PPG Meeting Minutes

Meeting	PPG Meeting
Date and Time	19th February 22 12-1pm
Location	Teams

Members Present

Name	Site/Organisation
Dr Ujjal Sarkar	PCN Clinical Director & MHP Lincoln Road Medical Practice Partner
Dr Tathagata Sadhu	Clinical Pharmacist Lead GP & MHP Southbury Surgery Partner
Sarah-Jane Hope	Enfield Unity PCN Operations Support Officer
Amna Syed	Senior Public Health Intelligence Specialist
Mark Tickner	Health Protection
Janice Downing	MHP - Forest Road Group Practice Chair
Colleen Sterling	Nightingale House Surgery Chair
Susie Shaw	Cockfoster Medical Centre Chair
Stephanie Jacobs	Oakwood Medical Centre Chair
Frances Halliday	Oakwood Medical Centre Chair
Suzanne Truttero	MHP - Alma Road Medical Centre Chair
Martyn Axon	MHP - Alma Road Medical Centre Chair
Christine Williams	MHP - Connaught Surgery Chair
Nigel Rawcliffe	MHP - Forest Road Group Practice

Apologies

Name	Site/Organisation
Maria Christoforou	Lincoln Road Medical Practice Chair
Thomas Devine	Oakwood Medical Centre Chair

Item	
1. Welcome	Sarah-Jane started the meeting. There was a round of introductions.
2. PHintelligence	Colleen: Regarding the range and scope of adverse side effects, including deaths after taking the vaccine and booster Jabs. At time of last report, we know that around 149,000 across the UK have died within 28 days of a positive covid test. The vaccine is the single most effect way that we know of to reduce death and illness. However there have been suspected adverse reaction to the vaccine, about 122,000. There have been some reported adverse reactions that is sited on the GOV website and Medicine and Healthcare Reports Regulatory Agency. We should be able to report to the Yellow Card scheme which is not very well publicised. Have we got local data on how the vaccine is fairing in this locality and the 5 cohorts?

	Mark: We have information on the difference in normal adverse reactions and more significant adverse reactions to vaccination. We have saved that on a national level. Amna: Unfortunately, we don't have granularity down from the national level. When that data becomes available, I will pass it onto the group. Mark: In the context on deaths due to adverse reaction to the vaccine that can take a long time to determine. We started the vaccination program just over a year ago. A lot in terms of the incidents of adverse reactions is only becoming clear quite recently. Mark shared a powerpoint presentation: - UK Health Security Agency is one of the two bodies which replaced Public Health England. They regularly publish 2 useful documentations about about vaccinations, one is the Information for Healthcare Practitioners and the second one is The Green Book which is all things covid but specifically the vaccination programme. (Link to these in presentation) - There are similar "Normal" vaccine side effects between Pfizer, AstraZeneca and Moderna. - There is a link between AstraZeneca and TTS. They are working on a modified version which should eliminate this issue. - There is an AstraZeneca nasal spray going into trials from May. I understand vaccine hesitancy, but the vaccine needed to be rolled out since it was a global health emergency. Merging technologies and techniques are much safer than passing generations. It is still on us to say there are problems and give you answers. It is still worth having the vaccination and worth running that small risk of adverse reactions compared to the effects of having the corona virus. You're more likely to have clotting disorder if you are infected with Covid. Colleen: Thank you Mark on that insightful and easy to understand presentation. According to the Medicines Healthcare Products Regulatory Agency, you reported on 11 capillary Leaks Syndrome, and they are reporting 16, they also reported on issues around menstrual cycle disorders, anaphylaxis and what about the number of deaths? Mark: I didn't find information around death. Regarding anaphylaxis, this is a risk with any vaccination. As you remember from previously, the waiting time after the covid vaccination was cut from 10 minutes to zero. As chances of anaphylaxis from these vaccines are so much lower than previous vaccines, that is because there are no animal products in the covid vaccine. All vaccinations must have a manageable risk because we are provoking the body into a reaction. One of the things about deaths due to vaccinations reactions depends on things like coroner's courts to say there was a link. The state warrants their safety and will compensate anyone who does has an adverse reaction and can demonstrate they have had loss.

