

The Grove Patient Participation Group

Sherborne

Minutes

4th. November 2024
6:00pm

Present: David Bartle (Vice Chair) (**DB**) ; Annabelle Crabb (**AC**); Jenny Davis (**JD**); Gill Foott (Engagement and Communications Coordinator [PPGs]) (**GF**); Sarah Garside (**SG**); Alex Kimber (Managing Partner) (**AK**); Roger Marsh (Chair) (**RM**); Tony Meehan (**TM**); Jill Warburton (**JW**); and Amanda (Sherborne Girls – student).

1. Introductions:

The Chair (**RM**) welcomed everyone to the meeting, especially Jill Warburton in her role as PCN Health Inequalities Lead.

2. Apologies: Carol Foster (**CF**); Karen Gough (**KG**); Vicky Morland (**VM**); and AJ (Sherborne Girls – student).

3. Health Related Talk: It was proposed that the group would be given a talk by Lisa Considine at a future meeting on her role as an Advanced Nurse Practitioner.

4. Practice Update:

(**AK**) updated the meeting on the recent staff changes associated with both the administration and patient services teams. She highlighted the fact that Vicky Wells, a long time member of the patient services team, has now retired after many years' service and that her knowledge would be sadly missed by the Practice.

Additionally, following the recent retirement of Rita Sibson as a Practice Nurse, the Practice has welcomed Melanie Goodenough who has joined the team as a Practice Nurse. Melanie was previously employed as a Frailty Nurse for the Primary Care Network.

The Practice is having a new website shortly, as the existing website does not meet at the accessibility requirements. Consequently, the members of the PPG were requested to view and comment on the website from a patient's point of view once it becomes available. **Action: All PPG Members**

Discussion took place on the predicted effects of the Governments proposed increases in both the minimum wage and national insurance contributions. It was felt that this would have a great impact on the finances of the Practice and it was unsure whether any relief would be provided in the future GP Contract.

Regarding the ongoing dispute relating to the underfunding of the existing GP Contract, further measures were being investigated where the Practice was conducting unpaid work outside the scope of the existing contract.

5. NHS Dorset - Engagement & Communications (PPGs)

(**GF**) gave the meeting an update on various ongoing subjects in relation to the wider NHS including in particular the following:

The regional survey on healthy blood pressure and as such the NHS was seeking the views of local people by conducting a survey which would help shape the future services, prevention work and care for those affected by high blood pressure. Responses are being collated on behalf of the Southwest region by the team at NHS Gloucester; however, it was stated that all responses would be confidential, and no identifiable data would be shared.

It was agreed to circulate details with a link to the online survey at:

<https://www.smartsurvey.co.uk/s/Dorset-BP/>

Action: (RM)

Additionally (**GF**) drew the meetings attention to the survey by the Department of Health and Social Care relating to the future of the NHS. The purpose of the survey was to gather feedback from the

general public and people working in health and care to inform decision-making on the government's 10 Year Health Plan for England.

Again, it was agreed to circulate details with a link to the online survey at:

<https://change.nhs.uk/en-GB/>

Action: (RM)

6. Health Champions:

In her absence **(VM)** reported that the groups associated with the health champions were continuing to run smoothly with good attendance.

In her role as the PCN lead on Health Inequalities **(JW)** updated the meeting on the HOPE programme courses that have been taking place locally stating that the future course would be on the subject of cancer care.

7. Military Veterans Support Group:

(RM) reported that the October meeting was addressed by Major General (Retired) John Stokoe CB CBE who gave a talk on his time in the Nepal jungle with the Gurkhas.

More recently, all those veterans who were registered with the medical practices within the Sherborne Area PCN had been circulated with a very well written guide produced by OpCOURAGE entitled 'Be Prepared – helping you to cope better on Bonfire Night'.

8. PPG Newsletter:

It was reported that the winter edition of The Grove Newsletter had been published. A copy had been sent to the 'Virtual' PPG members, posted online via all the local Facebook groups, and published on the Grove website.

The Chair particularly thanks **(TM)** for his work in putting together the 3-page article entitled 'Unity in the Community'.

9. Actions from the 9th.September 2024 Meeting:

i) PPG Newsletter:

Regarding the previous action asking the Student members of the PPG to produce a short article on the health matters that were important to them, it was agreed to set up a meeting with Amanda Macintosh and the students to discuss this action.

Action: (TM)

ii) PPG Engagement with Young People

It was agreed that the action to produce information on this subject would be progressed early in the New Year.

