

**West Kent PPG Chairs Meeting 14.07.20**  
**Online Meeting 11am-12pm**

**In Attendance:**

**Chair:**

Gerald Heddell

**Deputy Managing Director**

**Kent and Medway CCG:**

Gail Arnold

**NEL CSU:** Antonia Knifton and David Muir

**PPG Chairs: 20 attendees**

<b>ACTIONS</b>			
<b>Commissioning Priority/Theme</b>	<b>Engagement needed</b>	<b>By when</b>	
Restart in general practice	In collaboration with the practice PPG members are being asked to help ensure that there are no groups of patients missing out or being disadvantaged with the new systems in place.	ongoing	
Flu Vaccinations	Please feedback on how you are supporting uptake for this year's flu vaccination programme?	ASAP	
PPG Chair Online Meetings	Please let us know how we can make these meetings as useful as possible whilst we carry on meeting virtually.	ASAP	
<b>MEETING NOTES</b>			
<b>Item</b>			<b>Action</b>
1.	<b>Introduction and Welcome</b> Gerald Heddell welcomed everyone to our first online meeting using Microsoft Teams.		

<p>2.</p>	<p><b>Kent and Medway CCG Restart in General Practice</b></p> <p>Gail introduced herself as the Deputy Director for DGS and Swale and the lead for Primary Care for the whole of the left side of the county which includes west Kent.</p> <p>Today I'm going to talk about general practice restart. My plan is to give you an update on what's been happening. The message from general practice is COVID came and general practice have never stopped, in fact they have probably been busier during this time and faced a number of challenges with staff shielding and staff becoming ill. During this quarter general practice changed and adapted in response to COVID. They have introduced a new way of working that we would like to see continued moving forward. A way of ensuring people get timely access to the service they need with an initial "virtual triage" and then coming in to the practice if they really need to or receiving care by telephone or video appointment. These new ways of working and new IT they have been trained to use in a very quick rollout to adapt to the situation and now the message from the government is that everyone should be working to a triage model. Going forward practices have got to continue looking after 3 cohorts of patients. The first cohort is the shielding and vulnerable group. The second is the normal routine appointments that are carried out by the practice and the third cohort are those patients that are COVID symptomatic. These three groups all need to be seen but all need to be kept separate from each other. Practices are working really hard to build a system that allows all patients to be treated whilst keeping groups separate. Some are able to use multiple sites to achieve this if they have branch surgeries. Using one building to treat vulnerable and shielding patients, another building looking after routine and the higher risk groups. Others are trying to cohort their practices by using a one way system by utilising a separate entry and exit. They've got to manage the amount of patients in a waiting room at any one time so the use of virtual appointments is going to be the only way that this can be achieved on an ongoing basis to enable the people who really need to come into the building to do so safely. The practice also have a duty to keep their staff safe and multiple people flowing into the waiting room increases the risk coming into that workplace. A lot of the changes that have been made during this period will now be maintained and continued to allow general practice to keep working. Practices are also working closely with care homes – care homes have now been given an nhs.net email to allow confidential communication between general practice and care home staff to exchange information.</p> <p>Moving on to restart quite a lot of things that were not essential during COVID lockdown were paused. Some of the things that are offered as enhanced services were paused in general practice and the practices are now working with the CCG to begin offering these services again.</p>	

Between every patient seen the room has to be cleaned to make it sterile again and we need to factor in the “productivity” time lost due to this. They’ve need to see vulnerable patients earlier on in the day as the environment would have been cleaned overnight and left so it’s at its most sterile. Particularly when a practice does not have a separate site to see these patients. It’s likely where practices have carparks that some patients will be asked to wait there until they are called or texted for their appointment.

In terms of restart there are some services that have continued throughout lockdown such as childhood immunisations as we wouldn’t want to risk a measles outbreak for example during COVID. Cervical and breast screenings are now starting again. The government have laid out plans with an order in which they want to resume full speed which includes patients with long term conditions having their annual reviews, new patients that are registering with practices, medicines reviews, the over 75s check and clinical review of patients with frailty. In the winter this will be particularly challenging as lots of people will display symptoms which are similar to COVID but they won’t be COVID but you have to treat them as if they are until they aren’t.

