

The Grove Patients Group  
Sherborne  
Minutes  
26<sup>th</sup>.May 2021  
5:30pm  
(Meeting conducted via 'Zoom')

**Present:** David Bartle (Vice Chair) **(DB)**; Dr Rob Childs **(RC)**; David Crothers **(DC)**; Gill Foott (Engagement and Communications Coordinator [PPGs]) **(GF)**; Tony Gordon **(TG)**; Alex Kimber (Managing Partner) **(AK)**; Roger Marsh (Chair) **(RM)**; Vicky Morland (Social Prescriber) **(VM)**; Arabella and Emily (Sherborne Girls – students).

**Apologies:** Joan Cooper **(JC)**; Bruce Duncan (Chair – Apples PPG) **(BD)**; Tony Meehan **(TM)**; Alan Woodward **(AW)**; Vicky Russell (Social Prescriber) **(VR)**;

**1. Previous Minutes – 14<sup>th</sup>.April 2021**

**a. Matters arising:**

**i Coordinate Apps for Sherborne Girls students project:**

In the absence of (TM) it was known that this action had been completed in discussions with Mrs Amanda Mackintosh.

**Action: CLOSED**

**ii Health related project – Sherborne Girls students:**

Both Arabella and Emily presented the meeting with an extremely full report of their investigation into the use of patient/GP digital technology Apps and their use by younger people. This centred mainly around the application of eConsult. Following the presentation the members of the committee expressed their appreciation for the work conducted by the students which was considered to be of a very high standard.

(See Appendix 'A').

**Action: PPG MEMBERS TO REVIEW**

**lii NHS App – Practice website note:**

Investigation had shown that the Practice website was adequate in its explanation in that it stated *'If you have any issues using or downloading the App, check the NHS App help and support page'*. **Action: CLOSED**

Note: The queries that the Practice have received regarding the NHS App mainly relate to the fact that patients cannot find details of their Covid vaccinations. However, investigation has shown that this was due to the fact that they had not received their vaccinations in this country.

**iv Identify Military Veteran Patients:**

It was explained that the method of identifying patients who were military veterans was ongoing. However previously there had been a question placed on the flu clinic forms that were completed by patients.

**Action: ALL TO NOTE**

**V Organise Newsletter Group meeting:**

(RM) reported that meetings were organised and held on 22<sup>nd</sup>.April and 20<sup>th</sup>.May prior to the issue of the Summer 2021 edition of the newsletter.

**Action: CLOSED**

**vi Send Covid vaccination update to local media:**

In the absence of (TM) it was known that this action had taken place.

**Action: CLOSED**

**2. Practice Update – AK/RC**

**a) General Update:**

(AK) reported that there were a couple of staff vacancies, one to recruit an administrator to help with PCN work and another to replace the medical secretary who is retiring. Nursing time has been a problem and the Practice has had to get help by using 'bank nurses' on a temporary basis. There is a general problem in being able to recruit nursing staff. (RC) gave an update on the very high workload that the GPs and other medical staff were experiencing as the Covid lockdown was being eased. He stated that this was a very serious national issue and that locally there was a 10% increase in activity to that which was experienced pre-Covid.

A lengthy discussion ensued relating to the aspirations of patients regarding the services provided by the Practice. It was felt that patients in general did not realise the extent of the demands that were being made on the Practice and that maybe the message put out by Dr Middle contained in the newsletter could have better illustrated the fact by giving some examples, such as an increase in patient daily requests for appointments that were received more than those normally received pre-Covid etc. In addition it was felt that patients did not understand the message regarding looking after their own health, this applied particularly to younger patients who wanted an instant solution to their health problems. The Chair requested that if members had ideas on how information relating to the problem could be better phrased then they should forward it to him for future consideration.

