

Minutes of Saltash Health Centre Patient Participation Group

Thursday 26 November 2020 at 18.00

A Zoom Meeting

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

Saltash Health Centre (SHC) Neil Parsons (NP)

(Note: Dr Hamilton was invited but was unable to attend at the last minute)

1. Welcome and Apologies

Chris Phillips welcomed everyone to this zoom meeting.

2. Minutes of the Last Meeting and Matters Arising

- Update on Ear syringing service

Members of the PPG had received with the agenda a copy of a leaflet produced by Kernow Clinical Commissioning Group entitled "Ear Wax". It contained practical self-help advice on how to get rid of ear wax.

NP explained that ear syringing was no longer available at SHC and the jury was out on whether this procedure is part of the GP contract. Patients will be given this leaflet (either sent in the post or issued electronically). If the problem remains after following the instructions patients will be referred to Sentinel Healthcare who have been commissioned by Kernow CCG to perform microsuction. SHC cannot offer microsuction because the procedure can generate an aerosol and it needs to be done under specialist supervision. Microsuction is carried out by Sentinel Healthcare at clinics in Devonport, Liskeard Hospital and Derriford Hospital.

All other matters arising from the minutes appear on the agenda. The minutes were then approved.

3. Feedback from Winter Flu Clinics

NP reported that the uptake of the winter flu vaccine in the 65 years plus age group was 82%, the highest SHC had ever achieved. He stressed that the Practice was still doing winter flu vaccinations and clinics will continue to take place throughout December. A lot of patients had been vaccinated early.

4. Statistical Information from the Practice on activities since the start of the Pandemic

Members had received two appendices. One entitled: "Coronavirus in numbers. Data recorded between 1st March-31st August 2020" and another entitled "Further explanation of statistics from SHC on activities during the pandemic".

Of particular interest to members of the PPG was the availability of face to face appointments with a doctor. There were 801 GP face to face appointments during a six month period. This was approximately 6 face to face appointments a day.

NP agreed that the numbers appeared low. As a result of the pandemic the practice was told to reduce footfall. The main access point for medical advice was now through eConsult. NP stressed that nearly 1500 paramedic appointments were done in the same period under the supervision of the duty doctor. GP consultations were nowhere near previous levels but they were increasing.

CP asked whether any of the doctors were working from home? NP explained that none of the doctors were working routinely from home. There were now 4 GP partners. One is full time and three are part time. Following Dr Gardner's resignation in September the Practice is currently recruiting a salaried doctor but is facing the same recruitment issues as every other practice. In the mean-time Dr Gardner's position has been filled by a regular locum. The Practice also has a full time GP registrar and an F2 doctor.

In response to PC's enquiry on whether Dr Gardner's patients had been reallocated to another doctor, NP confirmed this but there

was no need to notify patients until a replacement doctor is in post. Thus, only one letter will be sent out.

NP confirmed that the 2192 video consultations listed in the statistics were undertaken within the Practice. In addition, there were currently 40-50 LIVI consultations a week. The number of prescriptions issued was for each script and not the number of items on the script.

RE was concerned that with GP face to face consultations being low people may be suffering in silence. RE and CP pointed out that in comparison with similar statistics from Port View Surgery there was quite a difference in activities.

NP asked for a copy of the Port View Statistics to be sent to him before he can comment in detail. There was a difference in approach. SHC was using eConsult whilst Port View had more telephone consultations. However patients at SHC can also have a telephone consultation.

CP stated there was some discontent that people cannot see a GP easily. Are people slipping through the net? What is happening with referrals to Derriford? NP responded that SHC as a practice had a very high detection rate for cancer.

SL stated that on checking the SHC website there was a very strong funnelling of patients towards eConsult. NP responded that a digital platform was an important means of managing patient enquiries during Covid times. He agreed to supply further information on the monthly trend of activities but this is not an immediate priority because the planning for the Covid vaccine takes precedence.

5. Furthering access to healthcare during the Pandemic

- Diabetic checks. What is happening?
NP reported that SHC was still doing annual reviews for chronic conditions.

