

Bicester Health Centre Patient Participation Group Online Meeting Minutes

Wednesday 16 June 2021, 3:00– 5:00 pm

Attending: Mel McCauley, Chair (MMc), Dr. Jonathan Holt (JH), Monica Mehers (MM), Tomy Duby (TD), Jane Burrett (JB), Eve Sariyannidou (ES), Patsy Parsons (PP), Helen Wiffen (HW) BHC, Sara Askew (SA) PML

Actions From Meeting of 14/04/2021

N.A.P.P. subscription

HW confirmed the subscription had been paid for the year.

Messages on BHC Phone Answering System:

MM suggested that telling the caller how long the wait is expected to be would be helpful. A 15-20 minutes' wait was probably acceptable.

SA told us that a new system was due to be installed in July, and all messages would be reviewed before implementation.

MMc asked if there would be a period of parallel running. SA replied that it would be a single switchover moment. MM wondered if switchover would take place at the weekend when lines were less busy. SA said that would depend on the supplier's schedule. HW said was likely to be a Saturday.

JB asked what the differences would be.

JH said the key feature was the integration of copper line and the virtual system allowing staff to work from home. The new system will allow calls to be taken either way, and the queue will count people waiting in both queues, allowing callers to be informed and the practice to keep track. System is entirely web based.

PP commented that telling callers the wait time, or their position in the queue is essential.

ES thought it was confusing to patients to be told they were the next in the queue but the call just rings out.

TD said it would be helpful to be publish the menu structure on the website. Also, to publish the date of implementation. In answer to MMc's question, JH said returned calls would show the BHC phone number.

Website

JB read the list of comments which had been circulated with the meeting agenda.

TD showed a document listing the 17 items on the home page, saying there did not seem to be any hierarchy or structure to them. He would forward the list to meeting participants.

JB commented that during COVID perhaps items had been added every month, to different parts of the website, without time for an overall review.

SA said that currently there needs to be lightning speed reaction to new information for patients, so it just gets bolted on. She felt some short-term things could be done to improve this.

JH said they needed to look at the platform, and whether a new one would be needed.

PP said she had been a tester, and was willing to help on the website. She had previously looked at the supplier's templates, thought there would be one to suit; it was the content that was at fault.

JB asked if an internship could be offered to a university student with website knowledge as it would need a lot of work over a short period to bring it up to date, over the summer vacation for example.

TD commented that the website needed to work on all formats from computers to mobile phones. MM reported that at times the current website did not work/display correctly on her phone.

SA/HW reported that PN was keen to make some changes.

Types of Opt-Out

ES explained that a Type 1 Opt-Out prevents GP practice level data from being shared or passed to NHS Digital (NHSD). Type 2 Opt-Out prevents data already held by NHSD from being shared.

Type 1 Opt-Out.

MMc said the updated privacy policy on the BHC website was 8 pages long, 2937 words long. On page 7 there was mention of an opt out of personal data sharing.

ES said this matter is very controversial and is everywhere in the media. For the past 9 years, if researchers have wanted data, they could request it. The government have not explained why more data is now needed.

Last week the government was threatened with legal action over the project. And now a proper data protection impact review is to take place.

MMc said that after 25 August, only type 2 opt-outs will be possible. PP had read that there was concern Type 1s may not be accepted after the original cut-off date of 23 June 2021. ES said that at the moment the extension was valid, but to “watch this space”.

MM said she had put the Type 1 Opt-out form on Facebook, and found that most commenters were happy for their data to be shared.

JB said perhaps people were not aware that data could be sold off to Big Pharma, and that “anonymised” data was not truly anonymous.

ES felt that indeed, people could be identified, and the public should be told.

JB asked whether NHSD would make money; ES said that commercial organisations could apply to NHSD for research, but the involvement of the US “spy company” Palantir is causing great concern.

MMc said she would be happy to share data if she knew what for.

TD said the opt out data was on the web. What about those with no access?

ES said they would need to get the data from elsewhere. A better, clearer link was required. She added that there was some confusion as to whether BHC website links were to an earlier “national” opt out, of the Type1 opt out for the current project.

JH felt that following the links from the BHC website could get users to the Type 1 opt out., but the only 1% of the population knows about the project, that it is difficult to engage and that it is leading to polarised discussions.

He felt the benign view is that this is one of the most complete and powerful datasets in the world with the potential for saving lives. The problem is to balance the benefits with the risks.

ES reiterated that it must be up to people to decide for themselves whether or not their data could be shared.

