

**Patient Participation Group Meeting held on ZOOM
Minutes of Meeting Thursday 18th January, 2021 at 5.30pm**

PRESENT

Tony Robinson (Chair)
Steve South (Vice Chair)
Christine Pigg (Rose Court Café Lead)
Pippa Harder (Secretary) (Carers/Media)
Frank Rees
Jean Toner (Practice Manager)
Liz Tomlinson (Admiral Nurse)

APOLOGIES

Heather Hind
Ralph Yeo
Margaret Denis (Rose Court Café Lead)
Jayne Griffith (Patient Awareness/Events)
AA Zaidi
Liz Higgins
Len Wilson

Abbreviations used:

Care Quality Commission	CQC
Clinical Commissioning Group	CCG
Clinical Reference Group	CRG
National Association of Patient Participation	NAPP
Rotherham, Doncaster and South Humber NHS Trust	RDaSH
Dementia Action Alliance	DAA
Active Always	AA
Enhancement Service Specification	ESS
Did Not Attend Appointment	DNA
Primary Care Network	PCN
Advance Nurse Practitioner	ANP
Long Term Conditions	LTC

Chair – Tony Robinson

1 Welcome and Introductions:

Ground Rules - **key point** stick to time to prevent meetings overrunning.

1.1 Apologies noted

2 Group Business

2.1 Approval of minutes of last meeting

2.2 Matters Arising

2.2 The process for meeting via Zoom was explained - what to do if time expires, how to log straight back in.

3 Admiral Nurse – Tablet Purchase

Liz Tomlinson introduced herself to the meeting participants and gave an overview of her busy role within the PCN.

Tony asked the group if they would be happy to purchase a Tablet to help Liz share information with patients and their relatives. The group agreed this was a great idea; however, **Steve** kindly said he would discuss with one of his suppliers to see if they would contribute in obtaining a suitable tablet.

Liz offered to do a more detailed presentation at a future meeting when we have more time, which we all look forward to.

4 Covid Vaccination Roll Out

Jean Toner – gave an over view of the role of the Primary Care Networks roles.

Pippa: apologies for tuning in late. **Jean:** The CCG are providing staff to help manage rotas, volunteers and providing communication between NHS England, the deliveries of vaccines and equipment. Primary Care Networks are providing staff to work on the Task and Finish

Group, the management and staffing of the sites made up of GP practice staff, volunteers. PCN's have sites allocated to them; staff centrally managed for greater staff rotation. Patients offered appointments at any of the sites, dependent on the availability. Jean handed back to the chair.

Tony: asked a question on behalf of Len about appointment allocation for age groups. **Jean:** CCG very strict on 80 and above, no dropping down below the first cohort. Every practice in Rotherham was offered a percentage of appointments that first cohort, 80+. We put forward our patients and were allocated a percentage of the available appointments. In our practice, we sent for the eldest downwards. The Call Centre makes the appointments and does not have access to the records, therefore a husband could be sent for but not his wife as the Practice sends a list that only shows the names. Prior to Call Centre being set up, we could use a judgment on a patient's age, for example, the husband is 85, the wife is 83, and yes, they could go together. This did not make it equitable; this was done as a judgment not as a protocol. At times husbands and wives were sent appointments on different days. 795 vaccines had to be used over two consecutive days. **Steve:** are any bubbles taken into consideration, or is it just on the age? **Jean:** The Government has set out four cohorts to start off: first, 80s and above, 75s, Care Homes and Care Staff, and 70s plus high-risk patients. High-risk patients are from 18 upwards so we will be getting younger patients in the next week or two, vaccines not recommended for under 18s. At this stage, not known if they will do High Risk age group eldest to lowest or vice versa.

Tony: it's going well and know what a fantastic amount of work involved by everyone and from our Practice, Jean and others. It appears our area is on target and all credit should go to the NHS for the whole roll out project. **Jean:** as with the flu drive through, everything looks calm and smooth, underneath it is paddling away like mad. Day to day red tape, fighting for the gritting of the Leisure Complex car park, why couldn't the gritter which went down Effingham Street turn in to do the car park too. It's down to the red tape of Liability that car parks aren't being gritted, this is putting elderly, vulnerable and frail patients at risk. **Frank:** do patients with Coeliacs count as high risk? **Jean:** a decision hasn't been made as to whether it is Shielding Patients first. People must remember, the vaccine does not mean that shielding patients can start going out and about after the first jab. Not sure if coeliac would qualify, depending on other possible health problems involved.

Tony: thanked Jean and pointed out the first zoom session may end in 5 minutes; just click the link to rejoin.

