**THE PATIENT PARTICIPATION GROUP (PPG)**

**APPLETREE MEDICAL PRACTICE CHAIR’S ANNUAL REPORT 2021-22**

**Firstly I would like to thank the members of our PPG and the staff and partners of Appletree Medical Practice for all your support over this last year. Your encouragement and warm support has made my role as chair again enjoyable and made me feel welcome whilst carrying it out in the unusual and unprecedented circumstances that we have found ourselves in. I have tried to reciprocate that welcome to everyone at our irregular and unpredictable on-line meetings by holding them in as warm and inclusive manner as is possible. In addition to those irregular PPG meetings I have tried to keep the momentum of our group going with regular communications on relevant topics on health and medical matters of interest to us all. Hopefully those communications have helped everyone especially those unable to join us in our on-line ZOOM platform “meetings” feel still involved in Appletree PPG matters. I know they have of necessity been quite elongated in their content but they have been well received and it is of their very nature that they have had to incorporate so much, given the circumstances. It may be the same with this report for which I tender my apologies in advance and ask for your forbearance in advance also.**

**This was another year ,my third year as chair ,the majority of which was spent under many restrictions in light of the global Coronavirus pandemic. It was a year in which we started to begin to undertake the fastest mass vaccination programme in our history. The world-wide research into the Coronavirus,Sars-CoV-2 and the development of effective vaccines had been undertaken in relatively “lightening speed”compared to previous efforts over the past 225 years. The first European form of vaccination was carried out by Edward Jenner in 1796. Jenner had first used part of a cowpox scab/scar he found on a milk maid Sarah (no surname provided-probably part of the social structure at that time) to “variolate” -an early form of vaccination –an 8 year old boy. He was James Phipps, the son of his gardener. James duly does develop the Cowpox scab/scar. But then after 8 weeks Jenner does the really revolutionary and really dangerous stage and smears the smallpox puss onto a cut in James Phipps’ arm.This was dangerous as smallpox was killing millions of people with no known cure. Thankfully however young James does not get infected with smallpox and Jenner’s varioalated method had been proven. The disease would still go on to kill hundreds of millions of people around the world until it was finally eradicated in the 1970s. I just wonder how many of the families of those over 300 million people would have refused a vaccination for their mother or father or child or sibling knowing it would have saved them from dying ? We will never know and fortunately today in the U.K. 85% of the population have had 2 doses of the Coronavirus vaccination.**

**Appletree M.P. as part of the Belper Primary Care Network (PCN) was a driver within Local Area Network (LAN)for the local vaccination programme. This entailed the diversion of clinical and administrative staff from their usual everyday work to help staff the Vaccination hub in Babbington hospital. This necessitated a limited clinical service especially with all the restrictions legislated for at the beginning of the year. However Appletree MP as part of the LAN was commended by the Secretary of State for Health and Social care for their outstanding performance during the Coronavirus vaccination programme. There were very very high turnouts by the vulnerable groups-over 60 years of age- in the initial phases of the programme, up to 98% in one of the groups- a very successful vaccination rate indeed. And doesn’t it emphasise the unpredictability of medical and health matters, as I have mentioned elsewhere, as it was planned to close the hospital just before it turned out to be invaluable in the key vaccination programme.**

