

## **Bicester Health Centre Patient Participation Group Online Meeting Minutes**

Wednesday 17 November 2021, 3:00– 5:00 pm

Attending: Mel McCauley, Chair (MMc), Dr. Jonathan Holt (JH), Tomy Duby (TD), Jane Burrett (JB), Eve Sariyannidou (ES), Christine Tulloch (CT), Teresa Allen (TA), Patsy Parsons (PP)

### **Actions From Meeting of 15/09/2021**

Completed as noted in the Agenda.

### **BHC Update**

JH reported SA's update that patients may use their own pot if the urine sample is not to be sent to the lab.

JH said PN has replied that the system for processing PPG membership requests from the website is working and there has only been one request recently.

There is a new message script for the phone system, but it has not yet been recorded/implemented.

Early Cancer detection The NHS Screening leaflet has been amended for the PCN area and copies of this and a "Spotting Cancer Early" Cancer UK leaflet are being given out in the 15-minute waiting area of the vaccination site at Bicester Heritage. Also available at the library.

#### Vaccinations

JH reported that over 52,000 Covid vaccinations have been done; 24,000 1<sup>st</sup> doses, 22,000 second doses and 6,000 booster and 3<sup>rd</sup> doses. The plan is to continue cohorts 1-9 which will take to Feb 2022, and if cohort 10 is included, later in the year. The contract for use of the Bicester Heritage site runs to the end of 2021, but the hope is to continue there. Considerations are the cost to lease Bicester Heritage or move sites, staffing and exhaustion of vaccine supply. JB asked if the PCN pay the lease; JH said it was the CCG.

#### Recruitment

There has been a change of Mind/Social Prescriber as Ines has taken a management role in North Oxford. Jessica Renew is now in the role.

MMc asked how the Social Prescriber has been received. JH said mental health may be triaged to the Social Prescriber, usually with no delay. They may then be passed to a GP having had some support.

JB asked if Social Prescribers had the authority to sign patients off work. JH said this rested solely with GPs.

The practice has been trying to recruit reception staff, but training takes time, and abuse from callers makes retention difficult. More reception staff are needed before the front doors of the surgery can be opened.

JB suggested putting a link to the job ad on local Whatsapp groups e.g. Wendlebury.

MMc asked if BHC were still taking on new patients. JH said yes, as closing lists is hard due to DoH rules.

BHC is looking to recruit another Clinical Pharmacist, and in future another paramedic.

#### Pressures on Patients and the Practice

JB asked if GPs were seeing parents who had stress building following home schooling etc. JH felt GPs did not have enough exposure to the situation to determine this. JB felt people were not able to withstand surplus shocks, e.g. from issues with elderly parents. JH said this was an issue for the

long haul - all are exhausted, though it was heartening to see a swing in the press to an understanding the pressures in GP practice, with higher levels of work than ever and a dearth of staff. He said it was harder than ever to find a locum or salaried doctor.

Jeremy Hunt is leading a Parliamentary Group Enquiry because there is the lowest number ever of GP (FTE)s in relation to the population.

MMc asked about the progress on the Graven Hill site for the other two practices. It would seem that it will be 2-3 years at least due to planning matters.

#### PCN Multidisciplinary Team

There has been a Multidisciplinary Virtual Meeting once a week with community services since the beginning of Covid and these meetings are continuing. The purpose is a Primary Care interface with Secondary Care where patients are just about coping. There is 12 months' funding for a pilot 'Virtual Ward Model' with a GP, a Secondary Care Specialist from OUH, a nurse, district nurse and Occupational Therapist. A few dozen patients are considered at a time. The objective is to keep patients out of hospital. At the moment Dr. Summers (BHC) and Dr. Hallam Evans (Alchester) are working 3 sessions each.

NHS England wishes to have an Urgent Community Response Initiative providing support within 2 hours (crisis) and or 2 days (reablement).