**Action: ALL TO NOTE**

**b) Covid-19 Vaccination Clinic:**

Firstly (RC) stated that the Covid vaccination clinics run by the Sherborne Area Primary Care Network were going very well. It was planned to hold a further two clinics on the 28<sup>th</sup>. and 29<sup>th</sup>.May at which over 3000 vaccinations would take place and these would complete all the vaccinations for those patients who were over 50 years of age. On the 5<sup>th</sup>.June a further clinic would be held at which it was anticipated that everyone between the ages of 18 and 30 would receive a vaccination. This would then complete the majority of the first dose, however there would be some smaller clinics in June/July period to finish off.

**3. Armed Forces Patient Participation Involvement Group:**

(RM) reported that he had circulated a draft copy of the proposed directory 'Military Veterans and Family Health' for comments.

It was also the intention of the PPG to establish an 'Armed Forces & Veterans Breakfast Club' in Sherborne and (TG) had carried out some initial investigation regarding a suitable venue. The purpose of the club was to

facilitate a venue where both veterans and serving Armed Forces personnel could meet face to face in a relaxed atmosphere to enjoy breakfast and a bit of banter. It would help those veterans who may live alone to overcome loneliness and it would give the opportunity to provide a platform in which health and wellbeing issues could be promoted.

(AK) stated that the PCN was going to receive the help of a link worker especially assigned to work with military veterans as part of a national pilot project.

Regarding the proposed directory, (DC) was concerned that it contained a lot of duplication relating to the services provided by various groups. He felt that it could be revised to eliminate some of this duplication. It was agreed that he would provide his concerns to (RM) for consideration. **Action: DC**

#### **4. PPG Activities Since Last Meeting:**

- PPG report made to Sherborne Town Council April meeting
- PPG yearly report made to Sherborne Town Council Annual meeting
- Attendance at the Apples PPG meeting
- Attendance at North Dorset PPG Chairs meeting
- Took part in PPG webinar run by Help and Kindness
- Took part in the Health Foundation webinar on social care
- RM & DB met with Laura Everett-Coles (Public Health Dorset) re orienteering

#### **5. Reports:**

##### **a) Yeatman Hospital – Friends of the Yeatman Hospital (FOHY):**

For update report see Appendix 'B'.

##### **b) Sherborne Town Council (STC):**

(RM) took part in the April STC meeting and was given the opportunity to make a presentation to the councillors on the Government's White Paper relating to the forthcoming Bill on Health & Social Care.

##### **c) North Dorset PPG Chairs Meeting Update:**

(RM) reported that he had attended the last meeting on the 19<sup>th</sup>. May at which an interesting presentation was made by Claire Downton-Jones on her work as Carers Lead at the Blandford Group Practice.

##### **d) Health Champions:**

(VM) stated that local health walks had started from the Paddock Gardens in Newland and these were now a regular weekly event, but more walk leaders were required.

She also stated that the Health Champions were investigating ways of identifying gaps in health related activities that were not already covered by local voluntary organisations. In addition Vicky Russell was talking to 'LiveWell Dorset' to determine how a greater awareness could be achieved of the fact that people could take up a free 12-week course with groups such as 'Slimming World' and 'Weight Watchers'.

Consideration was being given to holding a cancer awareness presentation from which a cancer support group could be set up locally.

e) **CCG PPG Lead Report:**

(GF) gave an update on activities across Dorset. She stated that as at the 24<sup>th</sup>.May 816,000 doses of Covid vaccine had been administered across Dorset which equated to 493,000 first doses and 323,000 second doses. To date 51% of the 30 to 39 year old age group had received their first vaccination. The period of time between first and second vaccinations for those over 50 years old had been reduced from 12 to 8 weeks.

In the BCP area the Covid rate was 7.8/100k with 31 cases as at the 18<sup>th</sup>.May and in the DC area the rate was 4.8/100k with 18 cases at the same time period.

The feedback from the PPG run Help & Kindness webinar was good and the results would be added to the PPG page on the Dorset CCG website.

Help and Kindness were investigating ways of communicating with those people who were not, or chose not to use digital means. They were looking at identifying the locations of community notice boards on which information could be displayed.

f) **CCG Public Engagement Group (PEG):**

(RM) stated that the next PEG meeting was scheduled for the 14<sup>th</sup>.June 2021.

g) **Sherborne Community Kitchen:**

See Appendix 'C' for an update on activities.