**Another initiative by the World Health Organisation (WHO) has happened in the last year which I believe has been a step forward has been the renaming of the various variants of the Coronavirus. Originally they were named after the country or region where they were first discovered .For example the Indian variant B-B1.617.1 or the South African variant B1.351 or the Kent or U.K. variant B 1.1.7. These were re-named after the letters of the Greek alphabet. So that the Kent/U.K. variant became now known as the ALPHA variant ;the South African variant became known as the BETA variant;the Brazilian variant became known as the GAMMA variant and the Indian variant became known as the DELTA variant. This is important as there could be a stigma attached to the country whose name was given to a variant. Such as it being called pejoratively as “THE Chinese virus” in some quarters. This is a misnomer because where a variant is discovered is not necessarily where it was first developed. The perhaps greatest misnomer in history is the so called “Spanish” ‘flu which killed upwards of 50 -100 million people from 1917 to 1922. That virus originated in the United States of America. Specifically in Kansas. Where wild birds flying over and stopping at a domesticated bird farm infected some of the domesticated birds. The son of the farmer,whilst working on the farm became infected with this “bird ‘flu”. He was then conscripted into the U.S. army. Which having declared war on Germany and the Austro-Hungarian Empire in April 1917 joined in the “Great War” as the First World War was then known. Awaiting transfer in 1917 to join the Allied army fighting on the Western Front in France,he worked in the kitchens and canteens at an army base in Kansas. It was here that he infected the newly recruited troops who then sailed to France .On their joining the weakened British and French troops the ‘flu infected and killed many of the troops. Those that did not die immediately were transported back to the Britain or France or their Empires and infected the weakened , in some case malnourished ,people in their local communities. So where the naming of this virus ,with its terrible consequences, came from I’m not sure .But the so-called Spanish ’flu did not start in Spain. And the latest Omicron variant has not been associated with any country or nation or any geographical location.**

**I am incredulous to the fact that I am even discussing these matters here when at our last fully attended AGM the only thing we would have discussed would have been the success of Appletree’s ‘flu clinics and the role of PPG volunteers in those clinics. Amazing turn of events.**

**Times have changed though as a PPG we have come through the global pandemic with all its concomitant effects intact and still functioning . Which I am very pleased to say is down to the active support all you members have given. The fact that the pressures on Appletree M.P. and specifically Practice Manager Lianne Burke ,necessitated fewer meetings than would normally be the case, highlights our determination to carry on working. Those of you who “attended” our on-line ZOOM platform meetings have been fundamental to the ongoing continuation of the PPG. Many relevant items have been discussed and kept alive through the use of this medium and we must thank Lianne for hosting those on-line meetings. The statistics around the Primary sector of the NHS I have addressed before so I won’t go into too much detail. However according to NHS Digital 787 GP practices shut for good between September 2015 and December 2019. A further 291 closed permanently during the course of he Covid-19 pandemic. Simultaneously the number of registered patients has increased by 3,700,000 (3.7 million ) since 2015, meaning on average that the average number of patients per practice has increase dramatically.**

**The Prime Minister is currently setting out the terms of reference for the official review of the U.K.s response to the Coronavirus global pandemic. In the light of this review it is worth taking a brief overview of the key indicators. There have been in the U.K. over 162,000 deaths from Covid-19 within 28 days of a positive test result. However using the Office of National Statistics (O.N.S.) measure of Covid-19 being mentioned on the death certificate there have been almost 185,000 Covid-19 related deaths ,( the measure we actually used at the beginning of the pandemic in March 2020 and the figure used for the reporting of the number of deaths). Currently there are on average just over 100 Covid-19 deaths per day using the within the 28 days figures. That figure is rising at the moment. Also the number of people in hospital with Covid-19 is just under 12,000 and also is rising. For a comparison in New Zealand there have been 101 Covid-19 related deaths since the start of the global pandemic in March 2020 ,two years ago. New Zealand has a smaller population of the U,K. At 5.13 million. The U.K. population at just over 67 million is 13 times greater than that of New Zealand. Thus to multiply the New Zealand number of Covid-19 deaths by 13 we obtain a comparative number to the U.K. thus 101 multiplied by 13 equals 1,313 Covid-19 related deaths. That 1,313 figure is somewhat below the figures for the U.K. of between 162,000 and 185,000. Taking just the lower figure the U.K. has over 160,000 more Covid-19 related deaths than would be the case if we had the New Zealand Covid-19 related death rate. I find that difference somewhat staggering and I would like to know why there has been such a difference. I don’t know if the Prime Minister is going to include this type of comparison in his terms of reference ,but I think it could be of interest to find out just what different policy approaches were undertaken and what effect they had. The U.K.s current average number of Covid-19 related deaths per day mean that every fortnight we have more deaths using the equalized population calculation than New Zealand has had over two years. We have many such fortnights recently and it looks like we will have more in the future.**

