

Haughton Thornley Medical Centres
Patient Participation Group
Minutes of Meeting held on 6th July 2021
via Zoom

Present: Cathy Dobson, Dominic Sexton, Ingrid Brindle, Eric Bynon, Amir Hannan, Deb Smith, Yvonne Bennett, Richard Williams, Paul Welsh, Lisa Gutteridge, Christine Greenough

Apologies: Roger Paul, Kath Mills, Kate Bradbury, Olive Harper

1. Ingrid opened the meeting with introductions all round.
2. The minutes of the last meeting were approved.
3. Matters arising.
 - a. Evergreen Life. There was supposed to be new facility on the app which would notify users of new information. We have not heard any more about this yet.

ACTION: Ingrid to follow this up with Mark Hindle.

Question from Paul re whether there is a preference re which app patients should use.

Patient Access is older and is useful if you want to be able to access another person's records. It also shows information in graph form, e.g. results from tests, so that you can see trends. But you have to click through to see all results.

Evergreen Life shows the same information as Patient Access but also includes Health and Wellness, allows you to record your own information, which is not visible to anyone else. It also includes the facility to set reminders e.g. when to take meds. It allows you to see results all together.

Patients can choose which app to use, and many use both.

There is a third NHS App being promoted by the government which shows some extra information such as vaccination status and organ donation status.

- b. We want to invite Rehana from Diversity Matters to attend these meetings. Dominic has not been able to contact her.

ACTION: Ingrid to contact Rehana.

4. Practice Matters.
 - a. Deb gave an update on clinical staff.

Sylvia (nurse) retires at the end of July.

Catherine (nurse) has been recruited. She has a hospital background.

Adele (nurse) is waiting for a start date and will be based at Haughton Green.

Emma (nurse) is isolating but working via telephone.

Dr H talked about the new nurses empowering patients and how we're lucky to have got them in the current climate. Catherine will be working with patients with diabetes, encouraging dietary changes and exercise, also looking into the use of group consultations.

- b. Covid vaccinations are still ongoing, now moved to the old British Gas site at Hattersley. There are hopes that other services will be able to be delivered from there in future. It's on a bus route so should be accessible.

The vaccination programme is going well but there are concerns about those people who've not come forward yet. A medical student is investigating this – very few have actually refused to be vaccinated, although there are still over 1400 who have not yet had the first dose. Some are isolating and so not coming out to a vaccination centre. This practice is still above the government target of 75% vaccinated adults.

Although you can still get covid after being vaccinated you'll be much less likely to be seriously ill or need to be admitted to hospital.

Ingrid is concerned that she has been vaccinated but a blood test shows no covid antibodies. Dr G explained that antibodies are only part of the immunity story and other parts of the immune system should also have been triggered by the vaccination.

Advice is to continue to wear masks and keep apart from others even after you've been vaccinated.

There was a discussion about how people feel about restrictions being lifted.

5. Atrial Fibrillation project.

This is arrhythmia affecting the top two chambers of the heart, which can lead to blood clots and strokes. People with AF are at higher risk of stroke than others. There are two types of AF – persistent, which is evident all the time and therefore easy to detect, and paroxysmal, which is episodic and therefore more difficult to detect.

With paroxysmal AF it can only be detected while symptoms are happening. Therefore Ingrid has worked to procure devices for this practice that can be loaned to patients so that they can record their symptoms when they happen and send the results directly to the practice.

The devices are small and easy to use, can reduce the time to diagnosis and lead to earlier treatment. They can also reassure those patients who do not have AF but who do have similar symptoms.

Question – are these devices being used? Do clinicians know that they are available? Dr G said that this would be added to the next clinical meeting for discussion.

6. Cancer project.

Discussion re why cancers are being picked up late (they are easier to treat when identified early) and why screening take-up is low. How can the practice encourage people to take part in screening?

Patient records will show if a person has missed a screening appointment.

People have a tendency to only deal with things if they're causing them a problem.

Deb talked about how cancer champions in the practice used to contact patients to encourage them to take part in screening programmes – this increased the response.

Although all staff can see if a person needs to be prompted (e.g. they have not taken up screening that's been offered) they don't always have the answers to questions that patients might ask.

7. NHS 'Data Grab'.

NHS Digital announced earlier this year that unless patients opt out their records will be collected by the government and used for planning and research. The use of this data is not completely clear.

Data was going to be collected by 1st July – this will now be 1st September. It's been delayed to allow the NHS time to explain what's going on.

The practice is still not clear about what's happening but there are concerns that this could affect local planning. It will not affect direct care.

There is a new opt out form which needs to be completed and returned to the practice by 23rd August.

You can opt out now and then opt in in the future but you can't opt out in future.

8. Any Other Business

- a. In the next few weeks there will be a lung health check targeted at those aged 55 to 74
- b. How does a patient know that a prescription request has reached the pharmacy and is ready to be collected? On the app 'accepted' means that it's been sent from the practice to the pharmacy. Some pharmacies will send a text when it's waiting to be picked up. Otherwise you might have to phone them.

9. Next meeting – date to be set.