5 Practice News

Jean Toner: really hard keeping on track with everything now, a meeting will be held tomorrow to deal with Practice business. Loraine Frier, our Data Quality/IT/Finance Manager, has set up and is running the Call Centre centrally with Mel Barnes our IT & Data Quality Assistant Manager. I am on the Task & Finish Group. The meeting is a pulling together meeting, making everything is up to date within the Practice.

Nothing majorly different other than we are still fighting to sort out the phone system, it is a big thing and a nightmare for all concerned. An upgrade finally agreed for the Rotherham System. We have had a broadband upgrade, the telephone provider states we need a direct cable from the server to us, not breaking off anywhere to be able to man the phone system properly. We will be required to pay a monthly rental for that. The CCG are going to support us and a couple of other Practices who are on that system. We already have six direct lines in, we can add another six lines that will be hosted and dedicated to phoning in. Currently the partners and nurses use their own phones to dial out to keep the lines free for incoming calls. A mobile phone purchased to divert Rose Court calls to it that keeps that line free too. Once we have more lines in, it will be a massive improvement. Rose Court is closed to our patients but not closed completely. Currently a specialist nursing team based there; used as a Wound Dressing Centre, instead of patients going to their own GPs practices.

Tony: asked how Pippa was. **Jean:** we have all been extremely busy and Pippa has been helping with various tasks. With sites up and running, one of the main problems at the sites is patients arriving too early, it is too difficult to accommodate large numbers of patients at two metres distance safely. All hospitals, doctors are requesting that patients do not turn up too early. People have been coming an hour or more before their appointed time. **Steve:** you have used the Wickersley Forum can you share on other forums. **Pippa:** I am sharing this and all COVID update on the Stag Facebook/Twitter pages, my personal ones and an email group

that I run, always tagging other services/voluntary sectors in. Tony is updating the Practice Website, I would encourage anyone who is on any media platform to please share. **Jean:** I asked Gordon Laidlaw at the CCG to put some comms out about patients not arriving more than 10 minutes at the sites, a member of the Task & Finish Group said that is just too much information to put out. The Leisure Complex is a unique site of the four being used, due to patients arriving on foot, taxi, public transport, they are coming from all over Rotherham. The other sites are more localized and tend to have local residents, Oak House has its own barriered car park and is easier to manage. Loraine has now made that part of the Call Centre remit, advising patients about not turning up more than 10 minutes before appointed time. The Call Centre is based at Oak House. The technology we used for the drive through flu clinics now upgraded to make the booking system more equitable, all the job cards, nurse boxes and resuscitation equipment updated. The Flu planning/operation template has given us a head start on preparing for the COVID roll out. **Tony:** it certainly was a good pilot for the future. **Jean:** it's a shame we cannot use the scanning system at the Covid sites as this just required the nurse. Government stated use Pinnacle; this requires a nurse and an admin assistant. I could have vaccinated 10 patients in the time it takes to upload the information on computer. **Steve:** Pinnacle was raised in Parliament, as it is not working as efficiently as expected.

6 AOB

Tony thanked Jean.

A couple of items on our agenda, as per email the AGM has been postponed this month due to circumstances and updating with current events more important this meeting. Do we need to do one next month or carry on as we have this evening? **Steve:** continue as we are with Covid plans and vaccinations. **Tony:** that's my thought we can keep up to date, see how we can support. All members agreed. **Jean:** Loraine is doing a search to check everyone in the cohorts has had their vaccination. Once completed, a message may go out to check no one has slipped through the net; we do not want everyone phoning in or anyone to be missed. District nurses are starting the housebound vaccinations this week. If housebound patients can be taken safely to the site, without putting themselves at risk, some have opted to do this. We have 350 housebound patients at the Stag. That does not include Care Homes; all under Stag remit vaccinated on Friday. Other practices are doing our patients who are other care homes and vice versa.

Tony: before you joined us Jean and Pippa, we discussed with Liz about a tablet and the requirements. **Steve:** I am going to discuss with my supplier for a cheeky discount. **Pippa:** be really cheeky, ask for one as a free gift. **Steve:** I will contact them tomorrow and update next meeting. **Jean:** if you know anyone who is concerned about not having an invite for their vaccine, ring Pippa's mobile and she can send the details in a secure NHS email to the call centre. **Steve:** is that for housebound? **Jean:** if they are housebound leave it. Only if they are able to get to the sites.

7 Charity Donations – **Tony:** we are going to leave the Charity discussion until next meeting, we can see what funds we have after purchasing the tablet. Please think about local charities you think we could assist. Is there any other business before we close? **Pippa:** may I just wish everyone a Happy New year and hope it is a better one for all of you. **Jean:** I forgot about that. **Steve, Chris, Frank, Tony responded.**

Tony: thanked the group and closed the meeting.

Date of next meeting to be advised.