

The Grove Patients Group
Sherborne
Minutes
19th.January 2022
5:30pm
(Meeting conducted via 'Zoom')

Present: David Bartle **(DB)**; Jane Carling **(JC1)**; Dr Rob Childs **(RC)**; Alex Kimber (Managing Partner) **(AK)**; Lizzie Kingsbury (Social Prescriber) **(LK)**; Roger Marsh (Chair) **(RM)**; Tony Meehan **(TM)**; Vicky Morland (Social Prescriber) **(VM)**; Maira and Poppy (Sherborne Girls – students); Angela Bowring (Yetminster PPG).

Apologies: Bruce Duncan (Chair – Apples PPG) **(BD)**; Gill Foott (Engagement and Communications Coordinator [PPGs]) **(GF)** and Joan Cooper **(JC)**.

Prior to the start of the meeting the Chair **(RM)** welcomed Lizzie Kingsbury; Maira and Poppy to their first Grove PPG meeting. Also, Angela Bowring who was attending as an observer in relation to the formation of a PPG at the Yetminster Health Centre.

1. Previous Minutes – 29th.September 2021

a. Matters arising:

Publish awareness note to patients:

(RM) reported that a note to patients regarding face to face appointments and abusiveness towards Practice Staff had been published on the 1st.October 2021. **(AK)** remarked that the note appeared to have had the desired effect. **Action: CLOSED**

2. Practice Update:

General Update:

(AK) reported that fact that the Practice was still busy but there had been no complaints over the past two months which was really good as this had helped staff morale.

Regarding staffing, all administration vacancies had been filled and there was now a full compliment of nursing staff with those returning from maternity leave.

An additional GP, Dr Covell, began work at the Practice in December and he was holding six sessions/week.

(RC) stated that a further GP, Dr Spedding, would be joining the Practice in May and he would be conducting four sessions/week. The fact that with a full compliment of staff pressure was now easing on the workload.

Regarding Covid, **(RC)** stated that booster jabs had been given to all cohort 1 to 12 (18 year olds and over). Out of all the 18 Primary Care Networks across Dorset the Sherborne Area PCN had come top of the table by vaccinating 90.9% of all eligible patients.

Vaccinations had been conducted on the handful of 5 to 11 year old at risk patients. In addition a few 16–17 year olds and 12–15 year old patients had still yet to be vaccinated. Consequently, the vaccination centre at the Digby Hall had been stood down.

Positive PCR tests within our community over the last 7 days had reduced by two-thirds to 50 cases, however it was known that there was a Covid outbreak at Sherborne Girls School.

Regarding 12–15 year olds administration of the Covid vaccination, this was the responsibility of the school immunisation service and they would be going back into the schools during March.

(JC1) asked what advice she should give to parents who had approached her regarding obtaining vaccinations for the 16–17 year olds. (RC) stated that they should book an appointment at either the Gateway in Yeovil or the Haynes Motor Museum at Sparkford using the 119 telephone service. Alternatively, the medical centres may be able to carry out vaccinations as they still have vaccine available.

(DB) enquired what were the future plans of the Practice regarding patients who often visit the surgery with long term conditions. (RC) stated that during the year it was proposed to operate various programmes relating to healthy ageing/frailty/isolation etc.

3. Armed Forces Patient Participation:

(VM) gave an update regarding the meetings of the support group that had been held in both October and December. Both meetings had been held in the restaurant of the Half Moon Hotel with about 40 military veterans attending the October meeting. Due to the rise in Covid cases the numbers attending the December meeting had been slightly lower. Nevertheless participants enjoyed a talk given by Major Roland Dangerfield on his military career and his transition into civilian life.

Plans were in hand for a further meeting of the group in late February. As Tony Gordon (organiser) was intending to move abroad shortly for an extended period work was in hand for other volunteers to take over running the group.

Action: All to note.

4. Cancer Awareness/Support Group:

(RM/VM) updated the meeting stating that an initial drop-in meeting was held on Tuesday 26th.October in the community room at Manor Court, Newland. This meeting was attended by members of Stalbridge Cancer and Recovery Support (SCARS) and also Macmillan Cancer Support. It was intended to raise this subject at the forthcoming meeting of Sherborne Health Champions with a view of seeking volunteers to help run the support group.