The government had already announced an extended flu vaccination this year. We would really appreciate PPGs help in making sure patients are booking their flu jab appointments to help ensure uptake is really good. There is also the catch up for the shingles vaccination for those that are 80+. Importantly for you as PPG Chairs the requirement for practices to restart engagement with their PPGs has begun with a focus on finding out how patients are finding the new access routes. In collaboration with the practice PPG members are being asked to help ensure that there are no groups of patients missing out or being disadvantaged with the new systems.

In the wider system restart is happening across all providers. Acute trusts are working to the same system as primary care. Where patients can be seen remotely they will be. They are now working through their waiting lists and clinically prioritising those patients who are at greatest risk of harm from not being seen quickly.

**Q:** How will flu injections be managed bearing in mind there is likely to be fear about going to the practices for the jab?

**A Gail:** Where possible there is talk around doing these vaccinations outside so people do not have to enter a building. Some people like the model that has been adopted elsewhere of the “drive through vaccination” where you don’t even need to get out of your car. This will not be possible for everyone and some people will need to come in. Practices are exploring different opportunities to go out to people. E.g. meetings at Age UK centres, W.I meetings where practice staff will go out to groups who regularly meet.

**Q:** You mentioned keeping in touch with people electronically. In our practice we would hold information evenings that we are now thinking of holding on zoom. What are other practices doing?

**A Gail:** Zoom and Microsoft Teams are not set up to have meetings really any larger than 25/30 people. For larger numbers they turn into a broadcast which is quite impersonal. So I would suggest the practice meets on Zoom or Teams with their PPG members and cascade information further from there.

**Q:** A lot of our members are not IT proficient and a lot of my PPG members fall into the vulnerable category. I feel a little concerned with how we are going to get our PPG members back together. A few of us met outside but there were a couple who would forget about socially distancing from time to time.

**A Gerald:** You raise a very important point and for the short term there are going to be compromises with using online technology.

**A Bob – PPG Chair:** We have been using zoom for our meetings and it works very well. The whole PPG group get together. I use a piece of software call doodle. I poll people to reach a consensus of what time to meet. It's a great idea to have a town hall meeting using technology and those who may not be able to join we can send out notes or a newsletter to keep them updated.

**Comment:** Could you mention treatment evaluation plan (TEPs) during COVID Treatment Evaluation Plans for elderly? There has been upset by the process directive to GPs - over the phone. This is normally done face to face. Due to COVID GPs were advised to do this over the phone and many of the patients found this upsetting. They felt this was an approach that if they had COVID they wouldn't get treatment. Our practice has stopped doing this over the phone and are now inviting patients in.

**A Antonia:** The engagement team have conducted a large patient survey to find out how people interacted with the service changes during lockdown and part of that has been to speak to voluntary groups and some have noted similar experiences from patients but they do seem to be isolated and it seems to appear it may be with the approach by the person making the call that has caused any upset.

**Q:** How do other PPG groups reach the 'hard to reach'? How do others promote PPG to patients?

**Q:** How will patient who cannot access a computer/smartphone be handled? We're concerned they might be forgotten with the drive to have everything online.

**A Gail:** They're definitely not being forgotten. A lot of the consultations are taking place on the telephone if a patient prefers but if the patient would prefer or needs to be seen they will either be offered a video

Please send any feedback you may have on "hard to reach" groups to Jos and Antonia for circulation.