**6. PPG Projects:**

a) **Cancer Awareness:**

As previously stated by (VM), running a cancer awareness presentation was under consideration by the Health Champions.

**Action: ALL TO NOTE**

b) **Sherborne Orienteering Project:**

Both (DB) and (RM) had held a meeting with Laura Everett-Coles from Dorset Public Health to determine a way to progress the project of setting up an orienteering course(s) in Sherborne. Recently courses had opened in both Gillingham and Sturminster Newton. It was determined that approximately half the funding (c£500) could be provided by Dorset Public Health. The immediate action was to engage Sherborne Town Council in the project and an approach had been made through the Mayor Cllr. Hall.

**Action: ALL TO NOTE**

**7. Apples PPG Update:**

See Appendix 'D' for an update on the Apples PPG activities.

**8. Any Other Business:**

a) **Practice Newsletter:**

It was noted that the Summer 2021 edition of the Practice/PPG newsletter was issued on the 23<sup>rd</sup>.May.

**Action: CLOSED**

b) **Hospital Improvement Project 2:**

(RM) stated a presentation by Dorset CCG to Dorset Council's People and Health Scrutiny Committee on the project relating to future Dorset hospital developments had been made recently. There was concern regarding the proposals for the

Yeatman Hospital's future development. Furthermore a similar presentation was going to be made to the Friends of the Yeatman Hospital at their next Executive Committee meeting. It was felt that any proposals would require significant community involvement.

**Action: ALL TO NOTE**

**c) Health and Social Care White Paper:**

(RM) stated that he had been invited to give a presentation to the forthcoming meeting of the Friends of the Yeatman Hospital.

**d) Carers Booklet:**

(RM) said that he had obtained 70 copies of the carers booklet produced by Carers UK and was looking for the best way that they could be used. (VM) stated that she had discussed with Claire Pound – Carers Lead, the proposals for the forthcoming Carers Week and she felt that the booklets could usefully be used then. (VM) also agreed to talk to Ruth King – Apples Carers Lead to see if she could make use of them.

**Action: VM**

**9. Date of next meeting:**

**Wednesday 7<sup>th</sup>.July 2021 at 5.30 pm. via Zoom video conferencing.**

# Appendix 'A'

## PPG Report

### The Use and Accessibility of eConsult within the 16–17-Year-Old Age Group

For our project on eConsult, we have decided to focus primarily on the accessibility and use within the 16–17-year-old age group. The GP consultation function by eConsult is split into two main categories. There is a paediatric section for parents or guardians to fill out on behalf of a patient under 18, and the main section for individuals aged 16 and over. Therefore, for the purpose of this study, 16 was the minimum age of relevance as it is the minimum age to be able to use eConsult independently. The 16–17-year-old age group is extremely important to study as they are the next generation of adults and are just beginning to manage their own healthcare. In order to shape the delivery of healthcare for the future, we must be prepared to meet the needs of a technologically advancing world. This can be done through the identification of challenges associated with online consultation software according to young people, and proposing solutions/improvements in order to improve overall access to healthcare for all.

We undertook a survey within our school in order to assess the views of young people on eConsult.

The results showed that only 22% of respondents had previously heard of eConsult, and only 9% had used it. However, these figures include the results from the 18+ category, the majority of whom were staff members, and may therefore be registered with other GP practices. We separated the results into different age brackets (11-15, 16-17 and 18+). We then saw that, whilst 38% of the adults who completed the survey had heard of or used eConsult, this was only the case for 5% of 11–15-year-olds and 20% of 16-17 year olds. Furthermore, of the 56 people aged 16-17 who completed the survey, only 11 had heard of the service and of these only 1 had ever used it. This caused us to question why so few young people were aware of the many benefits of eConsult.

As neither of us have had any prior experience using eConsult, we trialed the demo version to see how it worked.

