**Bicester Health Centre Patient Participation Group Online Meeting Minutes**

Wednesday 9th October 2024, 3:00–5:00 pm

Attending: BHC: Dr Jonathan Holt (JH), Peter Wilson (PW),

 PPG: Teresa Allen (TA) Acting Chair, Jane Burrett (JB), Tomy Duby (TD),

 Hayley Holmes (HH), Patsy Parsons (PP), Christine Tulloch (CT), Janet Wardell (JW)

Apologies: Julie Evans, Veronica Shannon

**Actions From Meeting of 05/06/2024**

PP contacted Healthwatch in person to discuss commercial earwax removal. Done

PP corrected the NHS leaflet and sent PW for review. Now online

JB reviewed NAPP ideas about recruiting new members to the PPG group. Done

JB asked if new members were coming to the group via the website or through personal contact.

PW said that he received an email when someone had entered their details via the PPG Page of the website. TA asked about widening the demographic of the group.

PW It is inevitable that active people self-recruit. It does not follow the demographic of the patients.

**New Topics**

**Welcome**

TA (acting Chair) welcomed the new members of the PPG, and all present gave a short description of their association with the PPG.

**BHC/PCN Update**

JH also welcomed the new members and thanked all members for being a functional and productive group.

**PCN** (Primary Care Network)

JH said that with Alchester Medical Group (AMG) now in the PCN, they are contributing to the Enhanced Access Hours contract. Each practice has its own evening session, (BHC Wed eve.) with all 3 having appointments in the Saturday morning clinic at BHC. Clinics are staffed by a GP, practice nurse, healthcare assistant.

A new version of EMIS software (EMIS Web PCN Hub) is used for the Saturday clinic booking so that records, test requests and results for patients of all three practices can be viewed by the clinicians. ECG results will be on the system in the future. “Normal” EMIS is separate for each practice.

JB What is the future of the PCN? JH explained that there are approximately 50,000 patients in the PCN (BHC has ~ 19,000) and the contract is in its sixth year. He does not know what will happen with the new government, when the contract comes up for renewal in 2025.

**MDT becomes INT**

The multi-disciplinary team is now called the integrated neighbourhood team. The BHC INT is the most mature in Oxfordshire. There is a heavy emphasis on GPs, with 7 sessions of GP time per week. Other organisations the INT works with have their own area of focus, and the INT can reduce silo thinking.

The INT nurse will be more proactive, not only reactive. She is not a District Nurse. As well as people coming out of hospital, or who are known to be frail (reactive), the nurse will be looking at people who are at risk of becoming ill or frail and in future may look wider still (proactive). The INT nurse will work 3 days a week and liaise with the GP and practices.

The INT meets every day, virtually, with a longer, more widely attended meeting midday Wednesdays. JH said that the INT was not a requirement of the PCN contract, but he felt it was the most meaningful initiative, and he expected it to survive next years’ new contract. Other staff involved in the INT meetings may include Hospital at Home, Occupational therapy, Palliative Care team and Physiotherapy. In November GPs from the three Bicester practices will have a meeting to understand what is being done.

JB Is there a uniformity in the perception of risk within the three Bicester practices? JH replied that at the moment there are GP identified patients. Frailty is becoming an issue. the nurse would carry out 2 to 3 assessment visits a day. This may be based on GP referral, patient age and chronic disease status or patients at risk who are not interacting with the healthcare system.

TA asked how the ICB viewed the INT, and how it would spread the success of the initiative.

JH said the ICB was developing INTs slowly and the ethos was to form them from the bottom up.

Each would decide staffing. Frailty, homelessness, deprivation markers, repeated admissions are possible approaches. Lily O’Connor is head of Urgent Care in Oxfordshire and is gathering data of the effect on hospital admissions of the INT approach.

**Patient Champions**

JH - As discussed at the PCN PPG meeting, White Horse PCN Patient Champion organisation was reviewed. The WHMP initially sent text messages to a large number of patients (randomly chosen, between aged 18-90) until they received an agreed number of positive responses citing interest in the project. From this number about 75 attended an introductory meeting, from which a final group of 15-20 were selected to become patient champions. Our PCN will try the same approach. Patient Champions would work in the community in areas not usually offered by the NHS.

**Ideas include**:

Drop-in cafés at BHC to help people with the NHS App: getting logged in, for instance if the system holds an old telephone number, a patient would not receive the one-time passcode. This could be solved by the reception team. Two or three PPG members could help.

Walk and Talk Group to help people who are isolated.

Type1 Diabetes Support Group. A patient Champion could run the group supported by clinician.

PW mentioned other possibilities such as Pilates and Men’s Health.

PP said that some of these ideas were already available in the community, such as the Age UK Digital Support. JH said the advantage would be the willing volunteers and the close association with BHC.

JB suggested a future group, as mentioned by NAPP, to train new parents when to call the GP and when to self-care. JH felt that this would require a clinician.

TD said that Digital Communication was the future of communication within the NHS and the Digital Café would be very useful.

