

PPG Virtual Meeting 16/03/2022

Attendees: Sarah G (chair), Luci G(minute), Mark F, Alan P, Linda P, Angeline J, Michael, Derek M, Linda R, Peter L

Minutes:

- Introductions
- Build update from MF:
 - *get PP sent to attach*
 - AP – Is BMC not considered for housing growth?
 - MF – No, need to look to ensure agreement for current population for existing patients. Patient list we're expected to have 700 square meters whereas currently we have <300 square meters. BMC new build will have options to expand in future
 - S106 money £66m for BMC
 - AP – Is Luke Evans MP involved?
 - MF - No but Darren Jackson in comms
 - AP – There is scheduled to be a new community diagnostic centre in Hinckley so Hospitals in Hinckley may be used more, will this incur more impact for BHMC?
 - MF - Hopefully not, BMC new build will have suite for secondary care to utilise
- SG – any questions?
 - AP – Just a thank-you for all doing
 - SG – Thank-you, thank-you for the change in time as PPG meetings are normally evening. Is this convenient?
 - All – happy with new timing
- SG – As Alan has stepped down as chair, would anyone be interested? Happy to keep within work hours, able to do evenings if needed
- Following on from build update, would anyone be interested in going for a walk round the new build site before builders in? over next 2/52 invite – lunch time. Park at practice, walk down and tour
- SG – We have come to the end of Covid vaccine scheme, end 31st March and we have done most/all of vaccines. Mass vaccine centres taking over for vaccinating remainder, this will be ran by CCG. We've heard an inkling of next phase, offered to GP. But at present we are unsure whether we'll be taking this up. Next year with contract changes, what CCG expectation. Unsure of capacity to run vaccines also – will review and decide.
- AP – Links with PCN developing for PPG's? and back to vaccine – addressing issue of people who are housebound or cannot get out
- SG – Housebound were our priority group and the CCG put in help for boosters by community pharmacies – this was disaster in which the Surgery ended up going out to mop up. Not organised well. All housebound to be done, anyone not done to contact practice before 31st we encourage to have and contact their registered GP. If registered here we can send nurse to administer
- SG - PCN in area have gone from hiring 4 to 40 people in past year. Fosseway PCN have 3 Clinical Pharmacists, 1 Pharmacy Technician, 1 Specialist Mental Health Facilitator, 1 physiotherapist and 1 paramedic – who we have sole training of to get up to date of primary care as much different to their background of EMAS. All doing well. The Specialist Mental Health Facilitator is a prescriber who has been hired from LPT. LPT will be keeping the contract for SMHF which makes difficult for us as don't have not sole control. SMHF pathway: Patient to have GP telephone call then to be booked with SMHF. SMHF in practice we are hoping will be useful for patients who fall through the gap of Hospital guidance. We can refer to Tarwanza (SMHF) who can then start medication and signpost to alternative services, if necessary. At present GP cannot employ, due to the contract LPT have. We do have x2 SMHF working for us from the Hospital, Eddie + Shaib, however their criteria have recently changed to allowing them to see our QOF targeted patients only. We get dictated how many to hit per year, each target is a point, each point = money

for the practice. This leaves us with a huge gap for people who are not at level with severe mental health problems. The services are overrun, and we can try and refer to Child and Adolescent Mental Health Services (CAMHS) but then the patients are told there's a 6 month waiting list, this is long so they come back to GP for help but sometimes our hands are tied. As well as CAHMS there is the Orchard Recourse Centre. Hopefully with Tarwanza starting we can have a buffer of people having access to him. We wanted to book direct, but employers are insisting we need GP app prior

- LP– How will the physio be working?
 - SG – current process is you can self-refer to physio currently for MSK related problems. They will then triage and make assessment. What Gemma (Physio) will do is she will cut the process of needing the triage. Patients will have a F2F app to make the initial assessment in which she can then send for blood/x-ray/MRI etc. if needed. Gemma can put patients on the right pathway to recovery whether that's with bloods etc. or by doing the assessment and giving exercises and booking follow up's. This means the patients will now be triaged in practice
- AP – mentioned LPT – not used to abbreviations, what's connection to primary care and LPT?
 - SG – Not much connects primary care (GP) to Leicester Partnership Trust (LPT). LPT is the umbrella Hospitals sit under. Primary care is separate as each GP is sort of their own business for the NHS umbrella. When patients receive Hospital letters for example, these will say LPT
- SG - We also have Katie who is our Pharmacy Technician who has been working with Well Pharmacy to go through gripes. Any concerns please raise and we can then pass to Katie. You can do this by visiting our website *website given* F.A.O Luci. We can then pass to Katie to discuss with the Pharmacy. Well Pharmacy have started a new service for blood pressures which they sent 2 'emergency' apps to us as their blood pressures were out of the normal range. They failed to mention this was following receiving their Covid vaccines. Katie has discussed with them today to get their protocol
- SG - PCN staff, we are getting a Nurse Associate
- AP – Heard there is also a plan to refer patients to pharmacist to bypass GP as an alternative pathway? Are any patients sent back to GP?
 - SG – We have had some though, Katie went to pharmacy with a list of inclusion/exclusions. Well Pharmacy have assured us they are well equipped to deal with list *will send* which includes: stings, earache, headache & thrush. Problems which are not involving the need for antibiotics/those than can be treated with over the counter (OTC) remedies. However a problem with this is free prescription people if using service they will need to pay for OTC treatment, this may mean patients come back to GP to gain prescription. All feedback has been good. Will update next time
- SG - Waiting news on CCG re offering next year 'basket of services' as trying to align services however they have not been able to decide on plan but we are expected to start 01/04. Difficult as we have had no updates. We may need to start new services i.e. ear syringing and ECG. ECG will not be used for emergencies. Start date may be pushed
 - AP – Options for ear syringing other than private?
 - SG – Haven't changed, clinical overview of benefit is debatable as 99% cases can be used by oils/OTC remedies
 - AP – When getting a hearing aid they ask for ear syringed
 - SG – We will see when we get our criteria for the 'basket of services'
- SG - Ongoing concerns with PPG – telephone system has been an annoyance. Contract come up to end, new telephone system going live 28/04 will be cloud system – not a limited number of lines, looking forward to it as a big dashboard on comp to monitor. May have screen in rec to say 'waiting time, how many waiting'. Has ability to record calls, need to be reviewed whether this is to happen. Clinical calls will not be recorded. Conflict calls have risen and becoming frequent, Reception getting a lot of abuse. Call recording comes with Data. X-on designed for practice. 100% re-sign up. Thoughts on this?
 - AP – calls on individual people? If second call following an abusive call

