Bicester Health Centre Patient Participation Group Online Meeting Minutes

Wednesday 21 September 2022, 3:00– 5:00 pm

Attending: Dr Jonathan Holt (JH), Peter Wilson (PW), Teresa Allen(TA) (acting chair), Jane Burrett (JB), Tomy Duby (TD), Christine Tulloch (CT), Patsy Parsons (PP)
Apologies: Eve Sariyiannidou

Actions From Meeting of 18/05/2022

HW to look at signage on the door	HW	Notices Reduced/simplified
HW to clarify messages about waiting rooms on the check in machine	HW	60-80% of Patients using machine. Messages are being checked frequently to ensure patients are sent to correct area.

BHC Update

JH introduced Peter Wilson who is working beside BHC Practice Manager Paul Netherton, and will be Practice Manager for the Bicester PCN (Primary Care Network).

Update - Vaccinations

JH reported that autumn COVID booster vaccinations are being given within each practice, and integrated into the normal vaccination routine. A combined 'flu/COVID vaccine is being developed. BHC (Bicester Health Centre) is scheduling vaccinations 2 or 3 days a week, with 5-minute appointments (appts), using BHC nurses, putting data into computer systems at the time of vaccination. The cohorts are being called in the same sequence as before. It was noted that the NHS is sending out text messages as well, offering appts at local centres or pharmacies etc. which could be confusing. BHC is limited by vaccine supply; Bicester is getting only 800 doses/week, of which BHC would only get 260.
PP asked if BHC were giving 'flu and COVID at the same time.
JH said they were, but that appts booked through NHS sites would only be for COVID.
CT reported being offered NHS COVID vaccination at sites up to 10 miles away.
JH added that this is the first bivalent vaccine, being for the original strain and Omicron as well. BHC is using Moderna, but will be getting Pfizer next week, also bivalent.
TA asked about 'flu vaccine, JH said it would be given unless there were no supplies, but people would still be called to be given the COVID vaccine only.
JH said that BHC is using volunteers to support the vaccine days, and people could offer their time by contacting Clare Davis who is coordinating vaccine work in practice (reception will be able to pass on any message or offer of help).
JB asked which days, JH said it varied depending on staff availability.

Update - Appointment system

JH reported that during COVID all first contact was through the phone or eConsult. Now the doors were open, but still the care coordinator at reception would be doing some triage. There is now a Duty GP assigned to review eConsults and may book the issue straight to a GP. The reception team will phone and make the appt. For non-urgent, ongoing, complex issues, the appt will be made with the patient's usual GP. BHC is trying to find the best way to move from a rigid system to something more flexible.
PP asked if it was still the intention to deal with things on the same day.

JH said everything would be reviewed on the day, but if the usual GP has different working days, or a physio is only available on a Wednesday, the appt would be for that day.
JB asked who would triage, reception or the Duty GP?
JH said the team would take as much information as possible, and may direct the issue straight to the physio or pharmacist for instance.
JB said this system would be appreciated by the admin staff.
JH said it was, that the GP was closer to reception. PW pointed out that the GP may see the vague or anxious first contact of the patient.
TA said this system could help with the retention of admin staff. The PPG are still getting feedback about the difficulty of getting through on the phone.
PW said when people phone they go into a wait queue. If that queue is full, the caller gets the engaged tone. There is no way of telling how many callers hear this. BHC have doubled the capacity of the wait queue, which allows them to become more aware of volumes and if possible add resource. The best way to increase access is through eConsult. BHC looking at ways to increase use of eConsult, and phone or in person visits may result in an eConsult being completed by the care coordinator.
TA checked that the reception staff would fill in an eConsult with the caller.
PW said this would happen, and that the patient could be reassured. Also, having the record would cut down on the need for double calls.
JB asked if reception would tell the patient they were using eConsult.
PW said this would be taken into training, as it may reassure the patient. He had been told that eConsult "lite" is coming, which may simplify entering.
JH asked for feedback at the next meeting if anyone had had experience of the new system by then.

<u>PCN Roles</u>

JH - A Mental Health Practitioner with experience as a Community and Psychiatric nurse is starting in October. They will work with the Mind/Wellbeing worker as well as Oxford Health and secondary care. They will work across the PCN so about 1.5 days a week at BHC.
A role for a Child/Young Adult (YA) Mind worker is being developed for the PCN to work on such issues as behavioural problems, development needs, school issues, speech and language, autism and ADHD. These problems often present very generally as the "child being a problem". Waits can be up to 3 years for referral, and it is hoped that this worker will help with navigating the system and support during the wait. Recruitment cannot start yet, but during the nurse's training they will go out to meet all parts of the system.
JB asked if the parents or the school raised the problem.
JH said it is almost always the parents. For a GP it can be a struggle to know if it is a developmental, learning or clinical problem.
The second PCN prescribing clinical pharmacist is training up for the specialist role in primary care.

<u>Agenda Items</u>

TA asked if BHC had a social prescriber.
JH said the Mind worker is a "social prescriber" (with a mental health focus), and the multi-disciplinary team (MDT) had Age UK workers (also social prescribers) who could see housebound or at-risk patients. The MDT coordinates services for patients at high risk of hospital admission. The PCN has employed a Care coordinator who is being trained to run the daily MDT ward rounds and facilitate coordination between organisations. The Care Coordinator reviews hospital

discharge lists to identify suitable patients. In the future it is planned that the care coordinator will search proactively for patients that might benefit from MDT input.
PP said that the Social Prescriber role could accompany anxious or lonely people to meetings in the community, and if these people needed help, how could they get it?
JH replied that Age UK had some services, and BHC could help the more clinically needy. The vision at the introduction of social prescribing had been that the organisations providing the SPs would develop the role. At BHC the Mind workers could facilitate.