5. Sherborne Orienteering Project:

(DB) gave an update on the progress being made with the project. He stated that following the formation of a project group an initial meeting had been held. Recently members of Wessex and Wimborne Orienteers had visited Sherborne to investigate suitable courses. A further meeting of the project group was planned for the 25th.January.

6. PPG Activities Since Last Meeting:

- Attendance at five webinars on various health issues since the September PPG meeting
- Reported on health matters to Sherborne Town Council at Oct/Nov/Dec/Jan meetings
- Attended Military Veterans Support Group meetings in October and December
- Attended October Cancer Support Group Meeting in October
- Attended FOYH Executive Committee Meeting in December
- Attended November and January North Dorset PPG Chairs meetings

7. Reports:

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

(TM) gave an update on the most recent activities of the FOYH that came under three headings:

- i) Temporary Closure of the Minor Injuries Unit (MIU): DCHT had recently closed the MIU at both the Yeatman and Blandford Hospital due to Covid pressures with staff being redeployed. This was stated to be a temporary measure and would be reviewed in March. Both the FOYH and Sherborne Town Council, among others, were concerned about the situation especially as the facility had been closed for a lengthy period during 2021. (TM) thanked (JC1) on the fact that she had raised the issue at the Sherborne Town Council meeting and the Council had passed a resolution to contact both DCHT and the local MP on the subject.
- ii) FOYH Charity Funding: (TM) stated that considerable funding had been made locally regarding mental healthcare. This had included local schools and the Rendezvous. In

addition funding was also being provided the help consolidate the Community Mental Health Team into the Stewart Lodge at the Yeatman Hospital.

- iii) FOYH 70th.Anniversary: Plans were still progressing on the various activities to celebrate the year of the anniversary and these would culminate in a service of celebration in Sherborne Abbey on the 14th.May.

b) Newsletter Group Meeting:

(RM) reported that work had taken place on the preparation of another edition of the Grove Newsletter, however it was the intention to publish the edition in December but due to pressures on the medical staff and the ever changing situation regarding Covid vaccinations it was agreed to hold the publication over until the new year. It was suggested that a small update piece would be included on the appointment of Dr Covell to the Practice and (AK) agreed to organise this. Work would now take place to publish the latest edition.

Action: (AK) (RM) (TM)

c) Sherborne Town Council (STC):

(RM) stated that in attending and reporting on health issues at the meetings of Sherborne Town Council the subject had now become a prominent item on their meeting agenda.

d) North Dorset PPG Chairs Meeting Update:

(RM) reported that he had attended the latest meeting held on the 12th.January. (See Appendix 'A' for a draft copy of the minutes of the meeting).

e) Health Champions:

(VM) gave an update on the activities relating to the Health Champions. She stated that with both Lizzie Kingsbury and Jill Warburton now taking up social prescribing roles she could devote more time to the work of Health Champions. At present she was working on the Collaborative Practice programme that complimented the work of both the social prescribers and health champions. She was also supporting the Royal Voluntary Society craft café that was starting in the hall of Cheap Street Church and also a 'singing for the brain' group at Nether Compton. In addition the weekly health walks were attracting around 15 walkers each week, but the numbers drop in the wet weather but the walks still take place.

f) CCG PPG Lead Report:

In her absence (GF) had provided an update on activities across Dorset.
(See Appendix 'B' for a copy of the report)

g) CCG Public Engagement Group (PEG):

(RM) reported that the group was now meeting monthly and that he had taken part in three meetings of the group since the last PPG meeting. The following subjects had been worked on by the PEG:

- Winter Messaging
- Integrated Care System (ICS) – partnerships and engagement
- People and Communities Strategy
- Population Health Management & Elective Care Health Inequalities
- Our Dorset Digital Overview and Update

8. PPG Projects:

a) Grove Medical Centre – website redesign:

(RM) shared with the meeting that both he and (TM) had met with Mrs Mackintosh, Poppy and Maira (Sherborne Girls School), to welcome both students to the Grove PPG. Discussion took place on a suitable project that both students could undertake. Due to the fact that there was a long-term proposal to revise the Grove website, it was agreed that both Poppy and Maira would review the website and make observations on improvements especially relating to information provided for

younger patients. Subsequently, both students had produced a detailed and comprehensive report and it was agreed that this would be forwarded to the Practice Managing Partner for consideration.

