

Meeting of Saltash Patient Participation Group

Thursday 17 December 2020 18.00

A Zoom Meeting

Minutes

Members Present: Peter Clements (PC) Rose Edwards (RE) John Hall (JH) Sarah Lacey (SL) (Secretary) Ben Mitchell (BM) Chris Phillips (CP) (Chair)

Saltash Health Centre :Neil Parsons (NP) and Dr Joshua Hamilton (JH)

1. Welcome and Apologies

CP welcomed everyone and explained that the priority of this meeting was to discuss the Covid-19 vaccine roll out. Other issues may be postponed until 2021.

2. Minutes of the last meeting and any matters arising

- **Treasurer's report**

CP reported that there had been no financial transactions since the last report in November 2020.

- **Update on SHC activities statistics**

NP reported that SHC has some difficulties with the reporting of statistics and activities. The issue is how the allocation of appointments and activities are made in the recording system. It is likely that there is significant under reporting of activities. The problem is historical and complex. They are trying to unpick it. Staff shortages and the need to focus on Covid-19 vaccination statistics has delayed a full review. A direct comparison with the statistics from the Port View Practice is not possible. NP was thus unable to give an update on the November 2020 GP face to face consultations.

In response to a question from CP, NP reported that referrals to Derriford were 70% down due to Covid.

The minutes of the meeting were then agreed.

3. Preparations for roll out of Covid-19 vaccine

- **Update from SE Cornwall Umbrella meeting of 10 December 2020**

CP attended this meeting which took place remotely. The purpose was to share information on the Covid-19 vaccine roll out in the region. The main presentation was very short on actual details.

- **Involvement of Saltash Health Centre**

NP reported that staff training issues and a last minute delay with obtaining the vaccine had led to the pre-Christmas vaccine clinic at Pensilva Health Centre being cancelled. No date for January 2021 has yet been announced. It is hoped that the Astra Zeneca Vaccine will be approved before Christmas.

Twenty clinical staff need to be made available to staff the vaccine clinic and GP practices in the area will be on a rota to supply staff. JH reported that this will mean that SHC staff will inevitably be taken away from some of their existing duties. NP reported that as SHC accounts for 12% of the patients in East Cornwall then SHC will be expected to offer 12% of the workforce to deliver it. Both doctors and nurses will be needed from SHC to deliver the vaccine. Some of the extra hours will come from additional nursing staff CP asked if volunteers will be trained to actually give the vaccine? JH said this was a possibility as all sorts of people will be trained but it will not happen until further down the roll out.

NP reported that Kimberly Stadium, the home of Saltash Football Club was currently under review by CCG/NHSE as a potential vaccination site for Saltash, Torpoint and St. Germans but had yet to be approved.

RE raised the issue of misinformation regarding the vaccine roll out on local social media sites. There was a need for official communication from SHC and Port View to counteract it. NP agreed to put information on the SHC website.

PC reported that communication from the SHC to the patient had asked them to respond. However when they did do as directed they received a message that this address is not being actively checked. NP is aware of this and the necessary changes will be made.

RE highlighted the difficulty that some patients from outlying areas will have if they need to travel to the town for vaccination. She reported that the Saltash Hopper Bus Service was willing to get involved if needed. She agreed to send contact details to NP to follow this up. NP reported he had already been in contact with Mike Finch (Age Concern) regarding patient travel difficulties.

CP asked JH what checks will be made on patient records to identify which of the vaccines whether Pfizer- BioNTech or the AstraZeneca was appropriate for patients with a depleted immune response? JH explained that the mass roll out of both vaccines to the general population will essentially be a phase 4 clinical trial which is why clinicians are needed on site to deal with any potential adverse effects. Currently, there is not enough data to make a choice. All patients will be asked to wait 15 minutes after the vaccine is given and any adverse effects will be noted. Protocols will then be updated as had happened with the two NHS staff who had suffered an allergic reaction.

