

Hanham Health PPG Meeting 7th December 2020
Minutes of Meeting (zoom)

Attending: Kelly Cole (HH Customer Service Manager), David Osborn (PPG Chair), Judith Norley, Sarah Warren, **Ray Garmston, Tony Spreadbury, Mary Warner,** Mandy and Thomas Brooman and Margaret Slucutt

Apologies: Dr Paul Taylor, Alison Wilmott, Mike Vernon,

In attendance: Maisy Griffiths – HealthWatch South Glos.

1. Welcome & Apologies

David welcomed everyone to the meeting and explained that, with sadness, Heather Thomas (Vice Chair) has resigned from the Group. This is due to her having taken on additional commitments with other organisations. David has thanked her for her long service to the group and wishes her well for the future.

David then welcomed the three new members, highlighted above, and asked each to introduce themselves.

2. Matters Arising from the Minutes

2.1 'What to do after a death' Booklet (Kelly/Mike)

Mike has provided information about a printer to Kelly but it has not yet been progressed due to other priorities. However ordinary printed copies of the booklet are supplied to GP's within the Practice and to other clinicians visiting people at home for whom it would be appropriate. Jude asked whether it was intended that the booklet will be kept up to date. This was agreed.

ACTION David to send a copy of the document to members of the PPG.

David said the document needed to be modified so as to conform with current 'accessibility standards' and offered to do this.

ACTION Kelly to forward Microsoft Word version of the booklet to David

2.2 Status of pharmacy at Hanham surgery

No update.

2.3 Communication with patients not on email/smartphone

This was being held until the new website was completed.

2.4 Blood tests requested by hospitals to be carried out by surgeries

Maisy said she was talking with the CCG about this.

2.5 Home blood pressure monitoring

Kelly said that she was ensuring the correct proforma was now being used for text messages being sent out to patients.

2.6 Volunteers for Medical Students

Thanks were given to those who participated in this work. The main objective being to help student doctors learn how to converse with patients.

3. Flu vaccinations – Under 65 cohort

Kelly shared that 1,000 flu vaccinations would be given on Saturday 12th December. Currently this was 80% full for the 50-64 year age range.

4. Coronavirus Pandemic

Kelly shared the current situation and explained how covid vaccination will be delivered:-

- The Covid Vaccination will be given under the Patient Specific Direction (PSD), ONLY by GP's, Prescribing Clinical Pharmacists and Prescribing Nurses. Other clinical staff and Prescribing Paramedics are not allowed to administer it for now. This will be changed when the Patient Group Direction (PGD) comes out – now expected 21st Dec.
- Delivery of first batch was originally expected to be on Mon 14th Dec but was delayed
{*Postscript 21 Dec: Batch actually arrived on Tuesday 15th and vaccinations took place within a few days*}
- The Practice has to send staff to Kingswood to help administer – we have a daily allocation to fulfil which will include:

Vaccinators	Must be either GP, Prescribing Pharmacist or Prescribing Advanced Nurse Practitioner
Admin Support	Admin/Receptionist/HCA/Phlebotomist to input data into the Pinnacle system
Meet & Greet	Admin/Receptionist to confirm patient arrival and direct patients to rooms
Internal Marshall	Admin/Receptionist to manage throughput of patients
External Marshall	Volunteer/PPG Member/Admin/Receptionist to maintain the queue outside
Vaccine Room	Nurse/Pharmacist/Pharmacy Tech/Paramedic (non-prescribing but registered clinician) to prepare the vials and distribute to the vaccinators