Using a reporting tool, the Practice can identify patients with diabetes type2 who need specialist intervention. Patients who do not have good glycaemic control, those who are not compliant with medication, or who have very high cholesterol are targeted by the nursing team. The practice has a massive agenda around diabetes patients. JH raised the issue of retinal screening. This takes place in the Wesley Church but is the programme behind? From personal experience he was concerned that the annual diabetes check up may be less thorough compare to previous years.

NP reported that SHC are trying to identify high risk people for screening and intervention. He reported that cervical and breast screening were behind because of Covid-19.

In response to an enquiry from CP on annual checks for COPD patients, NP reported that some of these were done by telephone follow up. Some patients are being brought into the practice particularly those struggling to manage. Compliant patients are contacted by telephone. Non-compliant patients and those with respiratory and cardiac issues are offered a face to face consultation with a nurse.

- Over 70s annual checks?
More information was needed on this and NP agreed to investigate.
- Patients who cannot use electronic means to access healthcare.
This topic was not discussed in any detail. These patients still have the option of telephoning the Practice.
- eConsult
RE had used it twice recently and had found the online form difficult to complete. It was hard work and time consuming because of a need to backtrack. She was concerned that some patients would give up and cited a Facebook poster who reported abandoning their attempt.

RE felt that eConsult needs reviewing as it may not be fit for current purposes. CP had also found it limiting to use eConsult as she could not input the information she wanted to
Can eConsult be amended by the health centre?

NP reported that eConsult is being continually reviewed. It cannot be locally amended. There was ongoing work nationally to address pain scores. NP reported that a lot of patients see eConsult as a valuable way of getting medical advice. He explained it is not to be used instead of face to face it should be seen essentially as a triage tool. Patients will be offered face to face appointments if deemed necessary. Those people reporting depression and anxiety will automatically be referred to the Mental Health Practitioner. Someone with back pain will be contacted by a physiotherapist. If patients cannot use eConsult then they can telephone SHC to access medical advice.

RE acknowledged that using eConsult resulted in a quick response but felt that the eConsult was more suited to someone enquiring with new symptoms. For more complicated enquiries a patient may give up.

In response to an enquiry from JH, NP confirmed that eConsult is a national product commissioned by NHS Kernow CCG. There is a national team working to support it. CP commented it is positive feedback that many patients are very happy with eConsult. But for those less happy and frustrated by it; then this is an area which needs further addressing.

In conclusion, members of the PPG were concerned that eConsult whilst it may work for a lot of patients it does not fit everyone. If people find it difficult to use the danger is they may give up and delay coming back for medical advice.

- Current staffing levels at the Practice and future staffing plans

NP reported that Dr Gardner had resigned in September. His post is currently filled by a regular locum. Recruitment is

ongoing but facing the same problems that other practices are experiencing.

There were now 4 GP partners (1 full time and 3 part time) and 2 salaried doctors. The Practice has a full time GP Registrar and an F2 Doctor.

6. Preparations for roll out of Covid19 vaccinations

NP reported that the Covid-19 vaccination programme is not being co-ordinated at practice level. The Primary Care Network has submitted a proposal for 2 vaccination sites for East Cornwall. They are in Saltash and Pensilva. There will be a large drive thru facility somewhere in East Cornwall. The vaccination programme will continue at least into March 2020

Everyone over 18 will be eligible for a vaccine.

The first group to be vaccinated will be care home residents and their staff then NHS Staff then those over 80 years old, the over 70s and so on through the different age groups.

NP explained that the situation is very changeable and the Practice is receiving almost daily updates. It is envisaged that care home residents and staff will be vaccinated in December as will Derriford and Treliske hospital staff.

It is not known which vaccines will be available first* as they still need to go through the regulatory process for approval by the Medicines and Healthcare products Regulatory Authority. The assignment of a different vaccine to different group of patients based on their clinical history is not presently known. The identification of a patient as extremely clinically vulnerable (ECV) will be based on their summary care records and such patients will be given a higher priority for vaccination irrespective of their age.

In response to a query from JH, CP explained that diabetes type 2 is not an indicator for being extremely clinically vulnerable. A distinction must also be made between those patients designated as ECV and a different group of patients who had social needs challenges which can be met by Cornwall Council and the Covid volunteer programme.

SL asked what will be the role of SHC in the delivery of the vaccine? NP explained that SHC clinical staff will be available to vaccinate but the Practice will not take a leadership role. The details of the vaccination programme are not known. NP agreed to inform the PPG when more information becomes available.