After exploring the eConsult site, it became apparent how difficult it was to submit a request as a 16- or 17-year-old. The main GP consultation section only allows adults over 18 to fill in the forms, as it will only proceed to the questions after filling in date of birth. Anyone under 18 is informed that they cannot fill in this form. There was no obvious explanation on the eConsult website as it stated that 16-year-olds could access eConsult for themselves. After further research outside of the eConsult website, we worked out how to submit a form as an under 18. It involves clicking the 'for my child' tab, before choosing the presenting complaint. Filling in the form after this point is very similar to that of the adult equivalent, however it makes sure the form goes through as a paediatric consultation. This makes using eConsult very difficult as a young person, with no obvious instruction as to how to submit a form. We think eConsult would be much more accessible if there was a specific button to click to direct 16–17-year-olds to the correct consultation form pathway. Another solution would be to offer another option on the 'paediatric parent referral' pathway to enable minors to submit their own requests.

Another element our survey focused on was patient satisfaction. We found that the average score out of 5 for the overall experience using eConsult was 3.81, yet in the 16-17 age range this was just 3. We also asked people about how easy they found it to fill in the online form, again on a scale of 1 to 5, and saw a similar pattern of results. Those in the 18+ category gave an average score of 1.36, but the 16-17 score was 1. These results showed us that, whilst overall people have had a slightly above average experience with the platform, they found the form difficult or lengthy to fill out. We wonder if the fact that eConsult is not easy for 16–17-year-olds to use is due to the extensive process that children our age must go through in order to submit their own form.

Although our main focus for this project was on eConsult, there are a number of other online GP consultation services that can be used in comparison. One question asked in our survey was if respondents had used any other online consultation platforms, and a range of answers were given, including askmyGP and NHS 111 online. These both vary slightly to eConsult, and each method is useful for different concerns. An eConsult form is submitted through the eConsult website, and the name of the patient's GP practice is inputted early on in the questionnaire. Most GP practices that use eConsult, including The Grove, have a link to access this directly on their website. However, askmyGP consultation forms can only be accessed through the individual practice website. The NHS service is entirely separate from GP practices, and anyone can use it to immediately get advice. One benefit is that it is available at all hours of the day, unlike eConsult, where people can only use it if their surgery is open. It also provides instant feedback, and can advise people to either contact their GP or, if necessary, go to A&E.

Currently doctors at The Grove respond to eConsult queries through AccuRx, instead of solely using eConsult to contact the patient. This allows them to send one-way SMS messages and monitor patients through simple structured medical surveys with Floreys. With the AccuRx Plus package, they can securely send documents to patients, allow patients to send one-off replies or attach photos, use triage forms much like the one offered by eConsult, and use video consultation, all with the same software package.

AccuRx Lite is free to all medical practices, and the cost for the Plus package is, if being purchased by the practice or PCN, £0.75 per patient for less than 15,000 patients, or £0.61 for between 15,000 and 90,000 patients. Information for if a CCG is purchasing the package isn't available on the website.

In contrast, eConsult costs £0.30 including VAT per patient. Considering that The Grove has around 13,000 patients, the overall yearly cost for eConsult is approximately £5850 cheaper than AccuRx would be. We must take into consideration that this is a significant amount of money which could be spent on improvements to various areas throughout the practice. We were unable to find the cost of askmyGP.

There are a number of features listed on the eConsult website which will have been implemented by the end of April 2021. These include SMS messaging to allow doctors to communicate more easily with patients, video consultation, and the ability to voice call a patient's phone via a desktop. In light of the pandemic we have seen a number of things moving online or increasing online availability, and these features should broaden accessibility to more patients. The Health Service Journal Awards' judging panel described eConsult as future-focused, clinically-led, evolving and responsive to patient needs.

Overall, we think that eConsult has the potential to benefit many patients in the future. With constant advancements in technology, eConsult and similar platforms will play an increasingly

important role in management of the health of the population. However, we think that there are some major improvements to be made in order to increase popularity. On behalf of young people, eConsult is unsuitable in the current format. Clearer instructions as to how to submit a request as a 16- or 17-year-old must be implemented.

