

Bicester Health Centre Patient Participation Group Bicester Health Centre, Coker Close, Bicester OX 26 6AT  
**F2F Meeting Minutes - Wednesday 03 July 2019 3.00 – 5.00 pm**  
 Approved by those present and sent to virtual PPG and to practice website after 21 July'19

**Present**

BHC Staff: **MG, JH NS** F2F Group members present: **JB, JD, MM, PP, ES, and ET\*** Chair of NELF: **HVO**. **Apologies: EE\*, GH\***  
**A new F2F member was welcomed and those present introduced themselves briefly.**

The Minutes of 15 May 2019 meeting approved already; sent out to the virtual PPG and put on the website for anyone to read  
**ITEMS ARISING from previous meeting** **ACTION**

**Carers Week from 10 June**

**MG** thanked F2F volunteers who came in the mornings during Carers Week. Various Organisations sent people and had displays. 11 new Carers were registered or had details renewed. It was explained that carers from the old computer list are being transferred onto the new computer system. **MM** commented that in 2018 volunteers covered some afternoons as well and about 20 carers were signed up rather than 11 this year. Three to four patients had expressed possible interest in the PPG and the F2F group. It had been noted that the e Consult service was already attracting interest in that week. It was agreed that volunteers would support again at the **'Flu Jab week'** in the autumn and check for carers and publicise the Facebook page and the PPG. It was suggested that "Are you a Carer?" could be put on the BHC Facebook page and then circulated by **MM** to local organisations.

**Tai Chi for Patients - Project**

The instructor **AT**, has confirmed that she will be available throughout the summer. Attendance has been limited, perhaps because of changes in dates. **MM** will contact the people on the list of those interested (total 37) leaving out those who cannot now attend for an afternoon Tai Chi session. It was noted that Age UK Strength and Balance classes accept 6-week free referrals from a GP. **JB&PP** to liaise on contact details of person from Kidlington who led a movement with music class during Diabetes event.

**Test Results leaflet: is the laminated version being handed to patients when they are having a test?** **NS** explained that this is happening and another laminated copy has been made with the words 'Read and put back'.

**Facebook for BHC:** There are 97 followers and fewer for Instagram. **HVO** commented that Facebook worries the older generation because of publicity about scams and loss of personal data. Suggestion for more publicity - **inside the practice** - for the Facebook page.

**Leaflets:** the second edition of the 'activities for the over 60s' leaflet was presented and will be printed. There have been a few additions which **PP** managed to squeeze in. **NS** commented that it is taking time to tidy up the leaflets which are put back in the incorrect places and scribbles on.

**Update on PPG initiatives –evening meetings**

**JH** repeated idea of having occasional evening meetings for patients in the middle waiting area where 25 to 30 people could be seated. A speaker for 40-40 minutes talk with questions. One idea for a topic was 'Are you a Carer?'. The logistics would need work, plus adverts and posters and on line. Patients could be asked 'What would you like to hear about?' There are 3 practices in the PCN<sup>1</sup> in Bicester so the evening meetings could include all patients in the Bicester network. Perhaps the PPGs in the other 2 practices could help both on topics and on communication ideas. **HVO** mentioned that in South Oxfordshire PCN there are meetings with a speaker every 4 or 6 months. **JD** said she would think about getting involved in this initiative, this being her first meeting.

**JB** to check 'flu jab week dates with **MG/NS** and request cover from volunteers in that week.

**NS, MM**  
**PP** may attend an Age UK Tai Chi session  
**JB&PP**

**JB** to tidy leaflets on next 2 days she visits BHC - **done**

**JD**

<sup>1</sup> PCN Primary Care Network: in Bicester the 3 practices of Alchester, Bicester Health Centre and Montgomery House.