BN reported that NHS Kernow send out a weekly bulletin "Citizen Advisory Panel bulletin" containing topical information for PPGs. He agreed to send it on to NP and CP.

(*See note at end of minutes for link to Joint Committee on Vaccines and Immunity (JCVI) on priorities for vaccination and the announcement of the availability of a vaccine)

7. Future Activities of Saltash PPG.

Members had received as part of the agenda a document from the Patient Association outlining what are PPGs and why they are needed. An additional document prepared by the Secretary was submitted entitled "Suggestions for future activities of PPG Group". It contained suggestions from the Practice and gave information on what other practices in East Cornwall are doing.

BN reported that this issue was also being discussed in West Cornwall. Penwith Integrated Care Forum are undertaking a survey. He offered to feedback the results to the PPG when they become available.

RE and PC asked what SHC wanted the PPG to do now? NP reported that some of the activities listed in the appendix were not so relevant now. He would however very much welcome comments from PPG members on the website and how it could be improved. Members agreed to do this.

CP highlighted that it is difficult for Saltash PPG to undertake many more activities at present as the number of members was just six. In contrast, St Germans PPG had approximately 30 members. She proposed that the PPG should currently focus on issues related to the Covid-19 pandemic. Once new members were recruited the activities of the PPG could be expanded.

A proposal from the Chair and Secretary that this topic should be postponed and explored in a separate meeting was agreed.

8. Report from the SE Cornwall Umbrella meetings of 8 October 2020 and 12 November 2020

A list of activities reported during the 8 October 2020 meeting of the Umbrella Group is given in the appendix to the agenda. CP reported on the activities discussed during the 12 November 2020 Umbrella Group meeting as follows.

Quay Lane Surgery now has a portakabin. The PPG had obtained grants to equip this room. The PPG were involved in delivering medicines to patients.

Launceston PPG had identified a problem that patients were reluctant to speak to receptionists.

Bodmin hospital now has a CT scanner which will be available to the whole of East Cornwall.

In Launceston, hotels with out of county staff are being used to provide short stays for patients released from hospital.

Overall, in the different health centres, the patient experience of the flu clinics had been positive.

The next Umbrella Group meeting on 10 December 2020 will focus on the roll out of the Covid-19 vaccine.

9. Update on Dementia PL12

RE reported that the situation had not changed. All activities were still on hold to the detriment of the service users and their carers. There was less cognitive stimulation and this will have an impact. However, quizzes had been delivered as well as jigsaws and books. Telephone contact was in place. Little more could be done until the vaccine became available.

10. Treasurers report

CP has a bank statement from Barclays Bank 14 November 2019 to 13 November 2020. The account balance was now £990.37.

Two signatures rather than three are now needed on the account and currently these are CP and RE. CP has the petty cash and cheque book in her keeping.

11. Any Other Business

CP gave a brief update on data from Cornwall CAMHS. Currently, 97% of referrals accepted into CAMHS receive an initial appointment within 28 days and all accepted referrals started an intervention within 18 weeks. Only 8% of referrals had been rejected.

NP reported that the threshold for referral to CAMHS was very high and this was frustrating for the Practice as more patients would benefit from help and support. Currently, Meghan, the Mental Health Practitioner is working mainly with adults. There was a need to support under 16 year olds who were experiencing poor mental health.

12. Date, Time and Place of Next Meeting

CP suggested that given the many changes affecting SHC and its patients a monthly meeting of the PPG should be considered. It could be limited to an hour and take place by Zoom. NP stated he had no problem with this.

It was agreed that the next meeting of the PPG will be on Thursday 17 December 2020 at 18.00. It will be a zoom meeting and NP agreed to set it up. The PPG agreed to invite Dr Hamilton again.

BN confirmed that his NHS email was the most convenient means of accessing information from the PPG.

The meeting ended at 19.33

(*Note: for priority groups for vaccination see “Joint Committee on Vaccination and Immunisation : advice on priority groups for Covid-19 vaccination”. Issued 2 December 2020 . Available on Gov.UK website.)

(*Note: Since this meeting took place the Pfizer/BioNTech Covid-19 vaccine has been approved for use in the UK by the MHRA. Announced on 02 /12/2022)

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