

LYME BAY MEDICAL PRACTICE

MINUTES OF PATIENT PARTICIPATION GROUP ZOOM MEETING.

Date and Time: Tuesday 20th July, 2021 at 3.00 p.m.

1. Welcome and identification of participants

Present: David Hardman – Chair, David Edwards - Co-Chair.
Sarah Hill, April Boyle – Practice Managers
Pauline Frost, Angela Tucker, Caroline Powley, Caroline Aldridge, Shirley Williams, Elaine and Charles King, Christopher John Best (known as John), Chris Boothroyd,
Joanna Scotton – Secretary.

2. Apologies: Sally Holman, Penny Rose, Sarah Smith

3. Minutes of last meeting referred to. Matters arising as follows:

4. Gifts to staff leaving/retiring.

David Hardman informed the group that as well as Sally Cable, gifts and cards were also given to Jo Churchill, and Alison Robinson who retired as Practice Manager after many years of service.

5. Named G.P. – item postponed to next meeting as Dr. Forbes Watson is away.

6. Website Merger – it is generally felt that the Practice website is not very easy for patients to navigate. Dave Edwards has offered to work with the Practice to make the website more user friendly – a meeting was arranged between Dave Edwards and Sarah Hill on Friday 23rd July 2021 at the surgery to start the discussion. Charles King made the point that a good website can remove up to 60% of queries to the receptionists, so relieving pressure on staff. **Action: Dave Edwards, Sarah Hill**

7. Practice Report from Sarah Hill and April Boyle:

- (i) Success – the Practice came joint first out of all the G.P. Practices in Dorset, in the national Patient Satisfaction Survey.
- (ii) Issues concerning the alignment of Charmouth and Lyme surgeries following the merger are still being worked through
- (iii) The telephone systems have now merged – both phone numbers still operate but go into one. Calls will be answered by a member of staff at either surgery who will state where they are.
- (iv) Patients can state which surgery they wish to be seen at.
- (v) New clinical and admin. staff have been recruited to ensure there are enough staff across both practices, but there have been difficulties recruiting the right skill mix of clinical staff and all new admin. staff need training, adding to the pressures.

8. **How does the Practice support patients identified as carers?**

Chris Boothroyd asked how much patients know about what support is available to carers of all ages? There is little information on the Practice website and he felt the subject should have a higher profile.

April Boyle explained that the Practice has responsibility for identifying carers, and Dorset Council has responsibility for providing training for those carers. However, in reality resources are limited. Most carers need respite care, but sadly there are not enough funds available. There is a carers' information leaflet, and pre-Covid some training was available, but currently all the Practice can do is signpost carers to e.g. Social Services if adaptations are required. Carers are also offered a health check. Caring responsibilities are recorded in patients' records as a key entry, so being a carer is flagged up on notes.

Pre-covid there was a support group as well as self-help groups in the area.

Chris registered as a carer 3 months ago, but has been surprised at the lack of follow-up.

He asked if the Practice followed NHS England's framework of quality markers for supporting carers? This has low-cost, low-time suggestions. It also states that there should be a G.P. strategic lead for carers, as well as a named operational person.

April explained that an admin. person is the carers' lead for both surgeries, and keeps the carers' register up-to-date and sends out information e.g. about Dorset Council training.

John Best asked what responsibility/involvement the Education Department has in respect of young carers?

April offered to investigate this.

Action: April Boyle

John also suggested liaising with Dorset Council – April offered to contact Sheila Biddicombe, Carers' Case Worker at Dorset Council

Action: April Boyle

9. **Type 1 Opt Out – sharing patient information.**

Caroline Powley had been sent a link to an article suggesting the government is in the process of possibly selling our G.P. medical records. If we wish to opt out, we need to do so by 1st September this year, via what appears to be a very complicated process. How many patients know this?

April explained that this has been in place since 2013 and was advertised within the Practices some years ago, since when many patients have indeed opted out. However, it seems that the media have suddenly decided that there is an imminent sell-off of personal medical information.

When the sharing of patient information was introduced, Practice staff were told that the collecting of information is anonymised i.e. no name, address, date of birth is retrieved from the system. The information is required by the government for planning of future services and research processes.

