

Hanham Health PPG 1st February 2021 : Notes of Meeting (zoom)

Present: David Osborn (Chair), Dr Paul Taylor (Senior GP Partner), Kelly Cole (Customer Service Manager), Jude Norley, Mike Vernon, Ray Garmston, Alison Willmott, Heather Thomas, Sarah Warren, Mary Warner, and Margaret Slucutt.

1. Apologies

Tony Spreadbury and Mandy and Thomas Brooman

2. Minutes of the last Meeting

David related a conversation he had had with Margaret following the last meeting. In the past we have sometimes used the term 'minutes', at other times 'notes' to describe the record of our meetings. He felt 'notes' more appropriate since, being less formal, it (a) enabled relevant information to be included which may come to light between the meeting and the publishing of the record; and (b) further explanatory information may be added in order to provide the reader (including new members) with background to some of the topics discussed. Any such amendments will always be provided to Kelly and Margaret for comment before publishing.

3. Matters Arising:

3.1 'What to do after a death' Booklet

David said that a patient who worked in Public Health had kindly volunteered to assist with reviewing the booklet.

The booklet would continue to be printed simply using the Practice's printer until Kelly had more time to investigate the contact and pricing structure that Mike had given.

3.2 Pharmacy

Dr Taylor reported that they were on the verge of signing the contract with Shaunaks which was with the solicitors.

3.3 New website (creation of new forms / patient 'contact us' with PPG)

The new patient contact form has been deferred until Kelly has time.

3.4 Communication with patients via email/smartphone

At previous meetings a need had been identified to encourage more patients to provide the Practice with their email addresses and/or mobile phone numbers. This followed a mass-communication exercise during the first wave of the pandemic which successfully reached 14,000 patients for whom the Practice had details, but could not be sent to the 8,000 patients for whom it did not. It was recognised that this was not an issue confined just to Hanham Health but most likely applied to all Practices across South Gloucestershire and so had discussed the possibility with Healthwatch.

David had proposed that, whenever South Gloucestershire Council or NHS communicated to patients by post, a note could be included stressing the importance of providing these details, together with a simple form to enable them to do so. He expressed disappointment that this idea had not been progressed and felt that mailings he had received from the Council (electoral roll, Council tax etc) represented an opportunity missed.

He asked Kelly whether, if the surgery received forms from patients via this route, they would be able to receive them under GDPR. Kelly confirmed that they would. Jude pointed out that some people do not have an email account. Heather suggested that the Practice give out such a form when the surgery is doing vaccinations. This was agreed as a good idea.

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

Maisy has asked the CCG but has not had a reply yet.

Kelly confirmed that the Practice is carrying out the tests as required, so patients should have no difficulty in getting them done. She pointed out that all such requests are coded via the EMIS system. This applies to all surgeries.

3.6 Physical entrances to surgery / intercom arrangements

Kelly reported that she tries to ensure there are two staff on reception so that one can always deal with patients at the door. The team have been asked not to have private conversations with patients via the intercom.

3.7 Liaison with Almondsbury PPG (Bowel cancer screening project)

Not covered – further information awaited from Almondsbury.

4. Coronavirus Pandemic

4.1 Kelly shared that a pod – portacabin – in the large car park has been set up to provide vaccinations. It has 2 consulting rooms but no network connections for computers.

During the week it will be staffed by the nursing team, so that the surgery can be used for patients who have appointments with the nurses or a GP.

At weekends the vaccinations will be held in the surgery however currently there are delays in getting the vaccine.

On Friday and Saturday, 6th & 7th Feb it is expected to deliver 800 vaccinations

As there is no Wi-Fi in the pod, staff have to input information onto the system when they are back in the surgery.

People who have their first injection in the surgery are not given the date for the second one. The surgery does not know when the next vaccine will be available. Jude asked about Ellacombe Pharmacy undertaking vaccinations. It is one of three pharmacies in South Glos. These are being carried out in Longwell Green Community Centre.

Dr Taylor summarised the current state of play regarding vaccinations:

- All care homes have been done, except for one where there were 10 vaccinations still to do. These couldn't be done due to an outbreak there;
- There were 87 over-80's & care staff to be done;
- There were 470 people between 75 – 79 yrs to be done
- There were 956 people between 70 -74 plus the Extremely Clinically Vulnerable.
- 1,083 patients had received their vaccination at home.

A question was asked if one has to have the same vaccine for both injections. Dr Taylor said ideally but they could be interchanged.

The surgery is currently providing smears, baby checks, chronic disease management etc. Footfall is reduced but clinicians are still seeing patients as and when necessary.

4.2 Possible 'Round-Robin' email from PPG to patients: Advising how to distinguish genuine HH emails inviting to vaccination from fraudulent.

