

**Notes of the PPG meeting for Hanham Health
held on Monday 15th June 2020 Via Zoom**

Attending: Kelly Cole, David Osborn (Chair), Heather Thomas (Vice-Chair), Judith Norley, Sarah Warren, Mike Vernon, Alison Wilmott, Mandy and Thomas Brooman, Dr Paul Taylor, Maisy Griffiths and Margaret Slucutt

1. Welcome

David welcomed everyone to the meeting and particularly Maisy Griffiths from HealthWatch

2. Note-taker

Margaret S will take some brief notes.

3. Matters arising.

End of life booklet – due to coronavirus, publication of the booklet has not moved forward. David reminded the group that, should they know of anyone suffering a bereavement, the document is [available on the Practice website](#).

Website development – Practice Management are intending to implement a new website and had asked for PPG opinion. Mandy and David have reviewed the preferred style of website as operated by the [Courtside surgery](#). It is good to note that the PPG has its own link direct from the home page.

Mandy had noted that there is a facility to show photographs of the doctors and other members of the Practice team alongside their details. She felt that this would make the website personal and relevant to the local community. Kelly confirmed that photographs of staff and the surgery buildings have already been taken in readiness for the new website.

Kelly confirmed that the website design company has been contacted and have quoted a price.

Kelly to send a link to enable members to see websites for other surgeries this company has designed.

Liaison with other PPGs in our Primary Care Network – We are awaiting a date for this to be taken forward.

Closure of the Shaunaks pharmacy located within Hanham Surgery– Discussions remain ongoing. Shaunaks are looking to negotiate on rent.

Mike Vernon said that Kingswood Community Transport are delivering for Shaunak's from their High Street shop (Mon, Thurs & Fri) and from the surgery based pharmacy (Tues & Wed).

4 Coronavirus Pandemic

Kelly said that a report on the changes to services within the surgery had been circulated to patients last week by email and text message / uploaded to website. David commended Kelly on the level of detail in this.

Kelly shared that as of 11th June 1,298 patients were shielding, compared with 1,213 mid-May.

Jude mentioned that a patient she knew had been removed from the 'shielded list', had been told that she was now considered to be only at 'moderate risk', no longer at 'high risk'. Jude asked how these terms were decided.

Dr Taylor explained that there were 3 different terms used to define levels of risk – 'shielded', 'vulnerable' and the rest. Some referred to 'vulnerable' as 'moderate' and 'shielded' as 'extremely vulnerable'. It was felt that it would be helpful if there was consistency in the use of terms.

The courier runs have been going well between surgeries.

The PPG letter raising awareness of the shielding had been sent to about 14,000 patients for whom the Practice holds email or mobile phone numbers, leaving about 8,000 who would not have received it.

David had been in conversation with David Moss at the CCG to establish what CCG policy is in relation to communication with people who do not have email or internet access. David M confirmed that he understood the point David O was making, but felt that to post letters to the one million patients in the CCG area would cost in region of £500,000. David O said that he thought there were ways of considerably reducing the costs by screening the data to exclude those who have received the letter by email or phone and perhaps by other criteria such to include those who are flagged as eligible for free flu vaccinations, pregnant or whatever criteria the clinicians see fit .

Dr Taylor suggested that there might be GDPR issues associated with volunteers delivering the letters.

David thought that the only GDPR issue could be that, by handing the volunteer a sealed, addressed envelope, they would be identifying to the volunteer that there is an 'extremely vulnerable' person living at the premises. He observed that, from a GDPR perspective, this was no different than giving volunteers a food parcel to deliver to an address, as the name of the patient need not be printed – in just the same way as the Prime Minister's initial coronavirus letter which was delivered to every household, not every individual person.

Heather asked whether this would be very challenging in terms of the Practice's time? David thought that the initial work shouldn't take long as it was just a question of processing computer records to determine the number of letters that would be produced. The question as to whether Practices should then post the letters or

arrange for volunteers would be a question of CCG policy, rather than being left to individual Practices.