Action: (RM)

The Chair thanked the students for producing such a comprehensive report.

(RM) stated that he felt that a questionnaire asking for patients comments on the use of the practice website would also be useful and he had begun to formulate questions. It was agreed that these would be circulated with the minutes for comment and discussed at the next PPG meeting. (See Appendix C).

Action: (RM)

9. Apples PPG Update:

In the absence of **(BD)** it was reported that the Apples PPG was in a period of reform and that the next meeting was scheduled for the 27th.January 2022.

10. Any Other Business:

a) Youth Patient Participation Group:

(RM) raised the fact that he would like the PPG to explore setting up a Youth Patient Participation Group as he felt strongly that there was a lack of knowledge about what health issues were important to younger people. He stated that in the Purbeck area a youth group had been set up. **(AK)** stated that this would ideally be established at PCN level. **(RM)** stated that he had obtained a paper on the subject produced by the Purbeck Group in conjunction with NHS Dorset CCG. It was agreed to review this paper and report back to the next Grove PPG meeting.

Action: (RM and TM)

b) Earwax Removal:

(RM) stated that an issue had been raised by a patient concerned about the cost of earwax removal treatment. It was known that the medical practices no longer provide this patient service and the concern was the affordability of those patients on low income to pay privately for the service. **(RC)** confirmed that it was the policy of the Practice that patients should seek advice and forms of treatment from a pharmacist. In the event that their recommended treatment did not work then medical advice should be sought. This would be considered on a case by case basis.

c) Blood Pressure Monitor – Cuff Size:

A patient had raised concern over the availability at the Surgery of large size blood pressure monitor cuffs. **(AK)** confirmed that large size cuffs were available within the Practice and that non-availability was probably an isolated incident.

d) eConsult:

(RC) informed the meeting that it was the intention of the Practice to phase out the use of eConsult in the future and to make use of the more practical system of accuRx video conferencing facility. **(RM)** stated that some time ago he had produced a step by step guide on its use. (See Appendix D).

e) Integrated Care System:

(RC) raised the point that there was disquiet among the GPs across Dorset regarding the lack of representation that they would have on the proposed make-up of the Integrated Care Board. It was felt that the voice of General Practice would be diluted to that presently existed working through the Clinical Commissioning Group (CCG). He felt that future funding could go to the bigger players, those being the hospital trusts.

b) Date of next meeting:

Annual Meeting: Wednesday 2nd.March 2022 at 5.30pm.

Future Meeting Dates: Wednesday 13th.April 2022

Wednesday 25th.May 2022

Wednesday 6th.July 2022

Wednesday 17th.August 2022

Wednesday 28th.September 2022

APPENDIX ‘A’

North Dorset PPG Chairs meeting – 12 January 2022

Via Zoom

Notes of Meeting

Present:

Tony Bishop (TB)	Stalbridge community representative
Robert Cobb (RC)	Chair, Shaftesbury & Fontmell Magna PPG
Bruce Duncan (BD)	Chair, Apples PPG, Sherborne
Gill Foott (GF)	Engagement & Communications Coordinator, Dorset CCG
Ian Gall (IG)	Chair, Sturminster Newton & Marnhull PPG
Mark Hebditch (MH)	Chair, Gillingham PPG
Lesley Hutchinson (LH)	Corporate Director for Adult Commissioning, Dorset Council
Roger Marsh (RM)	Chair, Grove PPG, Sherborne
Councillor Jane Somper (JS)	Lead Member for Adult Social Care & Health, Dorset Council
Charles Summers (CS)	Director of Engagement & Development, NHS Dorset CCG

Apologies:

Councillor Peter Wharf (PW)	Portfolio Holder, Adult Health & Social Care, Dorset Council
Melanie Wyles (MW)	Chair, Blandford Practice PPG

1. Welcome and Apologies

Apologies were received from MW and PW.

2. Notes of last meeting and any actions or matters arising

GF confirmed her action from the last meeting, to recirculate the notes of the previous meeting was complete.

