

Brighton & Hove PPG Network meeting

Notes and Actions

Date: Thursday 20th January 2022

Time: 1.30pm – 3.30pm

Location: Virtual Join Microsoft Teams Meeting

Present:

Martyn Yeats - Chair

James Hatch - Brighton & Hove CCG Public Involvement Officer

Frances McCabe – Healthwatch Brighton & Hove

Kevin Katner – East Sussex PPG Steering Group Chair

Lilly Kennard – Brighton & Hove CCG Public Involvement Manager

Clare Potts - Public Involvement Team (Interim) – Note taker

Steve Cribbs – Practice Manager – Links Road Surgery

Susan Carnochan - Woodingdean

Henriette Hardiman - Beaconsfield Villa Surgery

Maureen Copelin – Portslade Health Centre

Lloyd Ungood – Trinity Medical Centre

Val Cane – Park Crescent Health Centre

Maureen Copelin – Portslade Health Centre

Robin Guilleret – Regency Medical Centre

Sharon Lyons – Portslade Health Centre

Mark Richardson – Preston Park Surgery

Sunita Shier - St Peters Medical Centre

Susan Crouch – PPG Network Member

Guest speakers:

Charlotte Rogers - Long COVID Programme Manager

Barbara Rayner - Head of Long Term Conditions programme at Sussex Health and Care Partnership

Apologies:

None received

Item ref	Item description	Action Number
1.	Welcome and Apologies	
1.1	Apologies and welcome	
1.2	Declarations of conflicts of interest None declared.	
2.	Last meeting updates	
	<p>Action points:</p> <p>Actions 1 and 2 are ongoing: Provide access to reports, which might routinely be shared with GP Surgeries and current causes of pressures in practices.</p> <p>Action 3: To be picked up in toolkit discussion item 4 (descriptions of practice roles).</p> <p>Action 4: Information about GP/other clinician work during the pandemic – Complete?</p> <p>Action 5: Complete – sharing of primary care communications strategy</p> <p>Action 6: Ongoing: What charities are doing for people with chronic conditions at PCN level. Start with West Hove Health Forum.</p> <p>Action 7: Ongoing: CCG to produce some communications headlines that will reach a wider audience. LK/JH to contact Laura Robertson.</p>	
	<p>Matters arising:</p> <p>None declared.</p>	
3.	NHS Long Covid Services	
3.1	<p>Presentation</p> <p>The presentation described the main symptoms of Long Covid (breathlessness, fatigue, cognitive issues and return to work. Referral is via the GP to ensure any symptoms are checked for potentially having another cause. There are four pathways depending on severity, going from an app or self help advice, to specialist care at the more severe end of the spectrum. The referral rate is going down, which is cause for concern if it is caused by barriers whether integral to the service or due to other perceptions, for example in protected groups.</p> <p>Q&A</p> <ul style="list-style-type: none"> - Could the experience of providing this service help with other post viral syndromes? This was acknowledged as a good idea for an area of healthcare (that can be difficult to refine). - Could the referral route be extended to include other professionals such as social prescribers/link workers or even self-referral? Other health professionals can refer. It is important to rule out other 	

- pathologies before referring in. However, widening the referral route could be explored further.
- Could 111 be used?
 - Might the downward trend of referrals be due to GP capacity? The assessments take two hours so is this causing any resistance?
 - Could a team be put together to do these as is happening in Hove for blood pressure and health checks.
 - Might the middle aged profile of people accessing be due to not being at work as much/having the time to ask?
 - There may be people who do not want to bother their GP who are then not getting the help they need.
 - How can we get the message out when we are not based in practices? Practice websites could provide Long Covid information, self-help tips, advice on when to see a GP plus link to SCFT website
 - Most people recover.
 - The waiting time is proposed to be 6 weeks.

Actions: BR to share the PCASS referral form for information.

BR, CR and LK to follow up with providers to get some patient case studies, to help the public understand the service and what it can achieve for patients.

This may also help create an expert patient group.

4. **NHS CCG System Updates**

- 4.1 LK: Covid 19 infections may have peaked although this is not certain. Hospitals are managing well. One hospital under pressure because of staff sickness has managed to share staff. The message that A&E is for an emergency and 111 is the first port of call is being emphasized currently.
- There were vaccination walk-ins at the Brighton Centre and racecourse this week and also ambulance pop-up sessions around the city. The CCGs are trying to understand the drivers behind people (why now?) getting second vaccinations to help shape communications to encourage others.
- 70,000 people in the city are unvaccinated. This includes women of reproductive age and pregnant women. Ethnicity and areas of deprivation have lower rates also
- People are presenting later for cancer treatment, possibly due to GP capacity.
- Younger people are more reluctant to get a booster so we are making sure people are informed and know where and who to ask any questions to. They have the opportunity to ask at the vaccination centre as there is always someone available to talk things through.
- Hesitance can be because of needing to travel to a centre, or anxiety. The CCG is looking for discrete ways of being in touch with groups of people who value privacy. If anyone at this meeting hears about someone struggling to access their vaccination please let us know.

	<p>The question arose about universities. LK reported low uptake around Chinese (Mandarin), including students. To counter this there have been popups at the university at least once per week.</p> <p>Steve Cribbs – Practices are being paid to do outreach, to reassure patients etc. His practice hopes to see an impact in the next couple of months. People may have specific reasons why not, by now. These are difficult to convert. It is common for under 65's not to have flu jabs and they may see this risk alongside Covid. Vaccination fatigue possible. Cribbs thinks activity drop is temporary and he expects it to go higher as things are picking up already. BJ telling people Covid is over may see the media return to "GP bashing."</p>	
5.	<p>Primary Care Engagement Model</p>	
	<p>Presentation:</p> <p>Primary Care Engagement Model</p> <p>They explored the strategic approach to patient and primary care engagement. In addition to increase participation by using assets, as in groups of people known to the practice/PPG: (Community and voluntary groups etc). Also, how to reach them.</p> <p>It demonstrated how health issues can be addressed via sharing information on self-care and patient interest groups.</p> <p>The PPG toolkit –has been presented to primary care and PCNs.</p> <p>PPG reps can use as an aid to discussion</p> <p>* LK will feed back where it was presented.</p> <p>MY There is already a PPG toolkit and very helpful. LK said this will be a developing tool. Perhaps we should call it something different.</p> <p>MR: practices need concrete examples of where GP's have benefited from working with PPG's.</p> <p>EG: Such as the occasion when ear syringing was not going to be funded any longer and patients pressure reversed this.</p> <p>It is important that PPGs do not become a complaints forum. SC said there is a complaints forum for when services are not good. If patients are not happy, practices can be tough places for staff to work. Good patient satisfaction is important.</p> <p>SL was concerned about the timescale to launch the toolkit. Might have to be a step back to launch in effective way.</p> <p>MR asked if the toolkit creation involved patients, GP's and practice managers. Action: LK will take this back.</p> <p>SC concerned Covid vols will disappear – these people need to be encouraged to join a PPG.</p> <p>Action: LK take as an action to promote PPG's more widely.</p>	

6.	Round-table updates from PPG members	
	For the next meeting	
7.	Any other business	
	Date of next meeting: Thursday 28 th April 2022, 1.30pm – 3.30pm	