3. Structured Medication Reviews	Tathagata: I am a GP and work at Southbury Surgery - MHP. I look after the Clinical Pharmacists. According to NHS England's 5 Year Forward View, the plan is to help GPs with qualified clinical pharmacists to work in Primary Care along side them. Pharmacists looking at wide range of things like medication reviews. At Enfield Unity we have a strong team of 20 clinical pharmacist working across practices to support the practice team, to ensure safety around prescribing medicines and looking at long term conditions. Research from hospital admissions show 1 in 8 people admitted to hospital is due to an adverse drug reaction to medication they are taking. Which is where the idea to look into this to help reduce it, and the concept of structured medication reviews came from. Tathagata shared a presentation. We must look at a patient as a whole, if they need to come off certain medication and see what is suitable for long term. We consider side effects, lifestyle such as smoking or drinking and effectiveness for chronic diseases such as asthma and diabetes. The practice will contact the patient to do an SMR, so it helps to pick up risks much earlier. We are trialling focusing on patients on 10+ medicine, patients in care homes or patients over 75 as they were the ones have the adverse drug reactions. We have trained our senior clinical pharmacist to do SMR in a standardised way and work with the sites and GP colleagues to do this. Suzanne: When do patients know when they're having a structured medication review and are you aware of any operational issues for patients on how they obtain their medication? Tathagata: Patient will be contacted and informed that they are booked in for an SMR with a named pharmacist. For Care home patients, their Care Home managers are informed. Suzanne: The review date on the prescription, that is different from the SMR? Tathagata: EMIS automatically generates medication previews every 12 months which appears on the prescription. Suzanne: Who makes the decision on who has an SMR, pharmacist or GP? Tathagata: We follow the cohort of patients over 75 and on more than 10 medications. The biggest challenge is training a pharmacist to do SMR's in a more holistic way. We have consultants giving talks and training with a network of pharmacist across NCL. It takes 30/40 mins to do one SMR, so

	it is resource intensive, which is why we are focusing on patients which are more in need. Suzanne: Can a patient request an SMR? Tathagata: We currently only have 5 pharmacists trained to do SMR's, so if a patient request one at a site where there is no trained pharmacist it can't be done. Plan for 2022 is to up-skill another 5 pharmacist. Then hopefully all pharmacists will be trained. Ujjal: This is something that is initiated by the clinical team, not patient generated initiative. If a patient has had a review and is not happy, they can ask it to be redone or if they patient is within the cohort mentioned and want to know when their will be done, that is also fine. Suzanne: I have requested the repeat prescription policy from my surgery which is an MHP site, but they have not got back to me. Ujjal: I will investigate and get that to you. Colleen: Why wait till the patient is 75 and after they have taken these medications for decades? We are missing out on a phenomenal initiative which could start 30 years earlier. Ujjal: The cut off age is set my NHS England, we don't have much say. Tathagata: Department of Health are looking at resources and allocating it, because there are limited resources, they felt based on the studies they have done, if they aim for 75 that will have the maximum impact. Going forward as more people are trained the age may come down. There are no points getting it done by someone who is untrained. Stephanie: What is the policy on home visits? Ujjal: Each practice is different. Home visits are done on a case-by-case bases. The clinician will phone the patients and first assess if they need a home visit, then maybe refer them onto a community team.
4. Covid Boosters	Ujjal: Boosters are ongoing, and we all need to have it. There is plenty of access in Enfield via GP practice sites, pharmacies and most of them are walk in and 7 days. There is a downturn in activity since Christmas. 60/70 thousand patients in Enfield who haven't had a booster. There are still 100,000 patients in Enfield who haven't had the vaccine mainly in the Eastern part of Enfield. That aligns with deprivation, we are working on equality and vaccine hesitancy in these parts.
5. Increased pressures in General Practice and Hospitals	Ujjal: General practices up and down the country are no different, its under serious pressure. Enfield is not in a bad place because in other parts of London there are GP practices that are having to focus on covid vaccination and may not be delivering the type of access to primary care

	that they would have done before. In Enfield the vaccination services are stand alone, they're not impacting on access to general practice. We are finding that the hospitals are seriously backlogged, so if you are referred for routine appointment with a cardiologist or dermatologist for example, the waiting time is months on end. A lot of patients are phoning general practice and wanting to book an appointment with a clinician to discuss a referral made a couple of months ago. Unfortunately, this is creating pressures in primary care, which means that people who need a GP appointment can't get one and maybe those patients are then going to A&E. GP practices don't have any influence on those referral appointments. Other pressures are the number of staff getting Covid and having to isolate. The program on the Covid vaccination if you work in the NHS, we have a significant number of staff who have not had the vaccine. After 1st April these staff can no longer work in the NHS if they are not vaccinated. General practices in Enfield are open, they have face to face appointments and dealing with acute medical conditions, but we do have backlogs in our long terms condition reviews. We are working hard to do those. Colleen: Can this be a resident item on the agenda.
6. AOB	None