3. Introduction to Lesley Hutchinson (Corporate Director for Adult Commissioning, Dorset Council) and Councillor Jane Somper

LH attended the meeting until approximately 10.30am and JS joined the meeting shortly afterwards. GF welcomed LH who explained her role, part of which is to work closely with Sally Sandcraft (Director of Primary & Community Care, NHS Dorset CCG) and Vanessa Read (Director of Nursing & Quality, NHS Dorset CCG). LH said her key responsibilities are to ensure that adults who meet eligibility under the Care Act, have sufficient care and support to help them remain as independent as possible. She referred to an email from TB (previously circulated to the Chairs' Network) and said that these concerns and issues had been raised with Vanessa and Sally.

LH outlined the key projects under way, in particular targets for patient discharge from hospital. Workforce challenges had been a huge factor in terms of capacity and although the government has reduced the number of days people are required to isolate after a positive PCR test, these challenges remained. The team is working with voluntary sector organisations to scope what help and support can be provided by them. LH will be asking the Chief Executive to issue a "call to arms" to retired ex-professionals who may be able to come forward and assist with this hopefully short-term situation.

CS agreed there were huge workforce challenges across the system, and there is now a condition of employment that healthcare workers must be vaccinated. Partners across the country are working within the guidance but essentially if a healthcare employee hasn't begun their vaccination journey by 3 February 2022, their employment cannot continue after 1 April. This would be a very difficult process particularly for long-serving employees. LH said it is mandatory for care home staff to have received the first two vaccinations but said that the government has not yet brought in mandatory boosters. The government has extended the vaccination deadline to 31 March to try to keep as many people in the workforce as possible. LH said that from the perspective of the local authority, this could have a significant effect on the workforce. It must be borne in mind that sometimes there are health reasons for people not having the vaccinations.

IG said that some healthcare workers are feeling they just cannot continue to work within the health sector. LH agreed there is a lack of resilience among staff, encouragement such as winter bonuses are being issued to try to keep people going but due to the workforce challenges and lack of staff, existing staff are being asked to do more and more and they are exhausted.

RM said he had been working closely with Sherborne Town Council. He said that taking the ICS forward would place a lot of work on the PCNs, and the Town Council is relying on people such as himself to keep them up to date. RC said that for "neighbourhoods" to work well, town and parish councils must be kept informed of developments and progress within the ICS. LH said she would take that back to her team to look at how communication and information was fed down from the local authority to town and parish councils. She and JS will also look at this together. LH asked RM to send her the presentation he gave to the Town Council.

ACTION: RM

Before she had to leave the meeting for her next commitment, LH thanked the group for inviting her and said she would be happy to come to a future meeting as work progresses. She asked for a meeting to be set up with CS to discuss workforce issues, and how PPGs can provide input. GF to liaise with CS' personal assistant to get this set up.

ACTION: GF

BD commented on some personal feedback that clinical staff were not being supported in trying to get improvements for their teams, and more staff were desperately needed.

4. Charles Summers, Director of Engagement & Development

CS updated the meeting that the target date for the formation of the Integrated Care System (ICS) and Integrated Care Board (ICB) had been rescheduled to 1 July by NHS England (NHSE). In terms of ICS development, CS is currently working on supporting appointments to the ICB membership. He is also working on the arrangements to transfer staff from one organisation to the new organisation. The revised target date of 1 July provides an opportunity for the ICB to be assembled and developed. CS asked for the group to consider what information about Patient Participation Groups (PPGs) they would like provided to the ICB.

MH said that the partnership was really important and observed that practice can often be more difficult than strategy. His concern was that high level strategy might omit the most important ground level type of matters which should be included. BD added that PPGs sometimes found it challenging communicating with surgeries due to the practices' current

workload and felt this might continue at PCN level, which would create additional challenges in communicating with the wider community. How can we change this to make communication easier and raise PPG profiles? CS agreed that communication is so important and how we can provide a connection between the patients and the Integrated Care Partnership (ICP). He would like to see PPGs having a voice within the partnership and he was hopeful that this would come from the PCNs themselves.

CS agreed that the workforce situation should be everyone's concern. The workforce strategy must be around wellbeing and engagement but also needs to take into account ground level experiences. This piece of work is one of the biggest challenges at the moment, particularly taking into account workforce vaccination status being a condition of employment.

