

The Practice Stoke Road Patients' Participation Group

4 Stoke Road, Bishops Cleeve, Cheltenham, GL52 8RP

Minutes Of Meeting Held Virtually On Weds 26 May 2021 At 6.00pm

Present: Maggie Morris **MM** (Chair) Anne Ayrton **AA**
Peggy Dyer **PD** (Vice Chair) John Grayson **JG**
Ian White **IW** John Coopey **JC** (Treasurer)
Lynne Jackson **LJ** Peter Badham **PB**
Ali Hopton **AH** Nia Morgan **NM**
Dr Chin Whybrew **CW** Dr. Tim Hardwick **TH**
Lester Pygott **LP** Sarah Rogers **SR**
Amanda Elliott **AE** Jenny Crowston (Minutes)

Apologies: Rose Rawlings **RR** (Secretary)

1. **Welcome – Chairman**
MM opened the meeting by welcoming all attendees.
2. **Minutes of Last Meeting**
These had been read, and were approved by all.
3. **Matters Arising from Last Meeting – Update on vaccination progress and Face to face consultations**
- see below within Practice Report.
4. **Chairman's Report**
 - MM reported that the website still appears to have outdated information and is not particularly 'user-friendly'. LP said he would gather any requests for alterations, and pass them on to the relevant administrators.
 - MM asked about the information new patients receive when they register. AE replied that currently new patients are being asked to register using on-line forms. They then access all information on-line also. When patients used to register in reception, they would receive a variety of paper-based information. MM asked if the PPG could help to feed information to new patients, and it was agreed with AE that the on-line forms could be adapted to include PPG contact details.
 - MM reported that she had attended a PCN meeting. The PPG Chairs agreed to collaborate to attend meetings once every 6 months. The group had received the PCN newsletter News from the Edge
5. **Practice Report**
 - Current position on face-to-face consultations –
 - Regarding Facebook interactions. CW doesn't sign her feeds as it allows access to her personal details, and she is unsure how to change permissions. SR does use her personal account as she can't post what she needs to on the Surgery account.
 - PD asked about reception staff's responsibility to direct patients appropriately as she had received complaints.
 - There has been varied feedback regarding the use of the reception window. Some have no problems at all whilst others report not being able to hear; adverse weather conditions etc. CW said that reception staff can allow individuals in the building if they are experiencing communication problems. The reasons for not allowing all patients in

include: potential for close contact between those in a queue; Lateral Flow test is not more than 30% accurate and is therefore unreliable as an indicator of infection.

- Receptionists are receiving training to enhance their abilities to direct patients according to their needs i.e. nurse, pharmacy, optician service, physio etc. GP's need to allow this to happen to ensure they can reach patients who need their attention within acceptable time limits. Whenever there is doubt, a GP will be referred to by reception.
- There are a large number of patients who do not need to come to the surgery i.e. to make appointments or for blood test results.
- Unfortunately, those who complain are often not getting what they want, as opposed to what they need. Some think Doctors are doing nothing/on furlough! MM has defended Doctors on occasions. Receptionists are working as directed by the GPs. Complaints should be directed to LP.
- There has also been positive feedback. JC relayed compliments received.
- TH reported that the number of GP contacts has increased by one third, and Doctors are working harder than ever. Some referral letters are coming through for hospital clinic appointments with a 200 day wait.
- If a patient requests a face-to-face consultation, it will usually be in 4 weeks' time, unless considered necessary it may be 1 week ahead. E-consultations are usually dealt with by a clinician between 4 to 24 hours hence.

➤ Vaccinations - Q and A

- a) Is it worth taking a dose of aspirin before my vaccination to avoid blood clots?
Only take aspirin beforehand if this is one of your normal medicines. The clotting risk (cerebral venous sinus thrombosis or CVST) with AZ vaccine is not "ordinary" blood clots, it is an extremely rare and very specific type of allergic/immune response to the vaccine, which reduces the numbers of platelets, and happens 4-28 days later. Aspirin would not prevent this type of clot.
- b) Is the risk of clotting greater if I am taking a contraceptive pill?
There are no known risk factors to increase the risk of CVST after AZ vaccine. The contraceptive pill is not thought to confer any greater risk. These are not "ordinary" clots.
- c) How safe is the vaccine for a young person with Downs syndrome
The vaccine is as safe for a young person with Down syndrome as it is for everyone else. It is particularly important that people with Down syndrome do get the vaccine, because they are at higher risk of complications from covid than baseline risk. The overall benefit they will get from being vaccinated is higher than the benefit to most other people.
- d) I am allergic to penicillin, is the vaccine safe for me?
Yes, even if you have a very severe allergic reaction to penicillin called anaphylaxis, all of the covid vaccines currently available in the UK are safe for you to have. You may be asked to wait for 15-30 minutes after having the vaccine just to be certain that you do not have any kind of allergic reaction to it, but it is no more likely to happen to you than to anyone who does not have allergies.
- e) Do the vaccine teams have regular testing?
Yes, everyone at the fire station has twice weekly lateral flow testing, and before the shift starts, everyone who has not done a lateral flow test in the preceding 24 -48 hours is reminded to do one (there are tests available at the fire station just in case anyone had forgotten).
- f) I am breast feeding my baby, what should I do if I get coronavirus?
Breast feeding does not influence whether or not to be vaccinated – it is safe to have any of the vaccines when breastfeeding. If you get covid when breastfeeding, you would treat it in exactly the same way as if you were not breastfeeding. Babies are very unlikely to have serious symptoms from covid, and by the time you test positive they are likely to have been exposed to it anyway. You can safely continue to breastfeed, but if you have problems or are feeling very unwell, then you need to contact the GP or 111 as normal.
- g) Can covid be transmitted through vaping?
It could almost certainly be transmitted if sharing your e-cigarette with someone else! (Most people wouldn't be doing this though, I hope). The exhaled air from a vape will

contain aerosol particles, as would normal exhaled air, so in theory yes, covid can be transmitted through vaping in the same way as it can be transmitted through breathing out over people generally. (It would be quite hard to prove one way or the other though, so this is just common sense).

