

Bicester Health Centre Patient Participation Group Online Meeting Minutes

Wednesday 23 March 2022, 3:00– 5:00 pm

Attending: Dr Jonathan Holt (JH), Mel McCauley (MMc), Jane Burrett (JB), Tomy Duby (TD), Christine Tulloch (CT), Teresa Allen (TA), Patsy Parsons (PP), Helen Wiffen BHC(HW), Toni Lambourn, BHC(TL)

Actions From Meeting of 26/01/2022

LM/TL to contact the web hosts and liaise with TD to set up an email working group/meeting.	TL	New Template in place; being updated.
JH will provide the PPG with a paragraph suitable for the 16 y.o. leaflet.	JH	Done
JH to raise issue of volunteers at the Vaccination Site meeting. Liaise with PPG on Letter.	JH	See Below
JH to share LM, TL email addresses to TD for website group.	JH	Done
JH to share email addresses to eConsult group CH, MD, PP.	JH	Done

Volunteers

JH - SA's idea of asking the Vaccination Site Volunteers if they would like to join their PPG was not possible because one surgery did not want to do this, and it was not possible to exclude those volunteers from the email list. The vaccinations are ongoing so the volunteers are still at the site.

Update from BHC

JH reported that administration of spring booster vaccines would take place on Saturday 7th May, with a second session Wed 8th June. The cohort will be 75+, and immunocompromised, but may be expanded. The site will then be paused until autumn. It is not yet decided which cohorts will be included then. The PCN will maintain the lease on one Bicester Heritage building.

Moderna is the vaccine of choice. It does not need to be diluted.

Update from PCN

JH reported that another paramedic had been recruited, and another prescribing clinical pharmacist would start soon. The PCN is talking to Primary Care Physio to recruit another general practice physiotherapist to start, at best, by June.

Access to BHC

JH said that BHC was working towards opening the front doors. The screens are working for patients to check in, but once again, high numbers of Covid-19 cases have caused a delay. MMc said that the buzzer was not in place when she arrived, which was confusing for patients. HW replied that the buzzer was now working, but if the patient had an appointment, Reception staff would buzz them in, then they could use the machines to sign in.

Healthy Groups

Dr Ellen Fallows, Clinical Lead for Bicester Healthy Groups, is running Healthy Groups, where patients can discuss issues such as diabetes, weight control, exercise, back pain etc in small groups. A clinician will be available at the end to answer questions. Patients can self-refer, get a GP referral, or contact:

www.canosn.org.uk/bicester-healthy-groups/about-bicester-healthy-groups

JB asked if it would be like the information evenings run by Dr Fox. JH said they would be smaller groups and, at the moment, online. Patients would support each other by sharing experiences, working to instigate change. There are morning, lunchtime and afternoon clinics. Patients

complete a short form, and if a common issue comes up, a new group could be started. The pilot is funded for 3 months.

Multidisciplinary Teams (MDT)

MDTs are formed across the PCN, funded from NHS England. MDT “wards” look after quite unwell patients in the community, preventing hospital admission. e.g. identifying patients who are frail, to prevent falls. Teams are formed from various nursing and doctor resource. Currently MDT demand a lot of GP time. PP asked if this was moving the load from secondary to primary healthcare. JH said this was the worry. MDTs are currently funded from a non-primary care source, but if it saves patients from needing GP time, could be better for BHC. TD asked how communication would be managed. JH said it would be conventional, with clinicians visiting the patient or their family. There would be a daily “ward round”. Some technology is being looked at. JB asked if this was a pilot, and how much GP time it was using. JH said it was funded for a year from Nov. '21, though he suspects it will be continued. 2 GPs each have 3 half days. TA asked about the dynamics between the MDT and the patient’s normal GP. JH said the ultimate responsibility would remain with the normal GP. CT said she had experience of an MDT for neuro-rehab, setting a goal for progress, and various team members taking the lead. JH said this was an interesting case, and that getting the right mix of personnel on the team was key. Shortages made for challenges.

eConsult and the Website

JH said that the medical students had put some altered wording around eConsult on the website. PP said she had given some feedback on the new website. TL said comments were welcome and she would action PP’s points on Monday. MMc said the website was much better and thanked TL for her work on it. JH said he also thought it was much better, that the new template was useable, and the website could be updated in-house. JB said she was encouraged to go on the website again.

LiveWell Oxfordshire

CT said there was a very useful booklet Live Well Oxfordshire published by Oxfordshire County Council. The information is available online here: <https://livewell.oxfordshire.gov.uk>

Healthy Place Shaping

MMc reported she had attended this “real” event hosted by CDC with stake-holders present. The theme was Climate Change. We are in the middle of a 2 year Climate Action Framework. Apart from virtual appointments what more was BHC doing? Could we install charge points? JH said BHC has had solar panels on the roof for 2-3 years. MMc suggested putting the generation report on the website, hopefully showing real time generation statistics. JH said BHC was using inhalers with a lower carbon footprint. JB hoped we would not return to issuing printed appointment cards to all patients as most people used telephone diaries now.

MMc reported that Cherwell Collective provided non-means tested food and basics.

www.cherwellcollective.com for more information. Also attending were Bicester Carbon Club (follow on Facebook) encouraging ways of cutting personal carbon footprints.

Patient Communications

PP pointed out that there had been an issue with both the early circulation of minutes for the last meeting, as had been decided in January, and with sending out the agenda for the current meeting. PP also commented that the “generic” messages put out by BHC on Facebook would have more impact if some wording were added making them relevant to Bicester e.g. local statistics. Finally PP said that if MJog were no longer being used, patients should be told so they could delete the app.

JH said he had not been aware of the earlier email issue, but that PN currently had COVID and that would be the reason for the agenda problem. JB asked if there was back up in this circumstance. JH said that the Facebook messages were from national campaigns, and would require resource to “personalise” them. He was not sure of the position on MJog, and would find out. MMc asked if the latest minutes were on the website. PP said they were. With respect to the Facebook

message about cancer testing, JB said that if the PPG leaflets on cancer testing were to stay on the website, she would check the contact details in them to ensure that they were still valid. TD said the link to the PPG web page was at the bottom of the page. TA commented that this was “hidden”, MMc said that it may be clearer if rather than PPG, it said “get Involved”. It was agreed that a link could be added to the “Practice News” button

A.O.B

1) PP asked about the response from CCG to HealthWatch Oxfordshire’s patient survey about contacting GP surgeries.

JH said eConsult got the contract, so BHC have no control.

Telephony may change to a new provider allowing the use of internet phones, having interaction with EMIS records.

2) PP asked if GPs had admin work to do. JH said it was reducing, e.g. clinical pharmacists picking up prescription work.

3) JB asked whether, in context of GP shortage, there was time to train graduates. JH replied that BHC had 2 students and a GP trainer. JB asked if they got Face to Face experience, JH said they did, as well as remote experience, which current GPs did not. JB said that home visits had almost disappeared, but gave insight into the home situation. JH said that there were still Community teams and the early visiting service.

4) PP, again referring to the HWO patient survey, asked if there had been any progress towards allowing advance appointments. JH said that there was still the problem of “using up” on the day appointments with advance ones, and doing this would lose the ability to triage. Perhaps giving instructions such as “check the test results and only see me if something comes back abnormal” would lessen the need for advance appointments.

Actions:

TL to update the website with PP comments

Done

JH to find out about MJog

Done*

TL to add PPG link in News Page

Done

*MJOG Update: The app can be deleted; patients will receive messages though standard SMS services.

Next Meetings.

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

Wednesday 21 September 2022, 3-5 p.m.

(No summer meeting, though this will be reviewed in the May meeting)