JS said she was keen to support the work being done and was very aware of some of the issues from her contact with residents.

IG agreed with BD's earlier comments and said that communication underpins everything. He is currently collating patient responses to the recent practice survey from his surgery. A common response was people's lack of understanding that they cannot turn up at the surgery without previously being triaged, despite many communications being circulated to that effect.

RM mentioned the Sherborne Area Partnership which was set up in 2003 but funding was withdrawn in 2017. The partnership had been replaced by Sherborne Community Focus and had been run by Dorset Community Action (DCA), however the funding for this was withdrawn in January 2020. He said the Sherborne Area Partnership had been very effective and it would be good to try to restart this locally and work with the voluntary sector.

MH said he was Chair of the North Dorset partnership, he felt that areas shouldn't work autonomously but should coordinate their work. In collaboration and cooperation with local and town councils.

JS said that she is the Lead Member for Adult and Social Care and Councillor Peter Wharf holds the portfolio. She agreed with the concerns around communication. There are 12 parishes in her ward and she attends parish council meetings. Although the parish councils have websites, it is unclear how many people actually look at these. People often only get involved when there is something negative going on. It cannot be assumed that everyone is online, and we must find a way to get communications out to those that aren't or choose not to be. RM agreed that although social media and email were useful tools, they didn't reach everyone, however it was still important to try.

GF said that she and her colleague Jim Gammans had been working with the CCG's General Practice Data Protection Office (GPDPO) at the CCG, which was creating a toolkit for practices on the types of information they could communicate to patients. MH asked when this information is likely to be available and GF said she would chase this up.

ACTION: GF

Post meeting note: GF had heard back from the GPDPO that they had been waiting for a response from NHSX with clarification on some grey areas. The responsible person at NHSX was back in the office on 18 January, so the GPDPO had made a note to contact again after 18 January, after which they hoped to be able to finalise guidance very shortly. The GPDPO were hopeful that advice from NHSX would provide practices with more options which should

be less restrictive, subject to interpretation.

RC mentioned the NextDoor network which had expanded and was a useful medium for sharing information. He wondered if perhaps the group could consider setting up something similar. CS said that PPGs were extremely effective and so important in helping to share information and health related messages.

5. Round Table Updates

Sherborne – updates provided by RM and BD



Grove Medical
Centre - Patient Part



Apples PPG -
Report to N Dorset

RM provided an update on the Sherborne orienteering project and was pleased to report that funding had been secured from the local authority and the voluntary sector. The project was in progress with routes being planned.

Blackmore Vale Partnership (Sturminster & Marnhull) - Update provided by IG

IG said that a recurring theme from the recent practice survey was that when patients were asked were they given an appointment straightaway, some people said they were not, however it later transpired that they had had a telephone conversation with a clinician. Unfortunately some patients did not consider this an appointment! IG said it had been positive to note that a surprisingly high number of patients 65+ actively used the internet and associated services.

IG said that the last meeting of the Public Engagement Group (PEG) had had an interesting discussion on Population Health Management (PHM) and how to manage health inequalities, along with a comprehensive overview on Dorset's digital developments. The PEG would now be meeting monthly for the next few months.

Blackmore Vale Partnership (Shaftesbury & Fontmell Magna) - Update provided by RC

RC said that the steering group meeting planned to be held before Christmas had had to be cancelled due to practice pressures. He would report back to the next Chairs' meeting on some initiatives the PPG is hoping to promote. He reiterated earlier comments that better and more effective communication must remain high on the agenda.

Stalbridge – update provided by TB

TB had provided an earlier update which had been circulated to the invited members of the Chairs network. A registered member of the Stalbridge Car Scheme (SCVCS) was regrettably unable to help a patient due to the patient being housebound and largely bedbound. The patient's carer had reported they had spent a total of 7.5 hours on the telephone trying to arrange hospital transport for their patient, and despite receiving an automated message

several times they were number 1 in the telephone queue, they never got through to a coordinator. In desperation the carer contacted North Dorset Community Accessible Transport (NORDCAT) which resulted in a call back from a call handler, after which transport was booked for the patient to enable them to attend their 9.30am hospital appointment. A great deal of organisational work had to be carried out by the carer to be ready for the transport (bed-lift, washing, feeding, wheelchair, etc.) however the transport did not turn up. When the carer rang the call centre, she was told the ambulance crew did not start work until 10.00am. The patient had been sitting in a wheelchair since 8.30am having been got up in preparation at 6.30am. The patient's appointment was missed.

