

MINUTES OF THE MEETING OF PARCHMORE PARTITICATION GROUP MEETING. AT PARCHMORE MEDICAL CENTRE IN BEULAH WING ON 11 JANUARY 2023 AT 6.00 P.M.

IN ATTENDANCE

Mukesh Patel - Chair
Brian Dickens – Group Operations Manager
Mary Jean-Charles - Secretary
Shagufta Shaikh - Partner
Raj Rajendra – Committee Member
Allen Mills - Committee Member
Pravin Kapadia – Committee Member

1. APOLOGIES:

Luke. Ernest, Teresa Chapman, Ayaz Amadi, Agnelo Fernandes, Mustansar Rafique

Commencing February new screens are going to be in place. New urgent care service commenced on Monday. How bookings are in PCN. To find out if this can happen online. Information needs to be put on the website.

2. EXTENDED ENHANCED HOURS

The extended and enhanced hours commenced in October 2022. This means that the PCN has longer hours.

Patients are still not aware of the extended hours. Patients can be booked onto Parchmore's Hub and this information needs to be put on the website. There is extended hours up to 12 to 5 pm on Saturday. Extended Tuesday, and Thursday from 4 to 8 pm. If there is no availability at Parchmore, patients can be seen in other Hubs. Upper Norwood will be doing other nights to ensure there is coverage for whole week. A nurse will be present on Saturday. These doctors that cover on Tuesday, Thursday and Saturday are not from Parchmore's practice. This is run by GP collaborative. They bring in GP's. and one who is placed remotely. We provide reception staff, and they use our premises. They are linked to the PCN commission service. Extended hours is over and above the normal hours the practice does. We provide the reception staff, and the external GPs and nurses use our premises.

A briefing note will be sent to Mary to circulate on how to book. The reception can book, not patients directly. These appointments are for 15 minutes. These are for the 6 practices in the PCN not only Parchmore's. The main practices running this with the collaborative is

ourselves and Upper Norwood. Thornton Heath is running one as well. Mersham, a small practice is not running one.

Carer/Carers - Patients want reassurance and someone who can answer their questions. DASHBOARD can be used and is on our website. By using this facility questions can be answered, and the response obtained quicker. There is a facility wherein messages can be sent to the doctor and a response obtained via email, patient access in terms of booking, go on the dashboard and ring in. nhs.111.com allows messages to be sent to Parchmore. DASHBOARD is good to use.

Brian will send link to dashboard. Had a holding reply that comes up on the email. Can be accessed via email. Go on the dashboard, and ring in. NHS111.com facilities to send message to Parchmore.

Brian will send a briefing note to me and how do people. These appointments are for 15 minutes. This is for the 6 practices in the PCN. To have something about this on the website. Monday, Wednesday, Friday, and Saturday morning, is covered by upper Norwood. Our patients can go to Upper Norwood, if they want to. There are an extra 16 appointments.

3. COVID BOOSTERS next Tuesday 17th January 2023.. Presently, this is for one session a week and we are keeping an eye on the Covid rate so it may go up . Quite a few people are still coming down with COVID. Booked through National Booking service and people are coming from anywhere. Run by nurses doing the jabs. The Clinical team are doing the clinical work. People are being seen quite quickly and the feedback has been good. Patients' previous history of queuing up for an hour and a half is no longer happening. We are due to continue the Covid Boosters until March. If demand is not there, and Covid has gone down, we will ease back a bit. While the demand is still there and Covid is about we will continue with the Booster programme. Parchmore is not on the national booking service. There was a gap in vaccinating having to wait for more vaccines.

Even if you have the covid vaccine it is meant to reduce its severity of you get covid. There is nothing to prevent you getting it. With the jab you can still get covid. It will try and stop you being hospitalised or going into ITU which has been proven. When we had the third wave looking at research in ITU, it found these patients had not been vaccinated. People believe being vaccinated means that they will not get it. There is a difference between the vaccine for Smallpox. Once we have the vaccine we are unlikely to get it. With Covid, there are a lot of variants. This vaccine has never claimed that you will not get COVID. The question patients ask is why they have to have the Covid vaccine so many times. Certain vaccines may prevent you from getting something but this one will not.

Flu – There is a cohort who want it and those who don't.

In the 65 age group and over 959. Cannot force people to have vaccines. There was a campaign over the xmas period in terms of the amount of illness going round. These are figures up to last week. We are still promoting the flu jab. Where patients have declined, this shows. There is no rationale behind what people want. If we are in the target group that need to have it, 2022/023 in Britain.

