

## **Clarendon Lodge PPG Zoom meeting**

**Wednesday 26 May 2021 at 1 pm.**

### **Notes**

In attendance :- Michael, Martin, Marcia, Bridget, Dorrette, Ann, Stephen

Apologies:- Maureen, Marcia, Gethin

### **COVID vaccination clinics.**

Stephen reported that the number of second doses issued had nearly caught up with the number of first doses. The take up varied over the age groups with the older age groups being the most successful. The change to an eight week interval for the second jab had caused some slight problems particularly with staffing of the centres. A recruitment drive had been started requesting more volunteer stewards.

The vaccination teams had been hard at work for five and a half months and fatigue was setting in. However it was hoped the situation would be resolved with the increases in staff.

Despite the above, the target to have all the vaccination cohorts ( including second dose) of all patients remains at 31 August. Currently 30-34 age groups are being called up. The age limit currently is 18 yrs. The supply line for vaccines has become easier and the Pfizer storage temperatures reduced making management of the doses easier.

Stephen stressed that a vaccine no waste policy was in place and this was strictly adhered to despite any reports to the contrary.

The flu vaccination programme will start as normal in September but as yet no final decision has been made on whether a covid booster jab is to be given at the same time or delayed until January 2022. This will depend on a detailed risk analysis.

### **Locked Door Policy**

The Practice Locked door policy had now been revoked and patients appeared much happier with this arrangement.. The PPG were concerned about the safety aspects but Stephen said these were well managed with appropriate signage. Up to ten patients in total can now be allowed in the two reception areas at the same time. However if this limit was exceeded that patients would be required to wait outside.

Bridget raised the issue of ventilation. Stephen said that whilst some window were incapable of being opened he would check re all others

.

### **Staffing issues**

Dr Gibbons who was covering for maternity leave has left the Practice. Her replacement will be Dr Birch who will be doing 3 days for 12 weeks and then 3 and a half days for a further 3 months. The plan is for a Frailty lead at PCN level reducing the need to have one for the Practice.

### **PPG Survey**

Michael suggested that a possible survey for PPG could be an assessment of how patients felt about being supported by the Practice during the pandemic. There was a useful discussion on this. Martin said that analysing patients "feelings" could be difficult. However there was general agreement that an assessment of how patients felt supported by the Practice during lockdown would be a good learning exercise. Michael will give further consideration to this.

### **CCG issues**

Michael reported that he had approached the CCG about future plans to involve patients. No reply as yet. Stephen to send out a CCG paper on the subject. The South Warwickshire GCCG has now merged with North Warwickshire and Rugby/Coventry CCGs. By April 2022 it is expected that the merged CCGs will be replaced by an Integrated Care System (ICS).

### **Newsletter**

It was agreed to send out an interim newsletter asap requesting patients to volunteer as stewards – Martin to arrange.

### **Correspondence with a patient**

Michael issued the PPG members with a number of emails from a patient asking questions about the source and distribution of information. It was agreed no further correspondence would be entered into following Stephen's involvement.

There was a discussion on face to face consultations and finally on patients being able to opt out of the information gathering for patient records. Stephen will supply the relevant information later.

### **Text messaging by the Practice**

Dorrette raised an issue about text messages not containing the name of the patient. She felt that this was too impersonal

Stephen clarified this issue with the following statement:-

If a GP is speaking with a patient and the patient confirms that they are happy to have a text message sent to the phone which they are using or the GP can confirm the number, then they may change the salutation to include the patients name.

Where we do not have this confirmation, for example, the text message is being sent by our admin or reception team without speaking to the patient, then we not include the patient name for confidentiality purposes. I accept that some patients may find this impersonal but it is there for their protection.

### **Phone message**

Stephen confirmed that the latest phone message changes, as recently sent to the PPG, would now be put on the system with immediate effect.

**Next meeting is planned for 23 June at 1pm.**