. The on-line system is subject to frequent freezing, which causes frustration but is otherwise working well.

CE: Home testing kits are available from next weekend.

LD: Anyone with symptoms should obtain the PCP test, not the Lateral Flow.

Discussion regarding notification for vaccinations; LD said that the over 70s have been directly booked in, on the assumption that fewer will have internet access but those under 70 should book online. This frees up both surgeries' telephone lines as otherwise there is the risk of significantly ill patients not getting through; the problems tend to arise from the vaccination website going down. It is acknowledged that some will need to phone the surgery, i.e, those who have reached 11 weeks after their first vaccination and have not been notified of a second appointment.

There was a general acknowledgement that some glitches in the system had to be expected.

7.Update on the Flu Vaccination:

LD: This will start from August onward and Covid boosters may need to be given simultaneously, especially if Covid variants emerge. At this stage, it is hard to say if these will be administered indoors or outside, as last year; the decision is likely to depend on variables as yet unknown, e.g, a Covid surge, inclement weather.

8.Outside Waiting for Patients:

LD: We have been able to open up to 6 patients at Glossop and 4 at Hadfield, waiting indoors. A surprise has been how hard it has proved for people to follow quite simple and clear rules! Some GPS are working intermittently from home, but generally, most are in the surgery most days. Apart from spirometry (a diagnostic test for asthma and COPD) and ear syringing, the full range of services is available. For the latter, hospital referral is required, although some can be performed at home.

WA: Specsavers will syringe ears for £55.

9.Patient Access and Medical Records:

Access to Documents appears still unresolved despite VM receiving an email in February to say the information was back on the website; she was subsequently told that this was incorrect.

LD commented that they should be back. LD/LB to look into this again. It may be a technical issue but the PPG will be advised when it is resolved.

Action PPG to keep a watchful eye on Item 9, to be placed on June Agenda

10.NAPP Membership:

LB confirmed that this has been paid.

11.Howard Street Medical Centre:

There have been rumours that Manor house has taken over Howard Street.

LD confirmed that this is the case but that the change in circumstances will not be immediate. Eventually Manor House will become one practice with three bases instead of the current two.

12.Future Plans for Manor House:

LD: There are plans to refresh the Glossop building which have been delayed by Covid.

13.AoB:

i) IE: Could the partners consider how the PPG might be most useful?

It was acknowledged that Covid had severely restricted activities to anything that could be carried out online and remotely. Discussion focussed on possible activities within these parameters. It was noted that some PPGs run their practice's Facebook pages, which led to further discussion about the practice's use of such social media and any other routes by which a wider range of patients could be reached. It was noted that many patients choose not to use Facebook. From this, the issue of the percentage of patients either not on the internet or without access to smart phone technology, was discussed.

This is not currently known, but, using age as a rough determinant, possibly 600-800.

There are approximately 2,500 patients over 70.

Action: for discussion at the next Informal Meeting.

ii) IE: Should the PPG be able to ask the practice for funds?

LD: Yes, if it is to enhance the patient experience, via approval at a partner's meeting.

Action: for discussion at the next Informal Meeting.

IE thanked VM for her assiduous secretarial work, JA for his continuing IT skills, LD and LB for their attendance at such busy times.

Next Meetings: Informal: Tuesday 11th May, 2.00 pm

Formal: Tuesday 8th June, 1.00 pm