TB said that a couple of years ago he had been a patient member of a Procurement Committee for the renewal of Non-Emergency Patient Transport (NEPT) and had spent a considerable amount of time and effort attending meetings and dealing with the information given to that Committee, including familiarising himself with the different studies and analysis carried out by Bournemouth University. The last contact he had had from the NHS was an email invitation from Emma Moggeridge for a meeting to take place on 2 January 2020 at Vespasian House. To the best of his knowledge that meeting did not take place, and nothing has been rearranged since events were overtaken by the Covid pandemic and lockdown from 23 March 2020.

TB's question is "By what Procurement process were E-Zec reappointed to provide NEPT?"

LH thanked TB for alerting her to this matter and said she had raised this with her team. GF said she had forwarded TB's email to Emma Moggeridge, Lead for Non-Emergency Patient Transport (NEPTS) at the CCG and Emma had confirmed she would provide a full response.

Post meeting note: Emma Moggeridge has responded to TB requesting some more information so that she and her team may investigate thoroughly and provide a comprehensive response.

TB further commented that the carer was hampered in her attempts to resolve the issue as she wasn't in possession of power of attorney for the patient – and the patient was unable to provide this as he didn't have sufficient capacity.

TB said that Stalbridge car scheme was still fairly quiet at the moment but contact was on the increase.

Gillingham – update provided by MH

MH said that the December PPG meeting had been postponed due to practice pressures and had been rescheduled for later this month (January). The practice has a new Practice Manager who is very keen on collaborating with the PPG.

MH agreed with earlier comments regarding accessing public transport and said that the local car link schemes are so important in rural areas. 50 new clients had signed up to the Gillingham car scheme and new drivers were also coming on board which would help to replace those no longer able to do it. MH said that in the past, the local authority had linked in with the car schemes and liaised between the schemes and the hospital, for example regarding parking issues, however it appeared there was no one doing that now. JS agreed to discuss with the local authority and feed back.

ACTION: JS

On that note, JS asked GF to add her email address in the notes of the meeting so that the group could contact her with any relevant queries:

For the benefit of JS, MH spoke about the Public Engagement Group (PEG) that the CCG had set up. This group had been set up to ensure the CCG is much more informed about local opinion. The PEG also influenced ongoing development of policy and had been nationally recognised as being innovative and effective. He wondered whether a similar type of citizens panel might be useful at local authority level. JS said she would discuss this with Councillor Laura Miller, who is now in a more front-facing customer engagement role. Check what Jane said about what the council was doing with the police etc.

IG said there was a small group within the ICS which was looking at setting up a citizens type of panel, Dorset being one of 8 ICSs that had been able to secure funding for this.

CS said that the ICS' People and Communications Strategy had been approved and would be a vehicle to work with communities, having been endorsed to move forward in early March. PPGs would be for help with view-seeking.

GF told the group that a PPG webinar was in the throes of being planned for April, at which time Ben Norman (the CCG's Head of Engagement and Communications) and Frances Aviss (Senior Public Engagement Coordinator) would be presenting on the ICS Communication Strategy. IG said that the PEG is meeting monthly at the moment to discuss the People and Communication Strategy.

6. Any Other Business

RM expressed concern that PPGs should be encouraging the voice of younger patients and said that two students from Sherborne Girls School had joined the PPG. He would be interested in hearing about Purbeck's experiences with their Youth PPG. GF to ask the Youth PPG Adult Coordinator Jan Sayers for an update and perhaps to attend the next meeting if she is available.

ACTION: GF

IG said his area was still trying to forge this type of link in his area. MH said that schools are exceedingly challenged at the present time and it is difficult to get young people to give up their time due to exams. He suggested that students enrolled on the Duke of Edinburgh scheme might be an option. CS agreed and said it was so important to engage with young people and hear the youth voice. Youth PPG involvement might well appeal to Duke of Edinburgh students, and it would look good on their UCAS application for university.