CT asked about home visits; much could be told from a home visit.
JH agreed that a lot was being lost by not doing visits, but that many patients could be seen in the surgery in the hour that a visit takes. GPs are still able to visit if essential, this often being for palliative care. Most routine visits are now done by other services.

JB asked if young GPs are trained to be reliant on technology.
JH said reduced Face to Face (F2F) appts, and no home visits are a casualty of the lack of GPs. GPs would prefer to see all patients, but try to ensure those needing ongoing continuity of care, get it.

<u>Enhanced Access Hours Appointments</u>

JH - From 1/10/2022 there will Saturday clinics 8 a.m.-1 p.m. staffed by a GP, 2 nurses or a nurse and an advanced nurse practitioner (ANP), and 2 health care assistants (HCA). GPs will come from BHC, Montgomery House or a locum. All appts will be F2F.
On Tuesdays an ANP will be available to help with the Monday peak demand. Bicester Health Centre (BHC) will run an evening clinic on Wednesday between 6 and 8pm. Montgomery House surgery will run a clinic on Tuesday 6-8pm. Generally, BHC would be encouraging patients requesting evening appointments to be see on Wednesday (in the Health Centre) rather than going to Mongtomery House Surgery (although they are in theory able to book these appointments). This is to try and improve continuity of care. All the Enhanced access hours appointments are in theory bookable by patients from any of the 3 Bicester surgeries and BHC will be providing an equitable number of appointments for Alchester Medical Group and Montgomery House surgery's patients as BHC is contracted to provide these extra hours under the PCN contract (and is the only Bicester practice signed up to this contract).
TA asked how patients will be informed.
JH said at the moment the clinics are being used for vaccinations. When this is done, patients will be offered appts on Saturdays at the time of need.
PW asked how patients would like to be informed of the clinics if this was wanted.
PP suggested Facebook or a text message. TA suggested a simple message on the website.
JH said the ICB had asked for patient feedback after 3 months of extended hours service.
TA suggested real time capture, and that the PPG could help with that.
PW suggested a patient survey. Without prompting you will get 4 times as many complaints as good reviews.
JB commented that if the vaccinations programme delayed the start of "normal" Saturday clinics, the 3-month feedback would be delayed also.

TA raised the issue of appt trends and numbers, and acknowledged that with the change in proportion of F2F appts, and other clinicians seeing patients, it was difficult to see a like-for-like trend. However, with the increasing use of eConsult, the issue of patients waiting at by the phone all day for a call back was also increasing. Especially for those who have no mobile signal at home.
PW agreed, and said that care coordinators could note down a preferred time for a call back. They are trying to reduce the need for two contacts so try to have one call to set up a F2F appt.

JB said many practices have a 2-hr slot.
PW said he would see if we could improve on the “all day” callback.

TA asked about referrals to secondary care not being followed up.
JH said the majority of issues with referrals were due to miscommunication. The hospital may write to the patient cancelling one appt, making another, then subsequently write asking why the patient did not attend the first. Usually the GP will tell the patient to contact the surgery if they have not heard anything by 1-4 weeks following a referral (depending on urgency of referral). Patients will be advised to contact PALS once the referral is known to have landed in secondary care.
PP asked if a referral might be refused.
JH said this could only happen if the department were closed to new patients as happened with ENT during COVID, or the patient did not fit the criteria for referral.

TA asked about proactive contact with vulnerable patients.
JH said that certain conditions required an annual review, but if the patient did not have one of these, were not on any medications, or flagged for any screening, then they would not have contact. The NHS system is set up to be more reactive rather than proactive, although there are certain areas which are targeted to encourage proactive reviews such as annual reviews for patients with Learning Disability or severe Mental Health problems.
Communities of Practice hope to work together and join up the dots.
PW said the reception staff were getting extra training on the hearing loop.
PP asked if it would be noticed if someone had failed to put in their prescription for 2 or 3 months.
PW said the dispensary at the surgery would pick it up, possibly not community pharmacies.
JH said that some patients do stop taking medicines, in many cases they have supplies at home.

TA asked about group clinics e.g. diabetes or menopause, post COVID.
JH said the funding for them had stopped.

TA asked about updating the “One Step at a Time” (OSAAT) exercise leaflet, and whether it would be useful as a leaflet as well as online.
JH said that though things are online, some patients found leaflets more helpful. As more patients attended the surgery, leaflets would be used.
CT pointed out that the Oxfordshire Live Well booklet, previously only online, is now available as a leaflet and is a very comprehensive support and care guide for adults.
JB had used its Activity page to get contact information for OSAAT.
0345 0507666 is the number to call to get a copy.
PP pointed out that most of the PPG leaflets on the website would need to be updated.

A.O.B

TD said he had had a text message saying his usual GP had been changed. He felt that this was not an appropriate way to be informed of such an important thing.
JH said there had been a reorganisation so that not only partners had lists. This meant that 1000s of patients were reallocated, and that text messages were the easiest and cheapest way to tell people.
JB asked if these GP would have the same duty of care as the partners.
JH confirmed they did.
TD had also had a text message about getting a diabetic check, but the message did not inform him of what action he should take.
JH said that it sounded as if the message had been incomplete and he would check.

Actions:

JH to check the diabetic text messaging.

Update for “One Step At a Time” Leaflet: JB will send updated text to PP to reset the layout for the three-fold leaflet.

Next Meetings.

Wednesday 16 November 2022, 3-5 p.m.

Wednesday 18 January 2023, 3-5 p.m.

Minutes prepared by

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