The anonymised data sharing is not to do with patient care, so if you opt out, it will not interfere with the care knowledge available e.g. if you are suddenly hospitalised and staff need to know if you are allergic to penicillin.

If patients want to 'opt out', so their data is not shared, they need to fill in a form which is available from the surgery, or on the website, or can be googled. The form is then scanned into the patient records, and the patient is re-coded as an 'opt-out'.

Sarah Hill said the surgery brought the topic to the attention of a lot of young people via Facebook, and suggested also publicising it via the 'Lyme Regis Noticeboard'.

Action: Sarah Hill

IMPORTANT! *The above discussion has been overtaken – day after the meeting Chris Boothroyd forwarded the following information and the letter in the link sets everything out very clearly:*

"In a letter dated 19 July 2021, the Parliamentary Under Secretary of State for Health and Social Care, Jo Churchill, set out a new process for commencing data collection, moving away from a previously fixed date of 1 September.

[Read the letter.](#)

10. Volunteers – central database/consent to share email addresses

Caroline Powley may be able to assist the Practice by co-ordinating volunteers, who could be needed for a variety of purposes e.g. supporting the roll-out of vaccinations. This raised the question of having access to PPG members' email addresses, in view of the General Data Protection Regulations, particularly as 31 Charmouth patients are on the PPG member list, as well as 11 Lyme patients.

Joanna suggested emailing the membership to ask (i) if they agree to share their email addresses and (ii) if they would like to be on the list of volunteers.

Action: Joanna Scotton

11. Patient experience of Covid

Caroline Powley described the Covid experience of her husband and herself, after being doubly vaccinated – a short sharp two days for her husband, but much longer for herself. Covid was contracted from their granddaughter, despite all three of them testing negative prior to meeting together.

Test and Trace, as well as the surgery, offered excellent support.

Dave Edwards asked if the Practice is seeing people with Long Covid, and if so, is there a Long Covid service to which they can be referred? Sarah replied that there are not many Long Covid cases at the moment, but new Covid cases are increasing, particularly in younger people.

Pauline Frost asked if there is any regular testing for antibodies? Two members of her family have been doubly vaccinated, but whilst one has antibodies, the other has none.

Caroline Aldridge stated that she has been invited to participate in an antibody research programme.

April responded that it is emerging that not everyone who has been vaccinated has antibodies. She reassured the group that research studies have shown that in many people all antibodies disappear after vaccination (and this does not just apply to covid). However, this does not mean that you will not be covered by the vaccine, should you contract Covid – evidence shows that if you are exposed to the virus again, the body ‘remembers’ it has been vaccinated and goes into action accordingly. Studies also show that if you have had two vaccinations, you will be less ill than if you had not.

12. **Communications from Jim Gammans**) In view of time constraints, David Hardman
13. **Enlarged PPG issues**) recommended postponing these items to the next meeting.

14 **Any Other Business**

- (i) **David Hardman said the arrangements for Dementia Care changed** in April this year – there is a new set of protocols. He offered to find a speaker to come and explain to the group how the new system works. **Action: David Hardman**

(Chris Boothroyd has since confirmed that Jane Austin, lead officer at the CCG for Dementia Support and Care, is able to attend our next meeting in September to brief us on the new arrangements.)

- (ii) **Discussion followed about the format of future meetings and venue**, in view of the large numbers of the merged PPG. It could be difficult having a meeting with a speaker as well as discussing a busy agenda. Evening meetings should also be considered so working people or those with day time commitments are not excluded.

It was suggested that one way forward would be to hold core group meetings to discuss the ‘business’ side of things, with wider meetings with an invited speaker open to all patients of the practice. The latter would impact on the choice of venue. Woodmead Hall is one possibility, with the Football Club the more favoured venue in view of the free car parking. Caroline Powley kindly offered to explore venue possibilities before the next meeting. **Action: Caroline Powley**

Date of next meeting - Tuesday 21st September, 2021 at 3.00 p.m.

Venue to be decided.

Minutes – Joanna Scotton

