

Bicester Health Centre Patient Participation Group Online Meeting Minutes

Wednesday 26 January 2022, 3:00– 5:00 pm

Attending: Dr Jonathan Holt (JH), Tomy Duby (TD), Jane Burrett (JB), Christine Tulloch (CT), Teresa Allen (TA), Patsy Parsons (PP), Emma Teasdale, HealthWatch Oxfordshire (HWO) (EJT), Sara Askew, PML (SA), Lou Moss, BHC(LM), Toni Lambourn, BHC(TL)

For eConsult session Calum Haggettt, BHC (CH), Matilda Dichmont BHC (DM)

Apologies: Mel McCauley, Eve Sariyiannidou

Actions From Meeting of 17/12/2021

Link to reception job	Added to Wendlebury Whatsapp Group	JB
Same day triage document	JH sent to PP, circulated with Agenda	JH PP
Draft 16 y/o document	To Be Discussed	TD PP
Website	To be discussed	

BHC Website

JH thanked the PPG for work carried out so far to improve the BHC website design.

To move forward, TL and LM will work on the project for BHC. The needs of the practice must be kept, whilst improving site navigability. There should be a meeting between BHC, SA, the PPG subgroup (TD, TA, PP) and the website hosts to see what is possible and to scope the project. The practice has upgraded the hosting contract to Platinum Level, so they should be able to do more. The work will be cycles of amendment and review. TA said that correcting of links and errors on the site should be done in the short term. TL pointed out that there was irrelevant/outdated information which could be removed. LM thought it could be made more user-friendly by presenting information in bite sized chunks.

JH said that LM/TL would contact the web hosts and liaise with TD to set up an email working group.

EJT said that the HWO review of practice websites has just been published. Copies of the report will be sent to Practice Managers and a link to it will be in the HWO weekly briefing email.

Leaflet for Registered Patients reaching 16 years old

TD reported that a draft leaflet has been produced, but that we need input from BHC on their policies for this patient group. JH said it was unlikely that a 16yo would completely take over their medical care; in most cases their parents would retain control. There may be a request for contraception. JH felt the key message should be that BHC would deal with their concerns in confidence, though there should be an understanding that in certain circumstances the confidence may need to be broken.

SA said that Gillick competence/ Fraser guidelines could apply from 12+.

TD asked if there was paperwork or procedures for this age group. JH said their registration with the practice has the birthdate. BHC doctors are used to working with the parents until 17-18.

JH will provide the PPG with a paragraph suitable for the leaflet.

Update from BHC

JH reported that administration of vaccines had quietened down.

In December 2021 over 9000 were delivered, more than any other Oxfordshire PCN.

Not all slots were taken at the most recent clinic, indicating demand has been met. On 12/1/22 there was a clinic for those who could not attend previously, for instance if they had recently had COVID-19.

Other groups getting vaccines/boosters: 12-15 year olds with underlying conditions; 4th dose for immunocompromised patients; 5-11 year olds with underlying conditions or who live with an immunocompromised person.

Next week's clinic, which is a mop-up session, may be the last at the Bicester Heritage site. The site is best suited for high volumes of vaccinations. Most likely one or more of the practices will retain capacity for vaccinations. TD said that antibodies would drop after a period, which could lead to further vaccinations/boosters being needed. JH said research and monitoring were ongoing.

Winter Access to the Surgery

JH said that the practice had been trying to open up just before the Omicron wave, but now have concerns about patients entering the practice with COVID-19. They are keeping the situation under review.

CCG (Clinical Commissioning Group) to ICS (Integrated Care System)

TA said there had been little information from BOB (Buckinghamshire, Oxfordshire and West Berkshire) about the transition. She had written to Rosalind Pearce (HWO) concerning this, and had been given a useful reply. There had been no one employed for public engagement by the BOB ICS, and the website gave very little information since the interim plans were posted on the BOB site in 2019. On 13/1/22 there was a meeting and the papers from this meeting are available from the OCCG website. Javed Khan has been appointed as Chair of the BOB ICB (Designate until July 2022).

EJT said there would be a webinar about the ICS on 4/3/2022 and that HWO were in touch with OCCG to get someone to speak. They would also like to hear from the public beforehand with questions.

TA observed that the interim designate board will only have one person from an acute trust and one from a PCN. There will be a challenge to represent all of the people in the BOB area; communication will be key.

JB asked whether the HealthWatches for all the areas in BOB will be merged. EJT replied that at the moment, HWO will remain.

JB asked about savings with the merging of the 3 CCGs. EJT replied that over the next couple of months, hopefully, there would be more information, and HWO will communicate this to all as they have it.

JB asked if COVID-19 had delayed the process. JH replied that confirmation had been put back from March-April to July. He said LMC (Local Medical Committee), CCG and Primary Care had been involved to see what models would ensure that Primary Care would be represented at ICB level, with only one GP on the Board, and only one in the Place-based partnership - Oxfordshire consisting of North, City and South. The little capacity GPs have to devote to these issues may necessitate new roles, perhaps executives with GP knowledge.