<p><b>Fundraising on line</b></p> <p>PP explained that she had done a lot of research on line to discover means of raising funds for the practice without becoming a registered charity. JH explained again, for the benefit of the new F2F member, an example of the reason for fundraising is that the practice might like to have CRP equipment. This equipment would give an immediate answer on whether antibiotics would be suitable for a patient's condition. It would not be necessary to wait for Blood Test Results. It could be important because to prescribe an antibiotic when it may not be appropriate is a waste of resources and increases a risk of non-response to antibiotics in a patient in the future. There were three suggestions:</p> <ol style="list-style-type: none"> <li>1. HVO suggested setting something similar to the Kidlington and Woodstock practices where there are <b>Community Patient Funds</b>. A practice keeps funds separate from practice accounts and cheques to be signed by two out of three signatories – 1 to be a PPG member.</li> <li>2. To approach Healthy Bicester for funds.</li> <li>3. Introduce a Community Patient Fund for BHC:             <ul style="list-style-type: none"> <li>-on the website,</li> <li>- Facebook page</li> <li>- Posters <b>with</b> a photograph of the 3 donated benches in the green space. Check with the donors of benches that the photo can be used.</li> </ul> </li> </ol>	<p><b>JH&amp;NS</b> to approach practice about this.</p> <p>PP will follow this up</p> <p><b>JB</b> - 3 approvals received</p>
<p><b>AGENDA</b></p> <p><b>1. Update on Primary Care Network contract</b></p> <p>JH, Clinical director for the PCN, explained that the contract was signed on 01 July. Payments will be made a month in arrears. There will be 2 posts, funded for 5 years. A. A <i>Social Prescriber</i> working via the <b>Citizens Advice Bureau</b> in Bicester. In the future there may be 3 people in Bicester. The social prescriber will be a practical person to 'join up the dots' for example; bereavement, depression. It will be non-prescription based. The <b>CAB</b> is already providing a telephone service in NE Oxfordshire. This area – of social prescribing -is an unknown for the practice B. A <i>Clinical Pharmacist</i> has been recruited and will start in September '19. She will cover the 3 Bicester practices in the <b>PCN</b>. One area is to manage multiple prescriptions which need monitoring. She will have both a prescribing and an administrative role. JH added that the repeat prescribing and review system has to change. The funding will pay for 50% of the salaries for qualified people.</p> <p><b>2. Joint Meetings arranged with other PCN Surgery PPGs.</b></p> <p>MM commented that at the last meeting of Bicester PPGs those present were more concerned about the possible physical moves of the Alchester and Montgomery House practices in the future. At the next meeting JH will not be able to attend but he will attend the following one. Dates to be confirmed and location. Mention was made that BHC is open – for emergency appointments– on Wednesdays until 20.00 so BHC could be used for meeting sometimes.</p> <p><b>3. Update on e-consult – is it saving time for clinicians?</b></p> <p>JH commented that two e consultations take the place of one 10 minute face to face consultation. The e consultation <b>is in addition to</b> telephone consultations and face to face consultations. The management of the clinicians' workload is not yet clear. Some face to face consultation appointment times will be taken out so that clinicians can answer the e consultations. There will always be a phone service in the practice. JH added that the phone call triage by reception staff was not running yet.</p> <p><b>4. BHC website – updates / search facility?</b></p>	<p>PP +1 to attend</p> <p>15.7.19 online feedback requests going out to patients who have used the service at BHC</p>