**How we cope in the future with virtually all restrictions having been lifted in England, although many remain in Scotland, only time will tell. The swift reduction in the restrictions earlier in this year and the population’s response to it just goes to prove that it is extremely difficult to make predictions in the field of Health and Social Care. Nevertheless we do what we can in the face of this uncertainty, and that I would contend is what the Appletree PPG does do.**

**As I have mentioned before The Practice has joined the 3 other Belper Practices, as part of the NHS “Long Term Plan “ entitled the Primary Care Network (PCN) which has brought general practices together to effect the benefits of scale. It has improved the ability of the 4 Belper practices to recruit and retain staff, to manage financial and estates pressures and to provide a wider range of services to patients. In England the PCNs cover populations of around 30,000 to50,000 patients. Our PCN provides a wider range of primary care services to patients. For example Social Prescribing, first contact physiotherapy and extended access. The Belper PCN currently successfully provides all three of these services. The PCN also researches the wider health of our population taking a proactive approach to managing population health and health inequality and assessing the needs of our local population to identify people who need targeted proactive support. PCNs will be focused on service delivery as part of “Integrated Care Systems” (ICS).**

**The Duffield Good Neighbours Project (GNP) initiative had been communicating effectively with the PPG through the good offices of John Raw who has sadly passed away after many years of service to the PPG. However we know have a new connection to the GNP via Dr.Claire Stevens . Claire is not a member of our Appletree PPG as she is not a patient of ppletree M.P., however Claire gives an update for us on the GNP at the beginning of our meetings and then leaves before other issues of the PPG are discussed. Claire’s first one at our last meeting in January 2022 held on the on-line ZOOM platform went very well and a copy of Claire’s presentation was included with the minutes of that meeting.**

**I would finally like to thank all of you ,our PPG members for volunteering for the role. That is of itself worthwhile and valuable and even if you can’t make the meetings you are still contributing by reading the minutes of meetings and keeping abreast of current developments.I would like to thank my two vice-chairs (or more accurately deputy chairs) John Rowlands and David Greatorex for their apt kind words of wisdom so generously given at appropriate times. I would also wish to thank the Partners, G.P.s and staff who help and support our PPG especially Lianne Burke who has been a key asset.. Also I would like to thank the Partners for providing the location and space and administrative assistance to enable the PPG to function with our meetings etc. Also to the G.P.s and staff who so generously give up their time at the end of a hard day’s work to attend our meetings. That is very much appreciated especially under recent circumstances and just how we will remain to “meet” remains to be seen Firstly I would like to thank the members of our PPG and the staff and partners of Appletree Medical Practice for all your support over this last year. Your encouragement and warm support has made my role as chair enjoyable from day one and made me feel welcome whilst carrying it out. I have tried to reciprocate that welcome to everyone at our on-line ZOOM platform meetings by holding them in as warm and inclusive manner as possible. The new amendment to our Constitution agreed at our last meeting in January 2022 determines that …”The Officers of the group shall be appointed annually at the AGM and be eligible to serve for an initial 2 consecutive terms. “ This did not apply in the current Constitution at any time during my past 3 years as chair and under the unprecedented circumstances we found ourselves in I was happy to serve for a third consecutive term. There were no nominations for the chair during that period in any case so I was happy to continue. However now in the spirit of the new amendment to the Constitution I am happy to let someone else to take on the duties as chair. And fortunately this year we do have a nomination for chair so it is all timed perfectly and I am very happy for that.**

**Finally I wish you all the very best health in the future and thank you for your wonderful support over the last three years.**

**R.George Newton**

**16th March 2022**