TD mentioned that there was a very useful video from Julie Dandridge on how GPs function in Oxfordshire, from top to bottom. Link: https://youtu.be/o8mep_HfPY8

JH commented that Julie Dandridge was a CCG member who has been very helpful, and that he was concerned about the loss of relationships with people who knew about local issues.

TA said with the timeline for shortlisting by 4th of February, we should soon know where they are from.

JB asked what were the parameters for recruitment to the ICS board. JH did not know the details, but the intention of achieving economies of scale, to merge Social Care and Medical Care, and integrate long term planning was the longstanding goal. He felt that the political will was

damaging and was using up effort that could go into clinical issues. He was concerned the current plans were pulling in the opposite direction to the PCNs, but it would probably take a year to see how it would work, and that it was sad to see the loss of existing expertise.

JB pointed out that the PCN for Islip and Kidlington was changing more than a PCN in an established area. (JB amends to say Bicester, Kidlington and Didcot have rapid population growth.) It would be discouraging if the ICS were not aware of this because of lack of PCN representation.

Earlier Approval and Circulation of the Meeting Minutes

PP stated that currently minutes are only circulated a week prior to the next PPG meeting. In order to allow time sensitive information to be circulated sooner, draft minutes could be sent to members present to review and reply, then a finalised draft would be approved by members present. The minutes could then be circulated to the virtual PPG, and placed on the BHC website. PP was aware this would involve an extra email from BHC to the Virtual PPG. JH said that PN currently held the PPG mailing list, but suggested that putting it on the website could be something Toni and Lou may take on as the Practice Manager is so short of time.

A.O.B

Answerphone

SA said that the BHC Answerphone message had to be changed before Christmas, but that a new script was being circulated.

Volunteers and the PPG

SA said that it had been encouraging that so many people had come forward to volunteer at the Vaccination site and it would be a good idea to invite them to join the PPG. JB said we did not want to lose the energy and enthusiasm, and that we could do this for all the volunteers, not just BHC. JH said he would put this on the Vaccination Site meeting agenda. A letter would need to be developed/sent. EJ asked whether the BHC/ Bicester PCN letter could be shared with other PCNs via the PPG page on the HWO website.

HealthHub

TA said that the issue of the new HealthHub (Graven Hill) was a frequent topic on the Bicester Chat Facebook group, and wondered how it would affect BHC. JH said that only Alchester Medical and Montgomery House practices were moving, but that BHC may get registrations from patients wanting the convenience of a town centre location. He said that BHC may benefit if the Montgomery house site were leased to another NHS organization providing further facilities, for instance a base for district nurses. On the other hand, patients may wish to move to the new build with more parking and potentially other services such as outpatients. In 3-5 years BHC hoped to expand into the Julier Centre.

eConsult

JH introduced medical students Calum Haggett and Matilda Dichmont and thought they could help to look at the eConsult function of the website. He outlined the issue that eConsults were taking multiple slots in the clinician's limited diary with a call, then a face to face visit on the day. The patient may have limitations on when they can come in. If the clinician could not contact the patient on the first 3 attempts, plus a text, the patient is informed and they need to submit a new eConsult. JH said the eConsult (a bought-in package) was wordy, with nothing about being available on the day. Improvement is needed to make it more patient friendly but also to include: Clear note that the patient will be contacted and instructions that patient be available; link to details about clinicians' work days with an emphasis on the patient seeing their own GP; shorter descriptions.

PP asked how the daily list was created. JH said the reception team with the aid of a GP if necessary.

TA said there should be a facility to say the patient won't be available.

EJT said a lot of patients were finding eConsult to be a "clunky" system, and that patients don't know they can request a callback.

JH suggested there could be a very brief summary of how the system worked, followed by a FAQ section "Making eConsult work for you"

JB said the questions were repetitive, and she was concerned that it asks to see all medications taken, and wondered who sees this. JH said the reception team. He commented that if questions were repetitive they need not be answered. He felt that digital access had lowered the bar, bearing in mind that primary care is under strain. Some non-urgent conditions would right themselves if there were a 2-3 week wait.

TA suggested that there should be a section saying "I want to let my GP know" but not wanting contact. MD suggested an eConsult leaflet, and explicitly say to skip an answer if it is not relevant/repetitive.

Actions:

LM/TL to contact the web hosts and liaise with TD to set up an email working group/meeting.

JH will provide the PPG with a paragraph suitable for the 16 yo leaflet.

JH to raise issue of volunteers at the Vaccination Site meeting. Liaise with PPG on Letter.

JH to share LM, TL email addresses to TD for website group.

JH to share email addresses to eConsult group CH, MD, PP.

DONE

Next Meetings.

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

Wednesday 18 May 2022, 3-5 p.m.

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