JH Summed up that the PPG would be left as it was, and Patient Champions (PCs) may or may not be members of the PPG. There could be an overlap between the PPG and the PCs. PCs would be DBS checked and vetted by Claire Davis. Some of the volunteers who helped with Covid vaccination queues continue to help with the practice flu and Covid vaccination boosters. After the programme of vaccinations is complete BHC will advertise for Patient Champions in a similar way to the WHB PCN model.

**PCN EMIS and Data Sharing**

TA asked if the PCN EMIS system showed hospital test results. JH said hospital results are not on EMIS yet. Patients who had not signed the data sharing agreement would not have their records on the system, and therefore could not use the Saturday clinic. He suggested there could be an email to all patients who had dissented, asking them if the wished to change their decision.

JW asked about a patient who had tests done at BHC but the hospital was unable to see their results. Was this a data sharing issue? JH thought this must be a glitch as the hospital should be able to see results. I would not be a data sharing issue but could be because a PDF was not visible on the system.

JB asked about a patient not being able to see results. JH said this was also not data sharing, but more likely an old phone number on the system, so a password sent there.

**Website Update**

PP commented yet again that the website for the practice pages and for the PPG pages are not well laid out and are not up to date. It is unfortunate that the PPG cannot update their web page directly.

After previous requests it had been explained that the site template would not allow access

to a single page. It seems impossible to take off old things and to upload the latest Minutes for the PPG.

**N.A.P.P. and Recruiting Members**

JB had shared two documents from NAPP before the meeting. One listed examples of what other PPGs had done. In her opinion some ideas were not relevant post-Covid. JB asked for ideas about getting new members for the PPG, the topic of the second document.

PP suggested a Facebook (FB) page for the PPG separate from the BHC Facebook page. JH suggested a Patient Champion could help.

HH said she was experienced in Virtual Admin and ran a Neighbourhood Watch Facebook Group with 600 members in West Bicester. She was totally comfortable setting up a PPG Page. JH asked to hear more about her FB Group. HH said after a neighbour was robbed, she set up a small FB group. Members signed up on the National Neighbourhood Alerts Website. As she is the coordinator of that group, she can check addresses to ensure people wanting to join the FB group are indeed residents of W. Bicester. She has found that members value the FB group as well as a WhatsApp group. The Alerts service has links to National News etc. The group has 200 members who contribute about 5 of whom are very active.

TA asked how this could be taken forward, and what would it look like for the PPG.

HH Said she was willing to be told how to proceed.

JH said that when this idea was taken to the partners, he is aware there will be lots of caution.

HH There would be vetting – automatic screening questions – to ensure members were BHC Patients, and a ban on negativity.

PW commented that a lot of people like FB. HH said that new comments would sit until Moderator approved.

JB said in her village WhatsApp Group, the moderators delete comments and there are rules about what is deleted.

JH asked how it could be kept constructive. HH emphasised tight rules and a ban on advertising.

PW felt there was nothing to stop people complaining, but if it got too bad, it could be shut down.

TD asked if this would replace the PPG Web page, to host PPG leaflets. HH said documents and files would sit elsewhere. On a phone these could be quite hidden, but more obvious on a laptop.

JB asked if PW monitored the practice FB. PW said he sometimes addressed patient complaints, or they were removed. JB felt HH would need to come back to the Practice with questions.

TA said the next step was to give the partners a draft design and review what could go wrong.

JB hoped the webpage update problem could be solved with a FB page. JH commented that on the BHC FB page there could be a link to the PPG FB page.

HH would provide a first version of design via email by 23 Oct. . It would include five questions that future members would have to answer to be accepted to the group.

**Leaflets in the Waiting Rooms**

JB asked about the uptake of printed versions of the PPG leaflets in the waiting room.

PP said that they were not as visible as when they were on a table in the middle of the space. She then asked about the blank screens in the waiting rooms.

PW said that one had been disabled deliberately and the contract for the others, which had had rotating pages cycling through information, had been discontinued due to cost reasons.

PP asked if we could resurrect them to advertise the PPG leaflets among other things. PW said he had a USB stick on his desk that had the correct format for the PowerPoint that drove the screens.

PP, TD and TA offered to form a group to investigate updating the PowerPoint to drive the screens.

**A.O.B.**

PP asked if the NHS Screening leaflet (2018) needed review. JH said he would get a medical student to check the information.

TA asked if the use of the NHS App had gone up. TD suggested if Covid Jab appointments were being made via the App, this could give a metric. PW said that as the demographic of the practice became younger, it was probable that this would be the case.

**NEXT MEETINGS**

Wednesday 11th December 2024 from 3.00-5.00 pm

Wednesday 12th February 2025 from 3.00-5.00 pm

The meeting closed at 16.54.

**Actions:**

HH to produce Draft FB document. Done.

TA, TD, PP to liaise with PW to review Waiting Room Screen program.

JH to organize review of PPG Screening leaflet.

Minutes prepared by JB and PP.

Contact: bhc.ppg.f2f@gmail.com