JH was surprised that the logistics of rolling out the vaccine and associated staffing issues had not been looked at earlier. Could retired doctors and nurses be called back? He questioned the suitability of Kimberly Stadium. Were any industrial facilities suitable? NP reported that retired clinical personnel are being considered and Kimberly Stadium will not be given the go ahead unless deemed appropriate. JH explained that this was the biggest mass vaccination campaign the country had ever undertaken and there were planning difficulties every step of the way. The vaccine had to be administered in a medical centre.

NP explained that the throughput of patients will be slower. Instead of approximately 3 minute intervals as for winter flu patients, Covid-19 vaccinations will take approximately 10-12.5 minutes although in time this could drop to 5 minutes. With Covid-19 vaccinations there are concerns about handling, loaded multiple syringes will not be possible, patient consent and questions will take longer. It will not be simply a version of the winter flu vaccination system. It will need more training of staff, a new booking in system must be adopted and the environment will be very different. JH stressed the need for close clinical monitoring of patients who have just been vaccinated.

SL asked when SHC staff will get the vaccine? JH reported that one staff member had gone to Truro already to receive a first dose. Other staff at SHC will be vaccinated along with the roll out to front line NHS staff alongside the 80plus year group.

In response to PC's enquiry whether the Covid-19 vaccine will need to be administered every year JH reported that currently more data is needed to determine this.

RE and PC asked is there anything else that PPG members can do to help? NP explained that the Primary Care Network (PCN) had asked Volunteer Cornwall to do the recruitment of volunteers for the local Covid-19 vaccination programme.

- **Potential impact on existing services**

JH stressed that whilst staff are involved in the vaccine roll out it will be very difficult to change the services on offer to patients. The staff cannot be stretched much further. It was acknowledged by members of the PPG that the vaccine programme would place a huge demand on SHC.

NP explained that to get 1000 people vaccinated in a 3 day period SHC needs to contribute 6 members of staff to fill 6 vaccination sessions every week. Each shift would be 4.5 to five hours. SHC has secured more clinical capacity with 16

extra nursing hours a week. The Practice will be able to maintain some services but it will be challenging. Participants agreed to the suggestion of CP that due to time constraints a discussion on the impact on existing services should be postponed and dealt with in the new year.

4. Patient access to SHC services in the future

NP stressed that patients are still able to phone the health centre to access the appropriate health professional. Today SHC had interacted with 25 patients who do not use the internet or eConsult. SL said that the issue to solve was those patients who were frustrated with the initial electronic approach and who then delayed contacting a health professional. NP stressed this was also a concern for the Practice.

Participants agreed to the suggestion of CP that due to time constraints this issue should be postponed and dealt with in the new year.

5. Checklist for PPG members when assessing SHC website

JH had looked at the SHC website and found the layout good. He could not find a reference to the PPG and had some issues with the headings. NP explained that most practices in the PCN had this standard website template. He was keen to get a subgroup together to evaluate the website by Zoom. In particular, the tile headings need review. Members of the PPG were keen to support this and join in.

6. Any Other Business

- **Current staffing**

NP reported that SHC now had a full complement of staff. Sixteen more nursing hours will be added when a new nurse Linda Levy, a specialist in respiratory medicine will start in late January 2021. GP capacity was being built. Locums are covering Dr Gardner's position. CP asked about sickness in

staff? NP reported that staff are currently doing well but people are tired and struggling with the ongoing demands.

- **Communication on prescriptions**

RE was concerned that there was a lack of communication regarding prescriptions being sent to a pharmacy when the patient has no idea this has been done. Also, when a patient has left a message on the need to discuss medicines with a doctor they have been referred to the results line.

NP reported that they did not get many complaints and openly review all complaints and learn from them. The pharmacist support to the practice was being increased from April 2021 to have a full-time pharmacist. An apprentice pharmacy technician will also be recruited. Ideally the patient should receive a text from the clinician to say a prescription is waiting for them and the doctor should call back if requested.

- **Winter Flu Clinic 18 December 2020**

NP reported this was the last clinic session for the winter flu vaccine. He confirmed that if someone did not have an appointment they could still turn up.

7. Date Time and place of next meeting

Thursday 28th January 2021 at 1800 by Zoom.

CP thanked everyone for their contributions and wished everyone a happy and peaceful Christmas.

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