JS suggested contacting Dorset Youth Parliament and Dorset Youth Association if these organisations haven't already been contacted. She said that Cllrs Byron Quayle and Andrew Kerby are lead members for Children's Services and JS felt confident they would have some good suggestions.

RC asked JS about Community Infrastructure Levies (CILs). Could JS advise whether any of the funds from the developers' CIL contributions have been earmarked for improved health facilities? JS suggested that although this isn't her area of expertise, the Town Council might be able to advise as they would have been involved as part of the application process.

There being no other business, the meeting drew to a close and GF thanked all the attendees for giving up their valuable time, for what is always a really interesting and informative meeting.

7. Date of Next Meeting

Wednesday 9 March 2022 – via Zoom link to follow.

APPENDIX 'B'

Report to Grove Surgery PPG, January 2022 – Gill Foott

Happy new year to you all and apologies for not being with you this evening
Covid News: The Covid-19 position is looking slightly more encouraging with numbers in hospital reducing from 90 to 77 over the past week. Case rates have also dropped considerably. Dorset Council are looking at 844/100,000, or 3207 cases in the seven days up to 11 January, with BCP Council also falling to 1013/100,000 which is 4025 cases. The vaccination programme has now topped 1.6m since it started, which is a phenomenal achievement. Local vaccination centres are still open but are reporting a decline in demand, so please do continue to spread the word!

From Monday 17 January people can leave self-isolation after five full days if they test negative on days 5 and 6. The first test must be taken no earlier than day 5 of the self-isolation period and the second test must be taken the following day. If an individual is positive on day 5 then a negative test is required on days 6 and 7 to release them from isolation.

Are you eligible for help with your energy bills this winter? Energy bills have been rising over the past few months and people may be putting their heating on less due to the extra costs. LEAP, the Local Energy Advice Partnership offers free home visits to eligible Dorset residents, giving advice on how to save energy and access improvements to help them save money and keep warm this winter. This link will take you to a page where you can check if you are eligible for assistance: [LEAP Home Visit | Ridgewater Energy](#)

Finally, my colleague Jim Gammans and I are currently finalising details of our next PPG webinar to be held on 10 February 2022 which will be to provide a further update on the developments of the Integrated Care System (ICS) in Dorset. We are hoping that Frances Aviss, Senior Public Engagement Coordinator, will be speaking about the ICS People and Communities Strategy, and Kirsty Hillier from Our Dorset will provide an update on the ICS, the ICB (Integrated Care Board) and ICP (Integrated Care Partnership). As well as inviting PPG members, we will be inviting Public Engagement Group (PEG) and Digital Public Engagement Group (DPEG) members to the event. We'll be in touch soon with more details.

As always, if there is anything PPG-related that I can help with please do get in touch!

APPENDIX 'C'

Questionnaire for redesign of the Grove Medical Centre website

- On a scale of 0-10, how would you rate the usability of our website?
- What do you like about our existing website?
- What would you like to change on our existing website?
- What would you like to see on our new website?
- Do you have any other suggestions?
- Were you able to find links easily?
- Were you able to navigate to other pages easily?
- Did the links take you to the relevant pages?
- Could you search the content you were looking for?
- On a scale of 1-10 how do you rate the clarity of the content?
- Was the content presented in the right format?
- Do you think there was a better way to present the same content?
- How often do you visit our website?
- How was the experience with our website on your smartphone?
- Do you think you had to click too much to get what you were looking for?

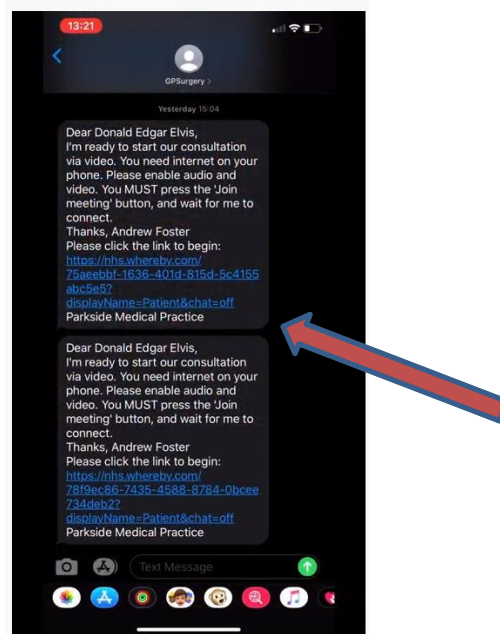
APPENDIX 'D'

Step by step guide on how to conduct an accuRx video consultation with your GP using the Whereby app.