- The Practice has to fill out a sheet of who we will be sending every day for each role.
- Each batch of vaccine will contain 975 doses and weekly delivery is anticipated. Hanham Health's allocation of this is 400 doses. This is based, pro-rata, on the number of patients registered with HH in relation to the whole Primary Care Network to which we belong.
{*Postscript 21 Dec: Delivery will not now be expected weekly. The Practice is waiting to hear when the next delivery will be*}
- The Practice has to do the calling and booking for these 400 slots ourselves. This will involve calling patients to book them in.
- Vaccination must be administered within 3½ days of receipt – so this is a very short timescale to get people booked in.
- Kingswood Health Centre (**KHC**), are using their COVID/'Dirty entrance' for Vaccination Clinics, so Hanham Health and the other two Practices in our Primary Care Network (known as **4PCN**) (i.e. Cadbury Heath and Close Farm surgeries) will need to see KHC's pre-triaged COVID patients
- Hanham Health and the other 3 Practices in "4PCN" will move to the "Urgent Only" model with no routine work being booked, to accommodate release of staff to provide the vaccine.
- First cohort is 80yrs+ not in a care home and not housebound = 1,329 for HH (at 400 per week)
- Appointment booking will be via Cross-Organisation bookable EMIS slots at Kingswood.
- Vaccination is recorded in Pinnacle not EMIS.
- Training modules have to be completed on eLFH (e-Learning for Healthcare) and certificates sent to KHC for central storing. Details on this to follow
- Gazebos being set up outside KHC for weatherproof cover for queueing patients.
- No on-site parking for staff or visiting staff at KHC – patient parking only.
- Health & Safety briefing for staff 5 mins before start of very 1st shift
- Vaccinators to wear their own scrubs
- Admin support to wear visors as well as facemasks.

5. Physical surgery entrances

5.1 Intercom

Mandy shared details of a situation she had witnessed whilst attending the Hanham surgery. This involved an elderly patient, who was evidently hard of hearing, having difficulties using the intercom. There was also a concern about queuing arrangements and the lack of space, given that there are also pharmacy customers queuing as well.

Kelly explained that, when there is only one receptionist booking people in, it was difficult for them to be attending to patients at the door as well. That is why the intercom had been installed. However some patients could not hear the receptionist buzzing them in.

Mandy expressed the view that it was inappropriate for personal information to be discussed with patients via the intercom since, on the occasion she had witnessed, all the patients in the waiting area had been able to hear the conversation. She felt that such conversations should be conducted discreetly at the door and, if necessary (due to hearing challenges) the patient should be invited into a consulting room to discuss their issue privately, if need be summoning another member of Customer Services staff to assist. She wondered if any training had been given to staff.

Kelly replied that:

- The intercom is essentially there simply to confirm that the patient has a pre-booked appointment;
- No private information should have been discussed via the intercom.
- When there are two staff on reception duties, one should be on the door whilst the other deals with customers booking in etc.
The situation isn't helped by the pharmacy who do not manage their queue.
- As a rule the Practice always tries to have two receptionists at the desk, although this cannot always be guaranteed.
- She would discuss with staff.
- She does not see the provision of an intercom as being a permanent fixture post-pandemic.

5.2 Socially distanced queuing system

Ray wondered whether a canopy could be erected outside as a waiting area. This had been done during the early stages of the pandemic and removed during the summer months. Given that winter weather is now with us, some protection against inclement weather would be welcomed.

Kelly said that the site supervisor is looking at options that could temporarily go up on the front of the building. Oldland Surgery keeps the front door locked so the problem does not occur.

It was asked if the temporary walls etc would be removed once we had coronavirus under control. Yes, but the Perspex screens would remain.

6. New website

David shared that access to PPG news and notes of meetings are now on the website. He thanked Kelly for updating the website with this information. There is also a 'form' on the website, through which patients can express interest in joining the PPG.

David mentioned that this 'form' is not really suitable for patients to send messages to the PPG about any issues or concerns that they wish raise. Kelly agreed and explained that the existing 'form' is a template provided by the new website provider and Practice staff have now been trained as to how to create their own forms, so a bespoke form will be prepared.

David suggested that any proposed new 'forms' might be copied to the PPG for comment before they are put into live service. Kelly thought this was a good idea.

