**Huntingdon Road Surgery (HRS) Patient Group Committee Meeting Minutes**

**26thth March 2021, 6pm – 7pm on Zoom.**

Participants: Jennifer Deegan (JD - Chair and Minutes), Beth Brown (BB - Fitzwilliam College medical student), Marcus Maier (MM - Eddington Resident's Association representative), Lesley Guy (LG - patient and retired practice manager from another surgery), Sarah-Jane Jarrold (SJJ - Practice Manager), Dr Flinn (AF – GP Partner).

Apologies: Robert Sanders.

Items discussed:  
  
1) Better representation of patient population demographic on committee.

**ACTION**: Everyone to actively recruit. We especially need BAME representatives.

2) Update from practice staff:

i) Covid vaccination drive  
The practice is working hard to vaccinate the whole patient community.

Cohorts 1 – 9 first doses are done, second doses starting now, starting over-40s in May.

The process is logistically complicated, as deliveries come at 6 days’ notice, and then must be used up in two days. They expire after three days. Patients should still wait to be contacted with invitation. They have 6 clinicians vaccinating during clinics.

Q/ How are staff coping with workload? A/The practice is being helped by lots of volunteers and more are needed. Especially to man car park and do admin in vaccination rooms.

Maintaining business as usual is difficult while this is going on, but it must be treated as a marathon not a sprint, as the covid vaccinations will still be going on when next autumn’s flu vaccine clinic starts.

**ACTION**: All to send email to community mailing lists asking for volunteers (appendix 1).

ii) New Eddington Surgery building

Q/Would an Eddington Focus Group meeting be helpful, if the new surgery there is to go ahead?

A/AF + SJJ – Staff in discussion about this for 6 years. Heard nothing since 18 months to 2 years ago. Would like to run a surgery in Eddington. No idea what is stopping it.

A/MM – Population in Eddington are being told that surgery building will be opening soon.

**ACTION**: MM - make enquiries in Eddington about what the hold-up is.

**ACTION**: JD will make enquiries within the University.

MM – As a lot of people in Eddington are coming from abroad, it would be nice to have information about what to do on arrival to be able to access medical care.

**ACTION**: MM and JD - Questionnaire asking for population views.

**ACTION**: MM and JD - Find out how to direct residents to HRS website.

3) Open Meeting Plans

More open meetings are planned, as they are much easier to run on zoom.

Week commencing 29th March – “Caring for family members with post-ICU delirium and dementia symptoms” (an issue for people who have been hospitalised with covid-19). Speaker from Cambridgeshire and Peterborough CCG.

Q/ What other subjects would be valuable?

A/BB Students are due back in Cambridge post-lockdown, after the Easter holidays. A talk on mental health would be great.

**ACTION**: SJJ to look out details of speaker from previous Mental Health First Aid talk.

**ACTION**: Surgery to pay for zoom licence for PG.

4) New LED lights in surgery

The practice plan included an item about converting the surgery building to low energy LED lights this year. JD is involved in research into safe LED lighting. She submitted a report on the difficulty of getting LED lights that do not trigger headaches in susceptible individuals (appendix 2).

Q/ Is the work going ahead?

A/SJJ – it is very much on the back burner so we don’t need to worry about that just now.

5) Student focus group

Q/Do we need another student focus group soon?

A/ AF – Yes that would be helpful. Set a date and staff will fit in. Dr Hayton is student lead. He and SJJ have joined Student Health Association.

6) AOB

Vaccinations

LG - vaccination process has been very smooth and lack of parking not a problem.

SJJ – If a couple are booked for different times on the same day, they can come together. This does not apply if they are booked for different days. There is Blue Badge parking.

Q/ Have side effects have been reported?

A/ SJJ says “just a couple of patients feeling faint in the waiting room so far”.

Q/ BB asks how second jabs for students will work with 12 week gap, since the students only attend for an 8 week term.

A/AF says this is a problem, but it is a national problem so a national solution is being sought.

Website - JD thanks SJJ for excellent new website. Really helpful information. SJJ acknowledges Dr Hayton, who has been working hard at adding text.

CQC Inspection

This is due soon. SJJ will contact JD with dates nearer the time.

Appendix 1- Email requesting volunteers to be circulated.

Hi,  
  
The staff at Huntingdon Road Surgery are looking for vaccination  
clinic volunteers.  
  
They need volunteers to help direct people in the car park and in the  
building, and to be administrators in the vaccination room.  
  
All volunteers are given a covid vaccination before starting their  
volunteer role. Shifts are a half-day long, and are 8am to 1pm or 1pm  
to 6pm.

All volunteers must be registered patients of the surgery.  
  
If you would like to volunteer, please write to  
[HuntingdonRoadPatientGroup@gmail.com](mailto:HuntingdonRoadPatientGroup@gmail.com).  
  
Please pass this message on to any suitable mailing lists in the local area. :-)  
  
Thanks!  
  
Jennifer Deegan  
(Huntingdon Road Surgery Patient Group)

Appendix 2

JD – Report on safety of LED lighting, with a view to surgery converting this year.   
  
Problem  
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- LED lights are known for triggering headaches and nausea in some people.  
- Includes migraine and lupus sufferers, and autistic spectrum people (including me, and possibly some of your staff).  
  
- Cause is invisible flicker in the lights, the extremely blue-white spectrum of the light, and some other unknown factors.  
- Many lamps are sold as "flicker-free" when they are not, and the measuring equipment is very expensive. Blue light filters cannot be retrofitted.  
  
My search  
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- I have worked hard to identify one safe lighting module that could be installed throughout your buildings. Unfortunately, there doesn't seem to be one.  
  
Possible solutions  
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1) - Install unsafe lights.  
 - Susceptible patients could be seen in rooms with adequate window light, as an

accessibility issue.  
 - Keep the old lights in the toilets, or  
2) - Keep the fluorescent lighting until LED technology problems solved.  
  
Staff Safety Recommendations  
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- Let susceptible staff members test chosen lighting modules before sitewide installation.  
- I have bought one measurably flicker-free light to offer to the practice, and some coloured filters. Would you like this to test? It still gives me headaches but I think it may be the best option available.  
  
PG solution  
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- If you switch to LED lights, would it be okay for me to bring a halogen standard lamp to PG meetings?