<p>Critical comments were made about the lack of search facility on the website. Someone had looked for 'Tuesday Bloods' for drop-in to a blood clinic without success. Comment from the practice that this was not online as it would encourage even more people than now! How was the original software for the website chosen? It is too restrictive. PP volunteered to look at websites for some other practices and then to identify the software package used in order to suggest improvements to the BHC website for patients.</p> <p><b>5. Three items from June 2019 e-bulletin from NAPP<sup>2</sup> (selected by JB)</b></p> <p>1. There was a conference in Gloucestershire in June. The proceedings were livestreamed and by clicking below you can go to the videos of talks available to members. <a href="https://www.napp.org.uk/membersonly/2019conference.html">https://www.napp.org.uk/membersonly/2019conference.html</a>.</p> <p>2. A summary was given of one of the RCGP<sup>3</sup> Bright Ideas Awards from 2018 which might help BHC. The idea was to reduce missed appointments. BHC already makes sure that patients who book an appointment in person at reception receive a printed copy of appointment details and patients can arrange to receive a text reminder if they book online. The additional suggestion which was trialed in a practice in Sutton Coldfield was to put up a notice highlighting the % of appointments kept in a month e.g. <b>"95% of our patients came on time to their appointment in June"</b>. This is a positive reinforcement of good practice could be more effective than a moan about missed appointments. Patients were also encouraged to cancel if they could not come. There were measurable improvements over an 18 months trial period: <b>an average of 37 fewer missed appointment per month or approximately a working day saved every month.</b></p> <p>3. NHS chiefs have urged family doctors to enlist in a scheme improving care for thousands of armed forces veterans and their families. GP practices have been sent resources to help them identify veterans and ensure that they can access mental and physical health care tailored to their needs. Those who join the scheme can become accredited as part of a growing network of "veteran-friendly" GP practices.</p> <p><b>6.The PPG has delegates who give feedback to the NELF<sup>4</sup> and then to the OCCG<sup>5</sup></b></p> <p>At the recent NAPP conference (<i>videos – see link under 5 above</i>) mention was made of the overprescribing of repeat medicines. This is something which has concerned members of BHC PPG F2F group for years. JH repeated about role of the clinical pharmacist in the Bicester PCN which will include review of multiple items listed in repeat prescriptions.</p> <p>HVO mentioned the need for improved two-way communication with the OCCG and the Chairs of <b>all</b> the Locality Forums in Oxfordshire. The Locality Forums are making every effort to communicate effectively with OCCG.</p>	<p>PP active on this</p>
<p><b>ANY OTHER BUSINESS</b></p> <p>1. <b>Children's Play area at BHC.</b> JH said that an area in the inner waiting room has been designated as a play area: a wall has been painted yellow; the blue carpet tiles will be changed to green ones to indicate the area; a box with some board books &amp; wipeable toys are coming. Number and other stickers may be added to the wall later. The seating and tables in that area have been changed. Small children will have a place sit and interact with toys and other children.</p>	<p>17.7.19: visible progress on this project in the practice</p>

<sup>2</sup> NAPP: National Association for Patient Participation. BHC pays the annual subscription.

<sup>3</sup> RCGP: Royal College of General Practitioners. Bright Ideas Awards invite submissions from General Practices about successful initiatives which might be transferable.

<sup>4</sup> NELF: North East Locality forum of PPGs : Bicester practices, Kidlington, Islip, Woodstock and Yarnton

<sup>5</sup> OCCG: Oxfordshire Clinical Commissioning Group

<p>2. <b>Are new patient registrations taking up a lot of time at reception?</b> A comment that waiting time in queue for reception was up to 10 minutes while forms were explained to new patients registering. It was said that new patients usually take the forms home to complete. Suggestion made that new a receptionist is reminded <i>frequently</i> to press the bell to get some help for the reception and keep the queue smaller.</p> <p>3. Request for a <b>new horizontal noticeboard</b> on the same side as the weighing and blood pressure machines.</p> <p>4. A suggestion made for a PPG '<b>Listening table</b>' in reception. As patients leave the practice <b>after an appointment</b> a PPG volunteer to request suggestions for the practice. Suggested to be tried on an ordinary day - not the 'Flu jab week when too busy.</p> <p>5. <b>HVO</b> suggested the group contact Age Concern for article on 'What is Social Prescribing? Social prescribing within the new Primary Care Networks is a new concept for many in this area.</p> <p>6. A comment that some items available on the TV screen in the waiting areas have type sizes which may be too small to be read.</p> <p>7. <b>Is the Green space being used by Staff at BHC in their breaks now that there are 3 donated benches?</b> Yes, staff members are beginning to use it. <b>NS</b> commented that it is essential for the key to the door to be returned and that keypads would be installed on the 2 small wooden gates at the back of the building.</p>	<p><b>MM &amp; NS</b> in hand</p> <p><b>PP</b> liaise with <b>NS</b></p> <p><b>JB</b> checking a lot of different items on line</p> <p><b>JB &amp; PP</b> have checked some screen film loops</p>
<p><b>NEXT MEETINGS:</b> Third Wednesdays in the month - 3-5 p.m. <b>September 18 and November 20, 2019</b></p>	

The meeting closed at 4.50 p.m.