David explained that the 'Contact Us' form specifically for the PPG should make it quite clear to patients that their message would not only be seen by Practice staff but also by patient-members of the PPG and that they should not divulge any personal or medical information. The PPG is only able to deal with general matters that affect all patients and that they cannot become involved in any complaints that the patient may have already been raised with the Practice.

All forms for the surgery will be available online and can be printed by the patient or by the surgery. This will ensure consistency.

Useful information from HealthWatch is available via their website at "[Healthwatch Guides](#)".

7. Liaison with HealthWatch

Maisy shared that HealthWatch would be running the PPG Chairs' Network meetings and would send David the link for the next meeting. David said that others were welcome to attend on 7th January at 10am and he would circulate the link.

Across the BNSSG area they had finished their work on health checks for people with a learning difficulty. There is an online meeting for people needing mental health support for dementia carers.

A key concern is 'digital inclusion'. Maisy, Margaret and other colleagues in the voluntary sector are looking at how best to raise the profile and create actions.

8. Any Other Business

8.1 New Telephone System

Thomas said that the newly-installed telephone system for the surgery didn't tell people where they are in the queue. David confirmed that this is a very useful facility. Kelly was surprised as this facility is supposed to be in place.

ACTION KC to investigate.

8.2) Glossary of Terms

It was suggested that the acronym "PALS" (Patient Advice and Liaison Service) could usefully be included in the "glossary of terms". Kelly explained that the CCG had changed the name from "PALS" to "Customer Services", although some hospitals (e.g. Southmead) are still using the term "PALS".

ACTION Kelly to

- include mention of "PALS" / "Customer Services" in the Glossary of Terms; and
- Provide a link to the Glossary of Terms on the surgery website, (ideally included within the PPG web pages).

8.3) Almondsbury Surgery

- David had been in touch with the Chair of Almondsbury PPG (also a part of Hanham Health)
- David explained that the Almondsbury PPG are assisting one of their GP's with a project involving a survey regarding bowel screening (for cancer) to increase the take up of screening by patients.
- David suggested inviting the Chair of the Almondsbury Surgery PPG to join our next zoom meeting. This was agreed.

8.4) Long-term use of Omeprazole and other PPI medications

David provided an update about the ongoing issue that he had raised with the CCG. For the benefit of our new members he explained that this related to the incidence of hypomagnesaemia (low magnesium levels in the blood) which appears to be linked to people taking omeprazole and other PPI's. This had been raised earlier in the year once it had been discovered that 3 people known to the members of the PPG had experienced health crises associated with low magnesium levels, sufficiently serious to warrant emergency hospitalisation (including one cardiac arrest).

He had been contacted by the CCG's Principal Medicines Optimisation Pharmacist who had explained how they are progressing the matter i.e. :

- Biochemists at UBHT/BRI have been tasked to review all relevant clinical data;
- The CCG's Research and Evidence Team is considering the issue;
- A report (from the above two) will go to the CCG's Medicines Quality and Safety Group (MQSG);
- Given that this could clearly become a national (rather than just a local) issue the MQSG may decide to refer it on to:
 - The Regional Medicines Optimisation Committee; and
 - Specialist Pharmacists at a national level
- Given the sheer number of patients taking omeprazole and other PPI medications, the CCG representative had indicated that the implications of monitoring (via blood samples) would need careful thought.
- David had suggested that perhaps it would be helpful if one GP Practice could be funded to run a project. This need not involve calling patients in for blood tests. However, where patients were having blood tests for other reasons (PSA, thyroid etc), magnesium would be added to the analyses requested of the laboratory – but only if the patient was also on record as being prescribed omeprazole or other PPI's. He felt that a practical project of this nature would help inform decisions by the various NHS committees further up the line.

David had confirmed to the CCG Pharmacist that he fully accepted that progression of this issue through the NHS would need to be seen against the perspective of occurring during a pandemic and priorities would need to be set proportionately. It was sufficient (and reassuring) that the issue is now firmly on the CCG agenda.

The CCG representative had agreed that we would receive an update on the position following the MQSG meeting late in January.

9. Date of next meeting

To be decided