If you are close enough to someone to be able to smell their breath, then you are close enough to be able to catch covid from them. This is equally true if they have been vaping, smoking, eating garlic or just have smelly breath.

- All over 30s have now been invited for vaccination although uptake in the 30-40 age group is quite low (about 35%) and it may be necessary to cancel some slots or condense sessions. Sadly, appointments were being cancelled also 'due to rain'! SR said in this age group many felt they would not be badly affected by the virus or were busy with other things. PD said that there was a difference in atmosphere at the vaccination centre when older age groups were the main focus, making it more of a pleasure.

PB said directives on vaccinations appear to be based on politics as opposed to science. CW said decisions by the Practice were based on ethics and best practice for the patients. GPs are monitoring uptake and are keeping ahead of the game; listening to directives whilst implementing using their judgement.

NM said that she thought her age group (teens to 20's) were quite eager to be vaccinated in order to resume their lives and future plans i.e. social, travel, university.

- PB mentioned that he thought local pharmacies would suffer with a focus on the PCN employing their own pharmacists. CW explained that the lead pharmacist had been in post for 5 years, and both he (Aitzol Calleja Tolosa), and Sarah Leo were attached to Stoke Road Surgery although they work within the PCN. They tend to monitor long-term conditions and review medication levels, keeping levels correct for GPs. CW said that in the future the pharmacy role will be expanding and more pharmacists will be needed. The other 2 pharmacists working in the PCN are Nikita Patel and Agnes Barry.
- Changes to staff – LP said that it was Dr. Ian Tebbutts last day, and in August/September Dr. Sophie Mistry and Dr. Conway would be joining – contributing 1.5 posts between them. The Practice will also be recruiting a nurse and two GP receptionists.

6. Treasurer's Report – no changes

7. Newsletter

- MM said that the newsletter had been very well received and IW added that there was some fantastic input, especially the Q/A section. LJ had distributed some hard copies to pharmacies, the library and local coffee shop. Any suggestions for other venues – possibly Parish Council?
- Suggestions were made for content of next newsletter: Tee talk on mental health; how elderly can be left behind by e-technology; new staff profile/s; questions from patients answered; vaccination update; ask Aitzol to provide article explaining role of PCN pharmacies; steering patients to the right professionals (CW said there were some facebook posts which could be included); Dr. Cathy Archibald was keen to include an article mapping the experience 'of a GP during the pandemic'.
- MM had received interest from someone keen to join the PPG after seeing the newsletter.
- PD thought it appropriate that the newsletter should be quarterly and added that it is good to have hard copies.

8. Patients' Voice/Listening Table

- PD suggested, and it was agreed by all, that the title 'Patients' Voice' is preferable to 'Listening Table'

- PD thought it would start at the end of June with a rota of volunteers already agreed. To be available 2 x half days per month. The best days identified as Monday and Friday as they are busiest and lots of young patients attending clinics. To be situated on patio area – gazebo provided.
- Function to provide information; gather feedback, compliments/complaints; recruit patients who could be called upon for surveys.

9. Children's Mental Health

- MM introduced Ali Hopton, Deputy Head of Prestbury Primary School. AH reported that she had attended a meeting of representatives from a group of schools who discussed child mental health. The finding was that most children had generally been fine. She said that there were some concerns regarding parents who were very anxious, some with anger management issues. Teachers were using their judgement to refer to GP's where considered appropriate.
- AH asked if GP's thought it correct that they signpost some to other agencies. CW agreed that this was good as they would be using the same agencies when referring children/parents for help. Teachers have much more contact with children/parents and are therefore well-placed to instigate interventions.

10. Sunday Teas

- MM asked if it was thought the Sunday Teas could ever start again – possibly a Christmas gathering? The general consensus was that they would begin again, possibly not until Summer 2022. She feared there may be another wave of infections on the way, and the 2021 Summer school holidays would be well-timed to ease the situation. All involved would need to have had 2 vaccinations (possibly 3). It is difficult to forward-plan, but the indications are that we will resume at some point.

11. Any Other Business

- PB said discussion took place at the Local Pharmacy Committee regarding a new service to facilitate a 4-hour route from patient to pharmacy via the Surgery.
- CW highlighted an article on Radio 4 recently entitled **Care.data2**
The government will be uploading all coded data. They will then have the ability to identify individual patients and initially use data to identify the vulnerable, Covid vaccination data etc. There is the potential for this data to be traded to third parties and be used for all kinds of purpose. There is a need for all to trust the government to act ethically at all times. Everyone has the right to opt out of this if they wish **by the deadline of 23 June** and a code will be put on patients' notes. People can opt out by phone, filling in a form or electronically. Details of this are going on facebook. Individuals can then opt in for things like clinical trials. The practice has not received much information about this, and was only discovered through the BBC.
- JG asked if e-consult shuts down at all. CW said that it shuts down at 6.30pm on Friday and reopens at 12.01am Sunday/Monday morning. This is because there would otherwise be a danger of urgent matters not being picked up quickly enough. The lines are blurred with the use of 111 for routine enquiries. MM asked if this could be advertised as widely as possible, by Facebook, Newsletter, Patients' Voice, word of mouth etc.

12. Date of next meeting: 28th July 2021

The Committee will have a meeting on **Wednesday 1st June at 6pm** in Lynne Jackson's Garden, 3 Wood Stanway Drive.

The meeting closed at 7.20pm