A patient had contacted David with concerns that the text he had received from the Practice inviting him to click on an internet link had appeared fraudulent since the URL ended in .ME (the country code for Montenegro). David had drawn the issue to the attention of Dr Neil Kerfoot (overseeing the vaccination programme for 4PCN network).

Dr Taylor said that he had not yet had time to consider David's email.

(Postscript. It was subsequently noted that the link in these text messages had been changed from .ME to .NHS.UK which allays any such concerns. It was not therefore considered necessary to circulate a 'round robin'.)

4.3 David mentioned an article he had been sent by Dr Mark Porter explaining what a patient should do in the event they became covid-positive, the concept of "virtual covid wards" and the use of pulse oximeters at home.

4.4 Volunteering

Jude questioned why she had heard nothing from Southern Brooks after volunteering to help with vaccination sites.

Margaret apologised but said that the information for volunteering had been delayed as the lead organisation, for volunteering, was still waiting to sign the contract which is being led by NBT – Southmead. When it is signed then the roles descriptions can be released.

Margaret said that she had been told that people over 70 could not volunteer unless they were supporting their surgery and the surgery's insurance covered them.

Once information is released Margaret would share it.

There is a role for delivering Pulse Oximeters which can take volunteers over 18 – no upper limit. Enquiries via Kingswood, Yate, Thornbury or Patchway Volunteer Centres.

5. Liaison with HealthWatch

David said that several members of this PPG had attended the PPG Network meeting and notes would be circulated in due course.

Future meetings would be bi-monthly.

6. DNACPR errors and concerns

(Do Not Attempt CardioPulmonary Resuscitation)
(Also known as "Do Not Resuscitate (DNR))

David had received contacts from two patients who had both experienced errors at Southmead Hospital regarding their DNR status. David emphasized that there was no fault attributable to the Practice, but this was an important issue which he felt patient members of the group should be aware of:-

1) Following a short stay in Southmead Hospital, the patient had had noticed "DNACPR" recorded on his copy of the discharge letter from the hospital to the Practice. This had been wrongly applied without any prior discussion with him or his wife. The implication was that if he had suffered cardiac arrest, the clinicians attending him would have allowed him to die as a result of this DNACPR status.

Having been alerted to this one mistake, a mini-survey was conducted by email amongst approximately 100 patients to discover whether any other such mistakes may have occurred. This revealed 1 other error {see (2) below and 2 further concerns (both of which do concern Hanham Health)}

2) The other patient had, in 2017, elected for DNACPR at another hospital since he had a serious heart condition. His cardiology consultant had advised him that resuscitation following a cardiac arrest would, most likely, leave him in a vegetative state. He had therefore elected for DNACPR in order to avoid distress to his family.

During late summer 2020 that other hospital had contacted him to confirm that this was still his wish. He confirmed that it was. However, a few months later he was admitted into Southmead as an emergency. Following the above mini-survey he checked his hospital records and found that the DNACPR record had not been identified at Southmead. In other words, had he suffered cardiac arrest then he would have been resuscitated against his wishes and may have been left in a vegetative state. It is presumed that this occurred through a lack of communication between NHS computers at the two hospitals.

Whilst accepting that individual patient matters cannot be discussed, David asked Dr Taylor whether HH records would have been updated with a DNACPR status from the hospital's discharge letter. Dr Taylor confirmed that it would not. He advised that the patients in question should contact PALS at Southmead.

Hanham Health hold a Summary Care Record for patients. This would say if DNR had been requested. However, as one's health can change, it would always be checked with family if the person was not able to answer for themselves.

Dr Taylor explained how issues can happen in a very busy hospital with Junior Doctors assisting and how a tick box mentality and mistakes might happen.

(Postscript : The patient in (1) above followed this up with Southmead via PALS and it appears that this was a one-off mistake by a doctor, who has offered a sincere apology)

David explained the further concerns that patients had expressed concerning DNR.

- Following the mini-survey one HH patient had, during a consultation, asked his GP whether he would look up his DNR status. The GP had apparently not wished to do this, but the patient persisted. Eventually, albeit rather begrudgingly, the GP looked up the DNR status. David commented that GPs should be sympathetic to patients asking for this information as it is, after all, rather important to the individual.
- Early in the pandemic, GPs had been required to phone all 'shielding' patients and establish their wishes regarding DNR. David wondered whether there was a potential for mis-recording this data – presumably a tick-box on the computer. Dr Taylor confirmed that GPs had been instructed to make these phone calls and that these were difficult conversations for a doctor to have over the phone. However, with the pandemic in progress it would clearly not have been possible to have these conversations face to face.

7. **AGM**

It was felt this could wait for the time being and would ideally be held along with a public event such as had to be cancelled during 2020.

8. **AOB**

Heather asked whether there will be a review once we have a 'new normal' with Coronavirus to see what learning can be shared. Dr Taylor confirmed that there would be. He knew that GP's are missing the interaction with patients.

***** Date of next meeting 12th April 2021 *****