Action: (AK) and (RM)

iii) Befriending deaf patients:

(DB) had contacted Annabel Crabb regarding this subject and Annabelle was now attending the PPG meetings. **(AC)** reported that she was now in touch with a deaf person from Bishop Caundle and they were getting together to discuss future work in relation to signing for deaf people.

Action: Closed

iv) Health Walks Accessibility:

(VM) had contacted Geoff Cook at the Gryphon School regarding students helping with this project as part of the Duke of Edinburgh's Award Scheme, but it appeared that disappointingly no help was forthcoming.

Action: Closed

vi) 'A View from the Waiting Room' – Future articles:

(RM) reported that Simon Jones had offered to help, but he had received an email from him to say that his health has deteriorated such that he spent time in YDH with heart problems and is now unable to help in the near future.

It was agreed that until the position changed use would be made of some previous articles updated.

Action: (TM) and (RM)

vii) Practice telephone System:

(AK) stated that in the near future the Practice would be installing a new telephone system with a call back feature.

Action: All to note

10. PPG Chairs Activities:

(RM) gave the meeting a report on his activities since the last PPG meeting;

- Attended an NHS Public Engagement Group meeting.
- Attended the September and October meetings of the Sherborne Military Veterans Support Group.
- Attended North Dorset PPG Chairs meeting
- Held a meeting with Kate Calvert – NHS Dorset Deputy Director of Commissioning.
- Attended a meeting between Sherborne Town Council and the Magna Housing Association
- Attended the PCN Health Talk on Hypertension
- Attend and gave a report to the October meeting of Sherborne Town Council

(RM) reflected on the fact the Integrated Care Partnership (ICP) was presented with a report that highlighted an urgent need within the Dorset population regarding winter support required for vulnerable pensioners. He stated that twenty wards had been identified across both the BCP and Dorset Council areas, with the highest concentration of pensioners at risk of financial vulnerability who would likely not receive the new means-tested winter fuel payment. Locally Sherborne West ward was among the twenty that had been identified. This had highlighted a need for the social prescribing team members to work with those people identified at risk such to ensure that they were receiving all their entitlement of financial help.

11. Any Other Business:

i) NHS Dorset – Post Covid Service:

(RM) reported that the most recent meeting of North Dorset PPG Chair was given a talk by Michelle Selby (Clinical Lead Dorset Post Covid Service) and Helen Curtis (Specialist Post Covid Physiotherapist) on the service that was operating for those exhibiting the various long-term conditions as an effect of the Covid virus. It was agreed that a copy of their presentation material would be circulated with these meeting minutes. (See Attachment 'A').

Action: (RM)

ii) Care Quality Commission (CQC):

(RM) reported that the CQC had been conducting inspections in some Dorset GP practices. He reflected on the previous inspection that he had been involved with when he chaired the PPG at the Newland Practice. Although the Grove Medical Centre was not scheduled for an inspection at this time, it was agreed that along with the PPG, the Practice felt that they were in good shape to meet any inspection requirements.

Action: All to note

iii) Lord Darzi Report on Health and Care:

(RM) reported that he had circulated PPG members with a synopsis of the report; however, PPG members were encouraged to complete the survey on the future of the NHS previously noted under item 5 of these minutes.

Action: All Grove PPG members

iv) Dr Kate Thomas:

It was noted that Dr Kate Thomas had now assumed responsibility solely for those who are students at Sherborne Girls School.

Action: All to note

v) Wootton Grove bus stop:

(RM) stated that he had received information from Mike Keatinge (Chair – Sherborne Area transport Group) that it was intended to provide a bus stop on the A30 in Coldharbour in the vicinity of Wootton Grove. This would give patient travelling by bus who attended the surgery with a shorter walking distance. He had agreed to supply a poster advertising this change that could be placed in the surgery.

Action: (RM)

vi) Review of Grove PPG Terms of Reference (ToR):

(RM) stated that the ToR had not been reviewed for a considerable time and that when it was originally written the PPG had very little experience of how their meetings would develop. He felt that in the fullness of time the meetings had developed into a less formal format than laid down within the ToR. Subsequently he felt that a review of the ToR was required and as such it was agreed that he would propose an amended version that would be circulated to PPG member for discussion at the next meeting.

