

Bicester Health Centre Patient Participation Group Zoom Meeting Minutes

Wednesday 29 July 2020 3.00 – 4.35 pm

Attending: Monica Mehers, chair (MM), Dr. Jonathan Holt (JH), Paul Netherton Practice Manager (PN) Helen Wiffen BHC Admin (HW), Patsy Parsons (PP), Eve Sariyannidou (ES), Mel McCauley (MMc), Tomy Duby (TD), Didi Dudzayi (DD)

Welcome: MM welcomed 3 new attendees. It was agreed that the Zoom format made attending much easier to join in.

Agenda Items

Provision Of 'Flu Jabs:

JH: The practice is starting to consider how to deliver vaccines in the new reality of social distancing and PPE. A "Flu Cell" is meeting to draw up guidelines to help with planning. Vaccine for the normal practice cohort was ordered last year. The larger cohort this year will require more vaccine.

MMc asked how the cost of the extra vaccines will be handled.

PN: Rt. Hon Matt Hancock MP (Health Minister) will need to provide guidance as the new arrangements will effectively double the number of people being vaccinated. The CCG (Clinical Commissioning Group) are very supportive with daily briefings and a help desk.

ES: PHE (Public Health England) are trying to find way, but do not yet have a plan.

JH: The PCN (Primary Care Network - for Bicester this is Montgomery House Surgery, Alchester Medical Centre and Bicester Health Centre [BHC]) have been discussing ways to deliver the jabs.

-at a PCN level getting a large outdoor space like the Park&Ride for 1, 2 or 3

Saturdays and have all patients come, perhaps having a tent for each surgery

-getting a similar large space but having each practice schedule for a different time

-dividing invitations by surname

-delivering as usual, in the practice, but just taking longer to schedule.

Difficulties to consider are: with joint ventures, IT would be an issue as the practices have different systems, and working outside would take IT access organising; having a longer timescale means spreading staffing over the period.

MM asked about the numbers involved for BHC, and how it could work in practice.

PN said about 4100 patients are in the "flul" cohort. In order to have a one-way system through the practice that would work for wheelchairs, a ramp is being installed at the exit door by Dr Fox's room, to join up with a new path being laid along that side of the building.

MMc asked how the flu jabs have been delivered in the past.

PN replied that there were booked appointments on 2 Saturdays with 3 people booked for every 10 minute slot. This involved everyone coming in together, taking off coats and rolling up sleeve etc. which is not possible in the current climate.

PP asked when the sessions are likely to be.

PN: 3rd week of September for the 1-> 64 year olds who normally have the jab, though he is unsure when the vaccine for small children will be available. For the 65+ group, the end of September, though the vaccines are usually delivered in 2 phases. He should know dates in the next 2weeks.

Exercise Sessions at BHC

JH felt that in the long term it would be nice, but we need a more settled environment to proceed. The group who were coming before were among those likely to be at high risk from Covid-19. The outdoor space is still available although a PortaCabin has been installed alongside. This is being used for notes.

MMc asked if classes could be held virtually.

JH said that he had today received an email from Generation Games saying that they have uploaded 18 Home Exercise videos to their website [Link has been added on BHC website] (www.generationgames.org.uk), they also have a Tai Chi CD and a Strength and Balance booklet available.

MM pointed out that these were free to use.

MJog Messenger at BHC

PN reported that roughly 80% of BHC patients are signed up to receive SMS messages. This high proportion is maintained by following up with a patient if a text message fails to go through, and asking for their new mobile number.

There are two software applications which allow BHC to text patients. MJog allows messages to be sent out to all patients, or to a selected subset. BHC also uses accuRx, which is a system for exchanging information with individual patients. For instance, asking a patient to send in photos following an e-consult.

TD asked if this was a separate system to Patient Access

PN, Yes, this is a 2-way communication system.

DD asked whether there is a way to use Patient Access for children's appointments and prescriptions.

PN said that a form requesting proxy access is available on the BHC website. It would be processed within 2 working days.

