

Minutes PPG Meeting – date: 9.2.2024

Present:

John Goldring (JG), Debbie McCarthy (DMC), **Odeta Pakalnyte (OP)**, **Jonathan Deere (JD)**, **Joyce Salin (JS)**

Agenda to be discussed:

- GP practice update – Blood pressure monitoring in reception
 - PCN update
 - vaccination program – measles outbreak
 - Healthwatch visit
 - NHS survey
 - Surgery services
 - Next meeting 8 5 24 at 1:30pm
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JG: introduced himself as chair of the meeting and was happy to welcome new participants at the meeting.

OP: introduced herself as supporting GP practices and Patient group.

First item on agenda: GP practice update

DMC: confirmed that new blood pressure machine will be installed at the surgery and texts will be sent out to patients inviting them to come and check their BP.

Second item on the agenda: PCN update

DMC: explained that PCN is trying to organise a wide PPG meeting including the 7 practices in order to enhance services, an example is the blood pressure machines set up in the 7 surgeries. No formal format yet but anyone interested in participating at that meeting should inform DMC.

Third item on the agenda: MMR vaccination

DMC: confirmed high risk in London and Birmingham, Midlands area due to poor uptake of vaccinations. 1 case has been reported at the surgery.

NHS England has sent out a national campaign to encourage vaccination. The Elgin Clinic has 10 unvaccinated patients who have received texts and calls as reminder to book with 2 patients responding favourably.

JD: explained that London is going to be hit hard by the measles outbreak as vaccination rate in London is about 10% lower than the national average, the local area being one of the worst performing parts of London. Measles is a really serious and nasty condition. Some of the younger doctors have never seen the disease as the vaccine has been so effective, cases are bound to be missed because doctors have never seen it which is worrying. The diagnosed child at the surgery was extremely sick, and it had huge implications on the mum who works with vulnerable adults. The public health stopped her going to work until she had had all the necessary testing and proof of her antibodies.

In the wake of Covid, people's trust in vaccinations and in public health has dimmed. Flu vaccine uptake was also low most certainly due to mistrust of medical profession and politicians following the way Covid was handled by the authorities.

DMC: mentioned that before Covid, hesitations were present but cultural hesitations have not addressed and it got worse with Covid. One of the GPs is going to ring round and try but asking participants if participants have any ideas on that matter she would be happy to hear suggestions.

JS: Asked if there was any sort of incentive one could offer people.

DMC: Monetary incentive could be helpful but the problem should be sorted out for the long term as excuses given by patients have no basis.

JD: maybe proposed what the French and the Americans do in certain States whereas if a child has not been vaccinated, he/she is not eligible for State education, as it's considered a public health risk.

OP : shared the example of another PCN which invited community and maternity champions, linked to various communities along with health professional to educate the sceptics through members of their communities and their own languages

DMC: confirmed that in the past invitations had been sent for a meeting at the local Beethoven center but turnout was very poor. Suggested that another solution would be to go to nurseries and schools and propose vaccinations there with parents agreements.

JD: another way could be via popular culture, he gave the example of Jade Goody who died of cervical cancer provoking an huge uptake in smear tests.

JG: It is outside our control and it is down to government to step up.

OP: Talking amongst ourselves help to raise awareness, but bringing the issue to PCN wide would also help.

DMC: confirmed that despite offering weekend or evening appointment it made no difference to the uptake, so maybe joining with the 7 other practices might give a stronger voice or find further strategy to engage with people.

4th Item on the agenda healthwatch Visit.

DMC: not sure the reason for their visits which might be CQC related. The practice was very supportive during both visit. They were expected to come back the next day but only returned 2 months later unannounced. No report has come through yet.

5th item on agenda: NHS yearly national survey

OP: explained that NHS yearly national survey comes every year around January/February. A selected number of patients receive the surveys which can be completed via several media, paper, online, over the phone and via translators. Last year, 600 patients received the survey and 22% of them returned it. It is a low return rate but not unusual result all over the country. Patient should be encouraged to complete the survey even if they don't use the Gp practice as questions also relate to local services such as pharmacist, dentistry, etc. and ends up being a useful feedback too. The Elgin Clinic is doing really well in terms of patient satisfaction. She suggested that at the end of the year, the Ppg newsletter could inform patients to expect the NHS national survey

the last item on the agenda how does the Elgin Clinic advertise their services

DMC: confirmed that services mentioned on the website, on one to one basis and appear on waiting room screens but welcomes any ideas on how and where to spread the word.

JS: proposed a direct contact with patients.

DMC: PCN employs someone to assist the surgery in calling patients and help a member or staff who is also phoning patients. Advertising the surgery services could be added to their tasks and on the telephone answering machine.

She also explained that specialties are picked every 2 weeks, ie diabetics, mental health, etc.

Next meeting due on 8th of May 2024 at 1:30pm