Action: (RM)

vii) Age UK LifeBook:

(JW) made the meeting aware of a 'LifeBook' published by Age UK that she felt was extremely useful. The book is a free booklet where one can write important and useful information about one's life, from who insures your car to where you put the TV licence. Details can be found at: <https://www.ageuk.org.uk/information-advice/money-legal/end-of-life-planning/lifebook/>

Action: All to note

11) Date of next meetings:

MONDAY 13TH JANUARY 2025 ~ 6.00 pm at the Grove Medical Centre

ATTACHMENT 'A'



Dorset Post COVID Syndrome Service



Michelle Selby
Clinical Lead Dorset Post COVID Service

Helen Curtis
Specialist Post COVID Physiotherapist



Definition of COVID - NICE 2022

Acute COVID-19

- Signs and symptoms of COVID-19 for up to 4 weeks.

Ongoing symptomatic COVID-19

- Signs and symptoms of COVID-19 from 4 weeks up to 12 weeks.





Post-COVID-19 syndrome (Long COVID) – NICE 2022

Long COVID

- Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.
- Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.



Office for National Statistics (ONS), March 2023

- 1.9 million people living with long COVID in England as of 5th March 2023
- 381, 000 reporting that their ability to undertake their day to day activities had been limited
- People of self reported long COVID was greatest in people aged 35 to 69 years, females, people living in more deprived areas.
- Fatigue continued to be the most common symptom reported (72%) followed by difficulty in concentrating (51%) Muscle / Joint Pain (49%) and shortness of breath (48%)



Symptoms after acute COVID-19 are highly variable, complex & wide ranging.

The most commonly reported symptoms include; but are not limited to:

- Anxiety Depression
- Gastrointestinal disturbance
- Mast Cell Activation
- Histamine intolerance
- Cardiac
- Dysautonomia (PoTs)
- Dizziness
- Headache



Dorset Post-Covid Syndrome AHP led pathway

Referral route

Currently GP only referral

- GP
- Investigation protocol
- All age groups

Triage
AHP
GP
System co-ordinator

Post Covid Syndrome Assessment Clinics

MDT

- All cases are taken to the MDT and are discussed regarding appropriate level of case management and Rehab Pathways
- Tier 1 non-complex Band 4 ACM
- Tier 2 complex Band 7 AHP

MDT Workforce;

- GP
- Speech and language therapist
- Physiotherapists
- expertise in MSK and dysfunctional breathing/breathlessness
- Occupational Therapists with expertise in fatigue management/vocational support/mental health and complex case management
- Psychological wellbeing practitioner
- Knowledge specialist/librarian
- Rep from Pain Team

Telephone assessment

Yorkshire Screening Tool

In-house AHP led Rehab Pathways

Fatigue Management OT

Post Covid Physiotherapy support

Speech and Language Therapy

Respiratory Physiotherapy

Vocational Rehabilitation OT

Psychological Wellbeing Practitioner

Brain Fog OT

Onward Referral to –
Dietician
Pain Team

Tier 2 Complex Case Management B7 AHPs
Tier 1 Non-Complex Case Management B4 ACMs

Digital offer embedded in pathway from beginning
Patients offered virtual, phone or F2F

Signposting to....

- Social Prescriber
 - Health Coach
 - Live well Dorset , Active for health, exercise on prescription
 - Workplace - Occupational Health, Union support, Wellbeing support
 - Referrals to ICRT, Digital doorway
 - Recovery Education Centre
 - CAB and Diverse Abilities for benefits
 - Alternative cheap or free counselling
 - Carer's support organisations
 - Community Pharmacy
 - Connections, Community Front rooms, The Retreat
 - MSK Dorset
 - Other websites to support recovery not covered by pathway – [Abscent](#), 5th Sense, [PoT's Uk](#)
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External Digital Resources

- HOPE programme
- h4c.org.uk/courses
- KIACTIV
- kiactiv.com
- English National Opera Breathe programme
- eno.org/breathe



Summary

- Long COVID is a complex condition effecting multiple systems, it can be persistent and fluctuating.
- Every patient can present differently, taking into consideration pre existing health history, lifestyle and ruling out any other potential causes of symptoms & Red Flags.
- Most patients require ongoing support with Post COVID clinics using a patient centred rehabilitation method, with an specialist MDT approach to patient care.



Contact details

dhc.dorsetpcs@nhs.net

Click the link below

[Dorset Long Covid Service Resources](#)

Or cut and paste into your browser

www.dorsethealthcare.nhs.uk/coronavirus-1/health-advice-families/post-covid-syndrome