MM asked if it could be possible every month to highlight one particular feature of the BHC website, to increase awareness. PN said that it was a good idea, and he would look into it.

Changes at BHC Over the Last Few Months

JH: The PPG have not been engaged as things have been changing so fast.

There has been a daily practice meeting to keep up with the pace of change; this week it has dropped to 3 times a week.

-Many staff have had to self-isolate. PN has organised IT and telephony for reception staff to work from home with associated rota changes. Clinicians also have expanded capabilities for working remotely.

-Appointments are now same day if patients call in before midday. This system has spread from just a few practices before the Corona crisis to almost all practices now. If the patient calls after noon they will be contacted the same day if the matter is urgent, otherwise they will be asked to call back on the morning of another day.

-All callers will go through phone triage to ascertain who is best placed to help them, e.g. a doctor, a nurse or nurse practitioner, a clinical pharmacist (these two are able to prescribe), or a social prescriber. The PCN hopes to employ a Mind worker at each practice for mental health assessments.

-Initially there were problems accessing PPE. Helpfully, some patients were able to produce visors on 3D printers, and others sewed scrubs which clinicians now routinely use. They are put through a 60° wash after each shift.

-Patients coming to BHC must be let in, and will be guided to a dedicated wait chair for the person they are seeing. The chair is wiped between each patient. There are

chairs outside the doors for anyone who has mobility issues and cannot stand during the wait. JH notes that the lower number of patients in the practice and social distancing measures mean that shielded patients are at very low risk within the practice environment so can reasonably be seen on site if clinically indicated. PN said that phone calls are up 150%, with many more general enquiries about accessing primary care (and other health) services. There are more remote appointments and fewer face to face contacts.

-JH was concerned that the telephone triage would disrupt the continuity of the "usual doctor" system, though a lot of the time there was no need to sit opposite the patient, who also does not need to deal with waiting and car parking etc. Flexibility allow more time to be given to complex cases.

-From the start of the crisis, Primary Care have had to hold all referrals to Secondary Care. This situation is resolving as services are opening. Most are now available again.

-CDC were instrumental in setting up the dispensary delivery service, which has worked well for the villages.

- At the start there was a fear of high numbers of Covid patients. BHC have retained a side entrance and dedicated room for this. The "Hot Hub" at Langford will probably be decommissioned soon.

AOB

MMc asked about arrangements for shielded patients who have not been out for 3 months, but now will not be getting government boxes, and need to get their own prescriptions.

PN: We are writing to dispensary users to tell them there is a delivery service, as the volunteer delivery stops. The number of sign-ups to the service is encouraging. Some who the dispensary cannot serve have had help from volunteer organisations which may last a couple more weeks.

MMc and MM reiterated that it will be a shock, or frightening, for the shielded patients to re-enter a changed world.

MM asked if the website warned callers the Care Coordinator will ask for information about the issue (triage). PN assured that there was an entry on the appointments page below the Covid-19 info.

(<https://bicesterhc.co.uk/appointments>)

MMc said that if there is no set time for the doctor to call back, waiting and being afraid to miss the call could be very stressful. PN said it is possible to request a call back time or slot, though this should be on a case by case basis to avoid doctors being fallow. It was agreed that the reception staff would add a highlight to that request so it was less likely that the clinician would miss it.

MM asked about using email to communicate with patients. ES stressed the lack of security in this method, and PN added that there was no guarantee about when or even whether the message had been delivered.

MM asked about the process for new members to the PPG. PN said there is a form on the PPG page of the website, and members should join the virtual group first, then give permission for their contact details to be sent to the F2F group if they wish.

Actions.

PN to action investigation of monthly features on the website.

[Update: This month GP Online Access is “featured” on homepage.]

HW to action amendment to highlight patient requests for a call back time slot on clinicians’ notes.

Next Meeting.

The group will revert to meeting every 2-3 months. Next meeting: 23rd September, 2020, 3pm.

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