Of the 171 people who responded to a question about whether they would prefer to book a GP appointment the traditional way, i.e., directly through the practice, or use an online consultation form to determine the most appropriate course of action, 71 said they would prefer the online form but a majority of 100 respondents would choose to book an appointment directly through the practice. This showed us that whilst many people are open to the idea of using eConsult, the awareness around it and the ease of filling in the form is currently not enough. Therefore, we come to the conclusion that while eConsult is extremely useful for people who are unable to physically attend the practice, the development of the software has not yet reached the point where it is everyone's preferred first point of contact with the GP.



# Appendix 'B'

FoYH Report to the Grove PPG 26<sup>th</sup> May 2021

Apologies to the meeting as I am unable to attend this evening due to family matters. Which I am pleased to say are not serious, simply time sensitive and expecting my presence.

Main activities since the last meeting for the Friends can be summarised as follows:

## **Funding**

At a recent meeting of the Friends of the Yeatman Hospital Trustees a budget of £18,000 was set aside to cover the purchase of three essential pieces of new equipment; a SKY-CLIMBER stair climber, a HoverJack bed for District Nurses' home visits, and a Derma light 80 MED- Tester UV skin treatment for the Physiotherapy Department. In addition, a further sum of £2000 was allocated to the District Nurses to cover unforeseen ancillary costs for a period of 2 years.

Sherborne's Covid Champions - For more than 12 months, since the start of COVID pandemic, Sherborne rose to meet the COVID challenge thanks to the tireless work and commitment of hundreds of volunteers. Starting with the sewers, who produced thousands of much needed PPE masks, through to frontline healthcare workers, doctors, nurses and clinicians, at the Yeatman, the Apples, Grove and Yetminster surgeries, and nursing homes. We must not forget the Patient Groups or the Sherborne Kitchen, members of Sherborne Chamber of Trade, Chris Loder MP, Sherborne Town Council staff, plus countless members of the public who for months have volunteered to manage the Digby Hall vaccination centre, managing patient flow, registration and car park management.

## **MIU**

DHCT have confirmed the reopening of the MIU next month

## **Future of The Yeatman**

As part of the ongoing review DHCT have confirmed they have no intention to sell the Yeatman and are in discussion with the strategic partners and stakeholders to plan future healthcare services to meet the needs of future generations.

## **70<sup>th</sup> Anniversary**

On the day

I am pleased to say arrangements are progressing – and subject to COVID restrictions there will be a reception at Castle Gardens on the birthday – 26<sup>th</sup> June – an invitation list is being prepared ahead of the Friends Executive meeting next week.

Sherborne Castle and Oak Fair are two venues under consideration to engage with members of the public – these will take place in 2022

All Sherborne schools – senior and junior are engaged with the anniversary and building plans for the school year 2021-2022.

The Friends Spring Summer Newsletter This issue was published in the May edition of the Sherborne Times.

Tony Meehan

Chair

Marketing & Communications Team

Friends of the Yeatman Hospital

# Appendix 'C'

## **Sherborne Community Kitchen Update**

(Data 18/1/21 - 30/3/21):

### **1. Customers and Beneficiaries**

Sherborne Community Kitchen operates in Sherborne and surrounding villages-roughly the DT9 area. January saw a peak in numbers (both customers and beneficiaries) in response to 3rd lockdown with a large take-up of meals due to many families joining through the "free school meal scheme" we have been providing (with **large new families** joining us). This has had an impact on numbers of meals going out daily.

Number of meals: **3590**

**Meals to Customers (approx): 2298**

**Meals to Beneficiaries(approx): 1292**

### **2. What's Going Well**

2.1 Despite the recent easing of lockdown restrictions customer numbers remain steady.

2.2 The relationship of the Community Kitchen with Health is a real benefit. 70% of beneficiaries referred to us for free meals are done so by GP's and Social Health Prescribers at the Grove, Apples and Milborne Port Surgery.