David said he hoped to hear back from David Moss, who had promised to take the idea to a CCG meeting with his clinical colleagues on 16th June.

Dr Patricia Wilkie, President of NAPP (National Association for Patient Participation) has been supportive and has spoken with Louise Fowler at the CCG concerning shielding.

Offer of PPE – David said that the visors he had suggested may be of interest to clinicians were still available. Kelly said that the surgery is now able to get all their PPE from One Care.

David said he had written to Care homes in case it was of interest to them. The meeting suggested Opticians too.

5 Monitoring of patients on certain types of medication

David had learned of an incident where a gentleman had collapsed and almost died. It was discovered that the cause of this was that he had been prescribed a very common medicine (Omeprazole). It seems that this can, when prescribed over a long period of time, cause hypomagnesaemia (lack of magnesium in the blood) which had caused the gentleman's cardiac arrest. The gentleman is not a patient of Hanham Health but David wondered if there were lessons to be learned.

David had reviewed the guidance concerning omeprazole issued by the National Institute for Health and Care Excellence (NICE) and had noted they recommended that measurement of serum-magnesium concentrations should be considered before and during prolonged treatment with the medicine.

David said that he just tabling the question and asked that the Practice consider it.

Dr Taylor confirmed that he would do this and respond.† (*see footnote overleaf*)

6 Any Other Business

- Jude reported that she has discovered that if you have a designated parking space as a disabled person you or your family need to inform the Council when it is no longer required. It seems that it can take the Council quite some time to obliterate the markings and this can cause difficulties for local residents.
- Mandy asked whether, with only two parking spaces for the disabled at the Whittucks Road surgery, she would be grateful if staff could use the bottom car park making it easier for a disabled person when the dedicated spaces are full. Kelly said she would remind staff of this practice but that staff on a late shift in winter were recommended to park at the top car park for their personal safety.
- Maisy said that HealthWatch are just planning how they will evaluate things around Covid 19. She would be pleased to receive information including inconsistency.

- Maisy shared that HealthWatch were talking to people about Digital Inclusion. Why are people not using digital means and what help could be given around health? It was felt that Maisy should be invited to a future meeting to discuss our thoughts on this topic. David mentioned that he was in contact with Dr Masood Nazir, the senior GP in NHS Digital (also supportive of PPGs) and suggested some joint collaboration on this.
- Kelly shared that all staff (including admin and back of house team members) are now wearing face masks whilst in the building. The only exception are for those on the telephone in reception who sit surrounded by Perspex screens. They are required to put on their mask when leaving their desks.
- A question was asked if staff were routinely tested for Covid 19. It was confirmed that they are not.

6. Date of Next Meeting

PPG meetings will resume on a bi-monthly basis with effect from August.

The date of the August meeting has yet to be arranged.

N.B. It will not necessarily be on 3rd August (as printed on the agenda) as some members

have indicated that they are not available on that day.

During pandemic, Kelly will circulate a briefing note on the intervening months when there is any particular information that is likely to be of interest to the PPG. This will not be necessary if the information has already been communicated to all patients via their bulk mailing system (mjog) via email or mobile phone.

It is assumed that all PPG members have registered their email addresses with the Practice so that it is held on their patient records, as well as being on Kelly's PPG circulation list.

† Footnote to item 5 :

Dr Taylor responded by email shortly after the meeting, confirming that they have a list of drugs which require monitoring and that this is done in line with CCG guidance. Omeprazole is not on that list, but clinicians appreciate the need to be wary of possible side-effects. It is known that omeprazole can cause a reduction in sodium levels as well as magnesium, which is less commonly tested for, especially in general practice. He referred to the same [NICE guideline](#) as David had referenced, which states that “*in terms of the frequency of hypomagnesaemia, it was more common after 1 year of treatment, but sometimes after 3 months of treatment*”.

David has thanked Dr Taylor for this clarification.