

Bicester Health Centre Patient Participation Group Zoom Meeting Minutes

Wednesday 30 September 2020 3:00– 5:00 pm

Attending: Monica Mehers, Chair (MM), Dr. Jonathan Holt (JH), Helen Wiffen BHC Admin (HW), Patsy Parsons (PP), Mel McCauley (MMc), Tomy Duby (TD), Didi Dudzayi (DD), Jane Burrett (JB)

Actions From Meeting of 29/7/2020

- 1) PN - monthly features on the website. PN not present for update.
- 2) HW - amendment to highlight patient requests for a call back time slot.

HW confirmed that the Care Coordinators' system has been changed so that timed call back requests are in the triage notes and no longer buried in the records.

JH said this did not arise often, and the system had been working well for the last 2 months.

Provision Of 'Flu Jabs:

JH: Some of the flu jabs for the under 65s have now been given. Further supplies of this vaccine type are awaited. Some were given opportunistically when patients came to the surgery for other appointments, and the rest in a dedicated clinic. When these at-risk patients phone the surgery, a flag on their records alerts the Care Coordinator that a Flu jab is required.

The vaccine for the over 65s is due to be received 8/10/2020.

HW: The clinic for this group will be 10/10 or 17/10 to coincide with receipt of the vaccine. The clinic for the under 65s went smoothly with staff doing a great job, delivering over 600 vaccinations with 6 stations in different rooms and patient lanes to maintain social distancing.

Access to BHC: issues

JH: Updated the meeting to say that ramps installed at the 'Tai Chi' door to allow for one-way routes through Bicester Health Centre (BHC) for pushchairs, wheelchairs etc.

MM asked whether it would be possible for BHC to provide some kind of shelter outside the main entrance as patients arriving early for appointments have to wait outside.

JH: A request to fund a permanent structure has been submitted, however if this is not accepted, a more temporary solution could be sought. Patients would be told to go and wait in their cars if this were possible, and a member of staff would come and call them.

JB: This would not help patients arriving by taxi, who were more likely to allow some extra time in case of delays.

HW said that compromised patients would be allowed to wait inside, if there were not many people in the building.

MMc asked if it would be better to say that being a minute or two late would not be a problem, and asked if a scan code to form a virtual queue be a solution.

HW replied that the old system allowed for a 10 minute window, but this is reduced to 5 mins now. Patients are told on the phone not to arrive more than 5 minutes before their appointment time.

JH commented that a virtual queue was not necessary as we are dealing with a known number of patients. Also, IT systems can cause frustration if they do not work properly.

MM asked if a notice on the door requesting patients not to come early would help.

HW replied that most notices had been removed from the front door as a proliferation of different sizes and styles resulted in all being disregarded.

PP raised the situation of a patient's son who is not a BHC patient having trouble talking to anyone about his mother, who is.

HW replied that a phone call should work if he informed reception of his relationship to the patient. Also, if he explained to the person at the BHC door, he would be allowed in to talk to a Care Coordinator if the front waiting area were clear.

JH: He could talk to a clinician, but unless prior permission had been accepted, the clinician would not be able to talk to him. E-consult can be used by anyone, putting in the name of the BHC patient.

Winter planning for possible Covid-19 surge

JH: There would be no big change; the door would still be locked, with by appointment only entry. The waiting areas will continue to have a single chair to maintain patient distancing. The 'Tai chi' door has a keypad for special, and staff, access. The "red area" with the dedicated door from the staff car park may be used more. Staff and clinicians would do more work remotely.

Covid19 Hubs have been set up in Banbury at the Fine Centre, and in Oxford.

These centres have a capacity of 100-110 patients a day. Drive-thru oxygen saturation tests are still available at Bicester Health Centre if needed in cases of breathlessness.

MMc: Who should symptomatic patients call.

JH: Either the Bicester Health Centre (BHC) or 111 should be able to triage the patient. If there is not clarity, 111 have a Covid Clinical Advisory service which can book directly into slots at BHC. Out of hours 111 should be called.

F2F group role going forward

JH felt that this online format is helpful, and could be the long-term model even after Covid19.

DD: This format is very convenient and has given some of us the ability to be involved.

Future of the PPG leaflets Should we re-format them for online use?

JH: The printed copies are still being used - there is one holder of leaflets in the surgery.

HW has the master copies of the leaflets.

TD kindly volunteered to reformat the leaflets to be easier to read online

PP suggested that rather than sending out pdfs of the leaflets, the other practices should link to the BHC website, thus ensuring that the latest versions are always in use.

Situation with Bicester Primary Care Network - meetings

JH: The other two practices have not signed up to the new Primary Care Network (PCN) contract, therefore BHC is now commissioned to provide the PCN services for them. If BHC had not signed up, some other organisation e.g. Oxford Health, would have been providing the services.

Having PPG meetings with the other two practices would seem to be valuable to have dialogue and to inform each other of developments. JH will check if the other practices would like to participate.

JB asked if there was time limit to sign up to the PCN contract.

JH said it was renewed annually in April. The PCN contract is enmeshed with the NHS GP contract. It covers things such as funding for the extra staff (e.g. pharmacists, social prescribers) and the obligation to provide a certain number of out

of hours service. BHC is running a Saturday surgery for all 3 practices on Saturdays between 8:30 -12:30.

JB asked if the structured medicine reviews would continue, and whether the practices would have a uniform approach.

JH said that the practices meet weekly, but they are not too prescriptive about how each structures their systems.

AOB

- 1) MMc shared an itemised e-consult pathway from the patient's point of view. This highlighted things that had gone well, and things that had caused difficulty. There were suggestions of areas where patients could be better informed, for instance better information on the website with respect to doctors' hours, so that patients are able to tell which days to call in to get an appointment with their own GP. Also suggestions about better informing patients with regard to leaving samples.

JH asked if he could take the document away for further discussion within the practice.

- 2) HW: The phones had suffered cut offs due to logistical issues, and if there were a recurrence, the website would be updated to reflect the situation.
- 3) PP: If a patient calls before 12 noon, why would they not get a call back that day. JH replied that if their doctor already had full capacity for call backs, they would not be able to call. The patient would be given the option of calling another day, or having a different clinician call back.
- 4) PP: How would the practice deal with a patient would could not use the telephone, and was not a computer user, who would normally have walked into the surgery and talked to reception.
HW replied that the situation had not arisen, but in that case the patient would be allowed in to talk to a Care Coordinator at reception.
- 5) MM asked whether the Hummingbird Centre was being mentioned to cancer patients. JH replied that it was on the radar, and that leaflets were still available in the waiting rooms.
- 6) JB requested information about getting emergency mental health for someone. JH suggested in the first instance the person or a relative should to talk to their GP, otherwise they could contact Talking Space. For the future, BHC is looking into recruiting a Mind Mental Health worker.
- 7) MMc asked to send out NIHR leaflets with the minutes to inform/recruit Health research volunteers. She is liaising with Dr Fox, the BHC research lead. JH and MM will look at the leaflet.

Actions.

PN to action monthly features on the website.

PP to liaise with HW and TD re leaflet formatting.

JH to contact other practices re 3PPG meetings.

JH to report on review of patient journey spreadsheet.

MMc to supply JH/MM with the NIHR leaflet.

Next Meeting.

Nov 18, 2020 3:00 PM

The joining instructions are below and will also be sent out with the Agenda in the week before the meeting.

Join Zoom Meeting

<https://us02web.zoom.us/j/88222039833?pwd=UC9WbE9xaFFuVGdBMIhOZjlzckVLZz09>

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Minutes prepared by PP. Contact: bhc.ppg.f2f@gmail.com