(Beneficiaries are also referred to us by Sherborne food bank, the Yeatman Hospital, the CMHT, Dorset Women's Refuge as well as a small number of self referrals).

Additionally, if our friendly callers speak to a client or delivery drivers find a client struggling or in physical distress, or we have a wellbeing concern, we can raise this immediately through our PCN with the relevant surgery to arrange a call or home visit. We feel that together we create a "a wellbeing blanket" around the client.

2.3 MP Chris Loder recently volunteered at the Kitchen and was impressed with its operation. Photos below show( left to right) Packers at the hall, Chef Adrian delivering meals from the Boys School, and Chris Loder helping out at the Kitchen one busy Friday. PPG members are more that welcome to come along and join us for a morning any weekday.

2.4 Exciting new developments mean that the Community Kitchen has the ability to *expand its operations after the end of lockdown on 21st June* - another update at the next PPG meeting!

### **3. Where do we need help?**

We are looking for more Volunteer Callers who can spare one hour from 10am-11am just one or two mornings a week to simply call clients, check on their well-being and offer a choice of meals. Volunteers calling from home can really make a difference to vulnerable and often very lonely people.

Volunteers are issued a charity mobile phone and would need to enter meal choices onto an electronic form, so owning a computer/iPad or similar would be helpful.

We would love some more help! Please call Jill or Harry on (07561) 067381 for a further chat.



Jill Warburton  
Sherborne Community Kitchen

Sherborne Community Kitchen is a charitable incorporated organisation charity no:1190451

# **Appendix 'D'**

## **Report to the Grove PPG meeting 26<sup>th</sup> May 2021 from the Apples Sherborne - Patient Participation Group**

### **Introduction**

This report to the Grove PPG meeting gives details of the most recent activities conducted by the Apples Medical Centre – Patient Participation Group (PPG).

On the grounds of both patient and personal safety, especially regarding the most recent Covid-19 lockdown requirements, the PPG has maintained the prudent approach to continue meetings by mean of Zoom video conferencing. However after our last PPG meeting (10 May 2021) we will hold our next meeting face to face.

### **Ongoing Activities**

Apples issued its Spring 2021 Newsletter to patients which was well received.

The PPG has worked with The Grove and FOYH, and directly lobbied our MP Chris Loder, and we are pleased to learn that the Yeatman hospital MIU will reopen on the 21<sup>st</sup> June 2021.

Work is being undertaken to find the facts arising from a presentation given to Dorset Council (People and Health & Scrutiny Committee) on the 20<sup>th</sup> April 2021. This concerns the future of the Yeatman Hospital, and possible £18.5m of investment, by the NHS who have completed a Business Case, but little is known of the specification of the work or services they say are to be delivered. It was last considered in October 2017 with a poorly presented meeting, in the Digby Memorial Hall.

The PPG Chair has taken part in a response to the Dorset Council Local Plan consultation, trying to ensure that with 1400 new homes in Sherborne until 2038, that there is sufficient land reserved for medical centres/surgeries/ hospital and infrastructure.

The Chair attends apart from this group, The Grove PPG meetings, Vaccination clinic's support, and the health care stall at Sherborne Sunday N Market on 16<sup>th</sup> May 2021.

The PPG is to reset its format in the Autumn 2021, and has now another 3 patient members. Dr Dom Parsons will be the link with the Practise and he has been warmly welcomed, indeed he attended the last meeting on the 10<sup>th</sup> May 2021. The Minutes of that meeting are on the Apples web site.

### **Practise Update.**

The work load is very high and demand has not decreased. To meet that new rota's to reflect more day appointments has been in place and is working well.

All departments are now fully staffed, with a new Nurse, Administrator and Receptionist. E-consult is working but with a slow take up and is not available at weekends. The COVID-19 vaccination clinics are given full support by the Practise.

There will be a push as soon as possible to involve more patients in the PPG, but this is ongoing along with the ability to connect with patients who do not have I/T skills or service. It is noted that research is being undertaken by Dorchester Hospital research dept. on this topic.