

Morland House Surgery Final PPG meeting minutes

Date: **July 1st 2021 (zoom).**

1. Attendees: Nollag McGrath (NMG) *Practice Manager*

Charles Peers (CP) *PPG Chairman*

Martin Harris (MH) *PPG Secretary*

Peter Greenhalgh (PG)

Freda Duckmanton (FD)

Meg Barbour (MB),

Judith Alden (JA)

Ian Dennis (ID),

Ann Wild (AW)

Monica Ward (MW)

Sarah Walton (SW)

J

2. Apologies for absence were received from: Janet Carr and Patrick Reilly.

3. The Minutes from the PPG meeting held of 25th February 2021 were approved, and signed for CP by NMG, after NMG had provided some explanation in answer to a query by CP, about a reference in the minutes to ear wax removal by ear irrigation, which is now normally regarded as a non-essential clinical procedure

4. MW presented the following report on 2 recent SELF meetings:

SELF and SWOLF met with HealthWatch on 29th March to discuss support for PPGs.

OCCG's original aim was to replace the Locality forums with PPG networks within each PCN and for three networks of networks to be formed in Oxfordshire. Ours would be the South, essentially a merger of SELF and SWOLF. Two of our PCNs (Wallingford et al and Henley et al) had very successful meetings, but nothing has come of either.

Members of SELF and SWOLF felt that merging the two forums would nevertheless be a mistake. The scale, with over 20 PPGs would be too big and the two forums have different problems and different views.

SELF meeting 13th May, 2021

Some PPGs remain inactive or have only held informal meetings. Other practices are making use of volunteers in the vaccination drive although it is older people who usually volunteer. A young PPG member has written a paper about how to improve this which will be made available to SELF.

Thame PPG is not happy with eConsult. The best way to use it seems to be to go into the Admin section, which can lead to a response from staff, but this is not how it is meant to be used. Other SELF members had also made unsuccessful attempts to use it.

Ed Capo Bianco said that eConsult is supposed to filter out conditions that do not need a GP consultation. Some practices, including his, have turned it off at weekends because the volume of work found on Mondays was unmanageable. Some people use eConsult and follow up with a telephone call so they get on two lists for one condition. Ed's surgery has had to employ extra administrative support for it.

5. Items for Discussion

- a) An update on the Covid-19 vaccination programme achieved by the Practice was provided by NMG, who confirmed that of almost 22,000 vaccines administered by the PCN, 8,000 vaccines have been administered by the Practice, and this is summarised in this table:

Morland House Surgery			
Covid Vaccines Given 2021			
		<i>Fully vaccinated</i>	<i>Partially vaccinated</i>
Group 1	Care Home Patients	100%	
Group 2	Age 80+ and HSC workers	98%	1%
Group 3	Age 75 - 79	97%	1%
Group 4	Age 70 - 74 or Covid high risk	95%	1%
Group 5	Age 65 - 69	92%	1%
Group 6	Age 16 - 64 with Underlying Health Conditions	87%	5%
Group 7	Age 60 - 64	91%	1%
Group 8	Age 55 - 59	88%	3%
Group 9	Age 50 - 54	85%	3%
Group 10	Age 40 - 49	39%	45%
Group 11	Age 30 - 39	18%	53%
Group 12	Age 18 - 29	13%	52%

NMG confirmed that there had been a very good take-up of vaccinations from the older age groups, but less so for the younger patients, some of whom may indeed have received their vaccinations at other centres arranged online by the patients themselves. Every patient of this Practice aged 18 years and above will have received 3 invitations to be vaccinated. The initial vaccination programme will be completed by the end of August, and a booster vaccine will then be considered for administration later, along with annual influenza vaccinations. NMG agreed that the administration of this programme has been time-consuming, especially when there is a delay between a patient obtaining a vaccination elsewhere and the Practice receiving confirmation of this.

b) Orders of St. John Care Trust's new Nursing Home under construction in Park Hill

CP attended a very cordial meeting with the representatives of this new nursing home which is due to open in September 2022. NMG was reassured to learn that when the nursing home starts operating, it will probably be two years before it builds up to 65 beds. They plan to employ a community-based Nurse to help establish relations and recruitment from the community. CP reported that there would be another meeting with the representatives of the nursing home, on site, when the building was more advanced.

c) Newsletter.

CP complimented PG on his work in establishing this Newsletter and its distribution to the editors of the parish newsletters in the eight parish communities within the Practice catchment area. PG mentioned that the URLs included in the Newsletter might be shortened to make it easier for patients to use to access specific parts of the Practice website.

d) General Practice Data for Planning and Research (GPDfPR)

NMG had pre-circulated some explanatory documents to PPG members prior to this PPG meeting, and all these will be posted on the Practice website, with the approval of the PPG. CP suggested having some printed versions of this explanation of GPDfPR available for patients to read in the Waiting Room. NMG asked PPG members to let her know if there are any changes to be considered to the wording of these explanatory documents.

e) Election of members to the PPG

CP emphasised that the PPG should focus primarily on being transparent in its operation. MH suggested that a larger PPG would reduce the opportunities for individual members to speak, but he thought that there could be a way for patients who are not currently on the PPG to register their interest in joining the PPG at a future date. SW suggested that a 'fixed term' might be established for membership of the PPG to ensure that vacancies would be created for new members to join. CP suggested that in 'normal' circumstances the PPG should hold an open public meeting, and that we ought to consider 'fixed terms' for PPG membership. PG asked if he should publish notice of this meeting, and NMG suggested that this should be later in the year, if Covid regulations would allow such meetings.

b) AOB

- NMG announced that the Practice is also involved in GP training, with Dr. Hargreaves as the Education Supervisor, and in August a "S2" doctor in clinical training will be attached to the Practice. In February 2022 the Practice will hope to receive a GP Trainee to work in the Practice under supervision.
- SW highlighted the complexity of the forms required for the re-registering of patients returning to the Practice, for example, after returning home from university where they will have been registered with another GP. NMG agreed to try to simplify any complex forms.
- MB had received feedback from patients whose prescriptions were apparently slow reaching the Wheatley Pharmacy in the High Street, and NMG confirmed that the Pharmacy staff were responsible for visiting the Surgery to collect the requests for medication, and this occurs only once a day.
- MB asked if there is any feedback available on the performance of the two Social Prescribers helping the Practice, and in answer NMG praised their work and recognised them as being kind, enthusiastic, and caring, and confirmed that the patient feedback has been very positive, with the Care Co-ordinator, Sarah, being hugely experienced in dealing with extremely complex social issues.

- PG asked about the logistics for organising any charitable fundraising for the Practice by the PPG, and while MB felt that it is the right time for fundraising, there was no clear view agreed about what might be the object of such fundraising, and whether it should be some additional item of equipment to enhance the work of the Practice. NMG confirmed that she would discuss this with her colleagues and report back.