Step 1

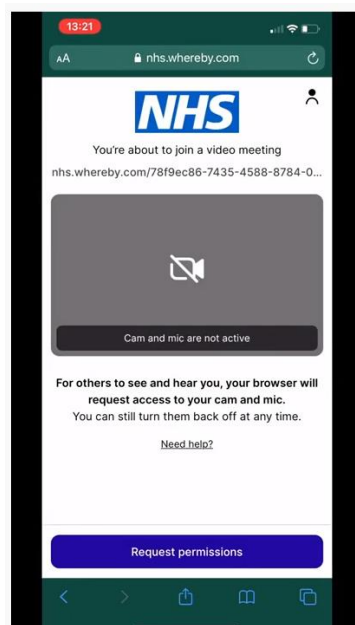
The text message will show that your GP is ready and waiting for a consultation with you.

Click on the link that you have received within the text message on your phone.



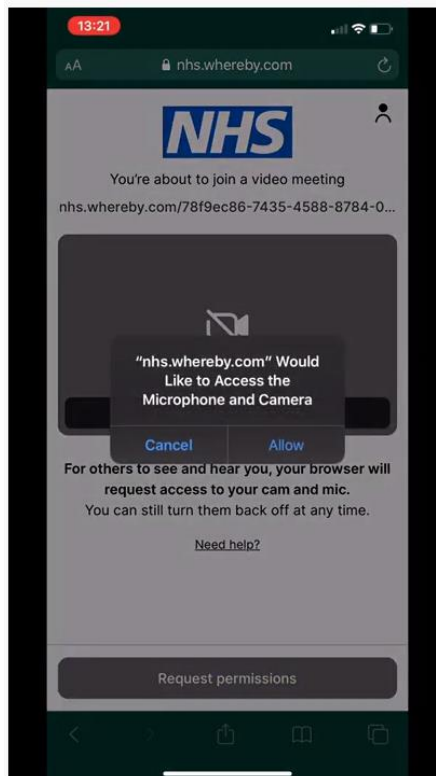
Step 2

Having clicked the link in the text message it will take you directly to the video consultation in your phones browser. You don't have to have an app installed and all you need is a smart phone with a camera.



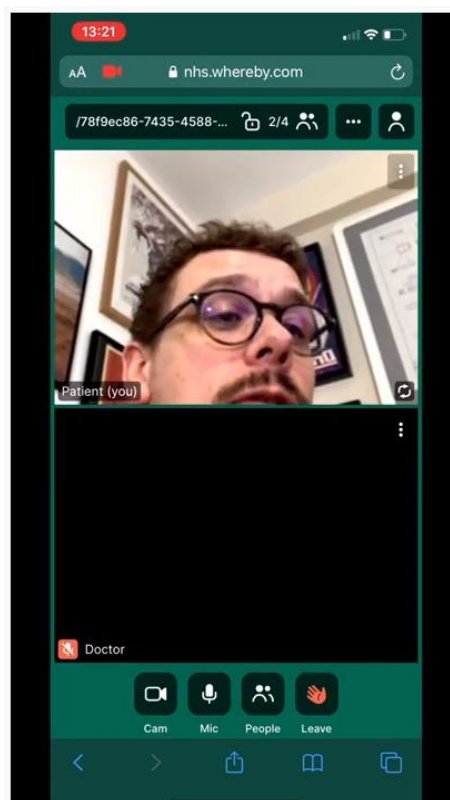
Step 3

You might have to give permission for the browser to use your microphone and camera. It's OK to do this.



Step 4

You might also have to click 'join' and do make sure that your camera is on and your microphone is not muted.



Step 5

You can now continue with a face to face consultation with your GP.



Remember your consultation is private between yourself and your GP. Please ensure that you are in a private, well-lit area where you will not be disturbed during the consultation.