CT asked about the role of Bicester Community Hospital in the 'Virtual Ward Model'. JH replied that Bicester community Hospital is one of a number of community hospitals in the area who accept patients from hospital or step-up care for patients in the community. A Bicester patient may be sent to Witney or to Abingdon and an Abingdon patient to Witney etc.

MMc asked whether the Community Hospital would be a Minor Injury Clinic. JH said it would only be used as a base for 111 treatments.

#### Same Day Triage

JH then shared a document created by the OCCG titled "Why are GP practices still working differently?" (to be circulated with these minutes) which explains to patients how and why the same day triage model is being used, and reminds them they will be directed to the most appropriate clinician.

CT asked whether the shortage of social care was a problem for the practice. JH said it was often carers raising the alert about a problem, but he did not know of patients being admitted to hospital due to a lack of social care.

JB asked if BHC GPs do video calls. JH said they do; the software works well for the right patient who has the right device to use it. He noted that photos tended to be high resolution, whereas video is low res. and less suitable for looking at rashes etc.

JB asked who does the triage of e-consult forms. JH replied that the receptionists do this but are sometimes too involved with answering the telephone, so a GP is allocated. However, this takes time (morning and afternoon) from the GP responding to patients.

#### Action For 16 Year Olds in the Practice

MMc had sent PP scans of the original document, from another practice, which has also been shown to Bicester School. She suggested that in the document produced for BHC there would be signposting to some key areas and services with legal support from ES. MMc also showed a card sized 'concertina' leaflet for individuals. ES stated that in some clinical contexts 16 year olds may be treated as adults by the law. MMc asked if 16 year olds can see their medical records. ES said that the legal capacity of children is treated differently in a therapeutic context, in research and in research with a therapeutic element. For example, a child under the age of 16 may be assessed as mature enough to consent to treatment (Gillick competence) without the need for parental consent, as in the case of the COVID-19 immunisation programme.

ES will review any draft document produced, as will the practice.  
MMc will go into Bicester School and meet with 6th formers to have their opinion.  
PP asked if the leaflet could carry the NHS logo. ES said that if BHC took ownership, it could.

### **Status of the Website**

TD highlighted some problems with the current website design and function.  
He said that it is common practice to date any updates. BHC is not doing this.  
The Covid-19 pop-up has information for all regions. Only England is required.  
On the home page, there is a box to go to information about the Flu jab, but no equivalent for Covid.  
The home page format of boxes an improvement, but TD felt that the Windrush website, with links to "rooms", was clearer.  
PP said that the BHC supplier has different templates and TD and PP are eager to volunteer to improve the website. JH said that the Contract for BHC has been upgraded. It was suggested that, on her return, Sara Askew ask Paul Netherton, Practice Manager what is the minimum access to the software. TD and PP and also TA are willing to help on a template from a selection offered by the BHC website supplier mysurgerywebsite.co.uk . TA said they should provide proforma blocks for design.

### **A.O.B**

MMC asked about the impact of the CCGs going. ES replied that the CCGs are not visible, politically, any more. When the new Bill becomes law there will be an Integrated Care System (ICS). Details of our "place" - Bucks/Ox/Berks, or "sub-place" - NE Oxfordshire are not yet clear, nor on the how the GP voice will be heard at the ICS level. However, there is expected to be multi-group GP representation feeding up into "sub-place" then "place". There will be an Integrated Care Board but no hierarchies have been established yet. ES pointed out a difference between the CCGs and the ICS is that the ICS board will include private companies. There are important financial aspects to be considered.

### **Actions:**

JB to put link to reception job ad on Wendlebury Whatsapp groups (Done)  
JH to send PP the same day triage document (Done)  
MMc to go into Bicester School to get feedback on the 16y/o document.  
MMc, TD, PP to form draft 16 y/o document.  
TD, PP, TA to review website design.

### **Next Meetings.**

Wednesday 26 January 2022, 3-5 p.m.  
Wednesday 23 March 2022, 3-5 p.m.