	<p>consultation, invited into the surgery or where appropriate a home visit will be arranged if the patient is too ill to come down.</p> <p><b>Q:</b> Online consultation may remove the privacy enjoyed by a patient-doctor relationship. How do you propose to provide confidentiality</p> <p><b>A Gail:</b> This is something the patient and GP need to address. If there are confidentiality concerns with the environment these are good reasons to give to your practice to come to the surgery for a face to face consultation if that's preferred.</p> <p>Comment: With delicate questioning needed, it is important that there is face to face as sensitivity can be adapted according to facial and gestures made by the patient. If the patient doesn't hear or understand correctly, then a lot of harm can be done.</p>	
<p>3.</p>	<p><b>Feedback on K&amp;M PPG Chair Terms of Reference (ToR)</b></p> <p>Gerald noted the draft K&amp;M PPG ToR have been largely based on the WKPPG ToR. There is a reference at the beginning to Health Reference Groups (HRG), as some of the other CCGs previously used this term for their PPG membership groups.</p> <p>The main purpose of the PPG/HRG is to ensure the “patient voice” is represented. You are at the centre of that activity. And with the advent of PCNs, which are an evolution of the clusters we previously had in west Kent, they will feed into the Integrated Care Partnership (ICP). On page 3 at the end “relationships with other stakeholders” those relationships point to the health and wellbeing of the citizens in your areas. Their health and wellbeing involves more than just their GP it's much broader and the ICP will help to build upon these relationships further. Other stakeholders can include councils etc.</p> <p>Comment: East Kent ICP mentioned? Expenses it mentions PPG chair but not PPG members who might attend locality meetings for example.</p> <p>Comment: This document references two counties when they are not two counties. It's confusing.</p> <p>Comment: Instead of counties, maybe substitute with (local government) authorities.</p> <p><b>Q:</b> Where it says members will be appointed by individual practices I think they mean by PPGs?</p> <p><b>Q:</b> I would just query the training and development bullet within the ToR. Who is going to provide this? Determine this? And what level of support will be provided?</p> <p>Comment: para 3 in the ' Purposes' section of the TOR. This states:-</p>	

	<p>"It may also have a similar role in helping share those views and experience within their local primary care networks, or to support the development of the area based integrated care partnerships." I think that a stronger statement should be made to recommend a link to local PCNs, so that Chairs have a broader picture of local developments.</p>	
4.	<p><b>Adult Social Care Peoples Panel from John Potts</b></p> <p>John has been invited to join this panel which has been created by KCC with the purpose of having a conversation with the public in the early stages to develop ideas, strategies and services across adult social care and health. "We all want to see social care brought into our remit". A research project is starting to identify and address the gaps. The project will start from the 1<sup>st</sup> April 2021 and will run for 48 months. Funding of 1.5m has been secured. There are 13 people directly involved in the project. I will be seeking help and support from you as PPG Chairs with any points I feel you could contribute to. This is being led jointly by Kent University and KCC.</p>	
5.	<p><b>Healthwatch Update from David Metcalf</b></p> <ul style="list-style-type: none"> <li>• During COVID the staff had been working at home and are meeting via Microsoft teams.</li> <li>• Louise Griffiths has been appointed as the new Volunteer Co-ordinator. She's looking for new volunteers and can be contacted: <a href="mailto:louise.griffiths@healthwatchkent.co.uk">louise.griffiths@healthwatchkent.co.uk</a></li> <li>• Two hundred care homes have been contacted in Kent and a report is being prepared and will be issued shortly.</li> <li>• The annual report is now available and has been published on the website: <a href="https://www.healthwatchkent.co.uk/report/2020-06-29/healthwatch-kent-annual-report-201920">https://www.healthwatchkent.co.uk/report/2020-06-29/healthwatch-kent-annual-report-201920</a></li> <li>• The steering group are reviewing priorities going forward</li> </ul>	
6.	<p><b>AOB</b></p> <p>Cheryl Clennett Flu vaccination – I would be interested in what the other PPG Chairs are doing to support this year's flu vaccination programme? Please collect information from your practice manager and feedback so we can help ensure a positive uptake.</p> <p>Gerald: I would appreciate your feedback on how to make these meetings as useful as possible whilst we carry on online.</p>	<p>Please email Jos and Antonia to share feedback on both points.</p>
	<p><b>Next Meeting</b> 08.09.20 online – time TBC</p>	