PP suggested that people may be happier to share if they knew there would be an ethics committee deciding on how the data could be used. ES replied that politics would always get involved.

JH said that some practices feel very strongly, and have auto-exempted all patients, leaving individuals to opt back in. ES commented that this may not be legal as it should be an individual's decision. Some practices have delayed action until patients are better informed. She said that as the practice is the data controller, if they were not happy with government's policy, they could take legal action.

JH said that the Oxford Primary Care Network officer is preparing a local Data Protection Impact Assessment (DPIA). ES said that it would be reasonable to use a local DPIA. ICO/government guidance should be coming on what a local DPIA should consist of, considering due diligence at practice level. ES offered help to the practice.

MMc asked whether ES thought the project would be delayed.

ES felt it was quite likely to be scrubbed or pushed through with legal action.

JH summed up the current course of action for BHC was to wait for the local DPIA, BHC to review it to see if there were any additional risks. If any risks had been highlighted to the public, then it would be alright for BHC to "switch on". For patients, publish the government information on all media with a downloadable link for the Type 1 opt-out.

ES said she would share information links with the practice as they came out.

JB asked whether the summary was for BHC or the PCN. JH said he could only speak for BHC.

BHC Staffing Update

JH reported that a paramedic had joined the PCN, and would be at Montgomery House and BHC. She is currently completing a prescribing course requiring clinical supervision for 3 to 6 months. She is at BHC 3 days a week and at Montgomery House 1 day. After the course BHC hope to keep her, but as there is only one in the PCN, negotiations will be needed.

MMC asked if she could see patients on her own. JH said that she sees patients, but cannot yet prescribe.

JH said a PCN Pharmacy Technician had started full-time, supporting the pharmacy and the GPs with the administrative management of repeat prescriptions - when the number previously approved runs out. For some patients, the review can be dealt with via text to get blood pressure measurements, and schedule a blood test. The pharmacy technician will be able to oversee this, supporting the Clinical Pharmacist. While this person has had two years training in Clinical Pharmacy they cannot prescribe.

Later this month, BHC hopes to get a second Physiotherapist to assess patients, freeing up GP time on MSK issues.

6 Oxfordshire practices are piloting having Mental Health Practitioners, funded by Oxford Health and the PCN.

MMc asked if the new BHC roles were on the website, JH replied this was a good point.

MMc asked if the physiotherapist was the first point for lower back pain.

JB suggested Rosie Rowe could communicate to the wider community as people are confused about the roles of non-GP clinicians.

JH stated that an HR specific management role is being developed. It was suggested that the staff section on the BHC website could have photos of staff and what they do. MM said people should be informed that the "GP may not be the best person to see for your complaint".

ES said there was a blurring of distinction between primary and secondary care, which could be a difficult legal environment. The website should mention other organisations involved e.g. Mind

JH said that would be appropriate to put on the staff page.

Vaccinations

JH reported that they have got down the end of the age groups. SMSs were sent out to fill 7000 places but only 1000 came forward. There will be a couple more first dose clinics, then second doses in September. We are bringing forward the 40s for second doses. MM How are people being informed?

JH said they are working with groups who have appointments for second jabs. They will get it an Accubook appointment. MMC said she had got a text.

Survey to Send to the Virtual Group

MMc will write the 3 questions based on the discussions held earlier. JB mentioned that the original 3 questions had been taken forward by JH to put to the GPs some months previously. MMc will send the new questions is to JH. He will find out how the survey will be disseminated. JB asked how will we get results. PP said she thought results would be aggregated.

Covid Memorial

MMc said it was hard for funding, MM pointed out the problem was we have no bank account.

JB said benches had been donated earlier, so tables seemed a good addition.

MMc thought some kind of artwork that people could have input to, for instance heart shaped post-it notes that they can write their thoughts on.

JH thought this was a lovely idea but that we should wait a bit longer as we don't know the pandemic legacy yet. MMc will put it on the agenda for eight months' time

MM said, memorial versus memories. She added that she was currently self-isolating as she had been away and subsequently got a text from Track and Trace.

AOB

1) TD When MJog texts are sent out, there should be dates on the messages.

2) ES there will be new Health and Social Care legislation in September, which will likely change the whole structure of the NHS. We need a new act for 2022. The Department of Health wants to retain control.

Actions:

TD to circulate Website home page items list and Mjog screen shots. Done.

MMc to send survey questions to JH.

Next Meeting.

September 15 2021, 15:00 - 17:00

November 17 2021, 15:00 - 17:00

Joining information will be sent out with the Agenda in the week before the meeting