- SG – Don't think that clever but it will link number to record. Able to record at touch of button. Good purpose for training tool
- LR – suggest call recording and delete within day or two
- SG - Keep calls for 31 days in case not ready for call recordings, data held not accessible until with Sarah
- DM – Is there an identifying factor to abusive calls?
- SG – Drug seeking behaviour, we have strict protocols with controlled drugs. F2F apps, we are seeing F2F but we are running a triage system at a time that suits both – not going away – not due to covid but we can offer more apps for patients that suits both the clinician and patient. Mental health, we had physical attack – going fine until wasn't, GP okay. National reports show aggressive behaviour has risen
- AP – does it tell you where you are in queue? Want to know, if 27 people in front will call back
- SG – depends how set up. If someone has 27 in queue, if someone calls with shoulder pain but having heart attack and decides to call back – difficult whether queue number is a good idea
- AP – give benefit of doubt for new system
- SG – Our recent audit showed Reception took >800 calls on Monday morning before 10am
- SG – 2 Nurses have passed prescribing course, look at contraception, HRT interest and Diabetes interest. They can relieve GP from prescribing
- SG – we also have a new GP – Dr Park, Salary GP, been with us a while and she is on 6 sessions (3 days/30 hours approx.) she completed her training locally and when qualified taken on. We also have taken on Dr McGreal as a salary GP which now totals 5 salary and 4 GP partners. There has been a recent national decline in Doctors but we have a good number. Also ear marked Dr Malhotra once training finished
 - AP – based BMC or HMC?
 - SG – all staff work across both
- SG – asked senior receptionist to make PPG join board. How do people feel about 1 off joiners for meetings? If >15 people then may have core group at virtual
 - LR – Unsure of the PPG's purpose?
 - SG – We've never really had guidance set out however we have looked in to and we have terms of agreement which stipulated from NHS and how we use. 1 – have your say 2 – communicate and feed out practice updates to area. Some PPG fundraise. We've had feedback surveys from Practice changes I.e. newbuild
- Questions?
- LR – Engage consult advertised to be used via website but directed back to GP?
 - SG – Should state 'admin queries only' not clinical, will double check. So many services that staff are triaging who is best to see. Apps to be booked via calling
- SG - When are people free to look at site? Tues 29th March @ 12pm – meet at BMC, park up and walk over
- Meet every quarter, next time we can look at PCN staff to come. Lunch time meet again?
 - AP – Teams? Can it be done via Zoom?
 - SG – Yes, sort with Zoom however restricted as without account it will cut out at 45 mins. DPJ originally had access as NHS gave access but then access restricted so back to 45 minutes
 - PLT option for F2F? If training booked then we can sort F2F visit at one of practice, this will include wearing of face masks whilst within NHS setting
- LR – Confused what want out of PPG. Sounding board but can't be represented by patient view. Is it just for sounding board for Practice?
 - SG – I would like to be involved as much as PPG want to be involved. Restriction of rules/regulations etc. PPG used for Sarah to let PPG know about updates and how PPG can tell us how we can do better. Any feedback is helpful. Look at forthcoming year and answer next time
- LR – using computers more with repeat prescriptions, takes decisions away from Doctors. If going on Holiday it takes more to sort

- SG – Controlled drugs more strict, strict protocol in place. Follow Pharmacist in CCG following best practice. If you are going away please let us know and this will be passed to GP to review.
- LR – Consequences of this? Inform patients of this
- SG – Information leaflet for patients to explain. Medically legal for all medications prescribed. If meds abused and we go to court – we answer this question. How would we inform?
- LR – can a message be added to script to say 'this will not be issued until X date unless you contact GP with reason'
- AP – fair representation on patients queries, how do you engage individuals? How do we engage younger patients? Triage system with using mobile phones may be more suited. Virtual PPG may engage younger possible PPG representatives
 - SG – DPJ used to monitor PPG meetings however passed to SG/LG, DPJ will still attend when he can. If we put it out there more, sign up to newsletter, PPG here updated. Not all want to attend PPG. PPG may want to stay up to date but not attend meeting, look at virtual group (gets minutes etc) and core group (gets minutes but attends coffee mornings, attends PPG meetings etc). Be mindful to not ask too much