4. UPDATE on the work of PMC.

There is a difference between the north and south of the borough. The percentage is more than 80%. It is deprivation that is considered important and what patients perceive is important health-wise may be different in other places. It is interesting to see a difference between Haling Park on the Brighton Road and here. At PMC we have popups, screens, everyone speak to everyone and even in this year, there are adverts on the TV about flu.

Vaccines have to be bought. If target is not reached there is an amount that can be sold and returned. We took a loss last year and hope this will not be the case this year and this is why we are pushing and pushing. The under 65s is better this year but the over 65s we still need to push a little better. Pharmacies get the money, patients don't have to book at appointment at the surgery and they get their vaccines first, at the beginning of September. Our flu clinics are timed.

FLU 22/23	VACCINATED	DECLINED
65 and over	959	178
Aged 18-64 years	646	254
Aged 50-64	278	123
Housebound	72	18
Carers (all ages)	111	25

In the 65 and over bracket 39% have declined, although the vaccine is free. Only 50% of carers had vaccines. People are saying they are not having the Covid vaccine and flu. Others are saying they want both whilst they are at the practice. Some only want the Covid vaccine. The vaccines are free. People are not having immunisations straight away, as before. Carers can be informed that they are protecting the cared for by having the vaccine. Those who the carers are looking after may not have had the flu vaccine themselves. When flu clinics were being run, the queues would be at the end of the road. When having face to face conversations do patients change their minds. There is a long list of how many people have had. We will send text, individual text, phone, when patients come in, face to face, we will inform them that they have not had their flu vaccine. A popup will occur, and we will ask

them directly. We run a search and if you have had the flu jab your name will not come up. A lot of people get it routinely. They will say they will have it next week, sitting in front of a doctor because they do not want it.

It would be great to find out why, a lot of the problem is geographics. Looking at Haling Park's there is a difference. A lot of people die from flu yearly, approximately 60,000 were dying unknown. If people have had a side effect from the injection – cold-like symptoms a week later then they feel it made them feel worse. There have been years when everyone has had flu where the wrong flu vaccines have been brought out. The flu jab will not stop you from getting the common cold. IT will stop you from getting bad strains of influenza.

If a carer and working for an organisation, the organisation will ensure you have the covid vaccine or flu. If caring for family members of others, there is no one who is going to advise you to get the vaccine. Some organisations will not have carers unless they have the vaccine.

Looking at the problem in China. A lockdown was done, no vaccinations carried out and they now have a big problem. We are pushed to do the vaccines to protect. It is very difficult to try and gauge what is required. Not ordering enough.

Can add a little more to carers about the vaccine. Years ago, in the amount of people would be vast. Now, this has changed. We will text, send messages and phone. Every GP and everyone who comes in, the flu is there. Asking them directly. We will run a search. Patient if they want it will flag up. Flu vaccine is very effective. Geographics is a problem. The media. A lot of people do die from flu. About 60,000. Covid has changed people's mind perceptive. Side effects from injection may feel worse. There have been years where the wrong flu jab. If people have flu vaccine it will prevent you getting the flu.

UPDATE:

Happy new year. Covid – leading up to xmas was very stressful – strep A outbreak that was deeply worrying for a number of parents, flu, covid. Plus, base sickness and diarrhoea and everything else.. Our Urgent care (Booking on the day) was overworked, especially with children with strep A. They have to be seen. 16 appointments on urgent care and sometimes up to 30 patients to be seen on the same morning screen. Well done to everyone to get over this.

ACCELERATE PROGRAMME. This has been taken over by Senior Team and Managing Partners. It is an NHS improvement programme which allowed us to get, what was seen to be valuable time and facilitator. Everyone got around the table every Tuesday afternoon to have a look at: where we are, what needs to be done, , what is the big issue and how we can look to change?

There are a number of changes to be made. We ended up with 68 different actions that could be done in the practice. The facilitator was good. More than anything, it came to us as a team and more than anything, Dr. Shaik, Teresa, GP and others gave us a change of what we need to do.:

- a) **Online access to us.** We are really behind in this practice. There was a campaign before Christmas where we advertised both on the screens, through texts and on the website for patients to get ahead of the game and sign up for Patient Access and be able to book online because we are going to make changes in the New Year where more stuff will be going online. This was one area.
- b) **'How to deal with business on day appointments?'** When we say, 'Business on the day appointments.' If GPs are on call on a Wednesday, they are still worrying about it on Monday. This is how stressful it is. If on Urgent Care, GPs had a screen, may be 16 or more patients to see because it is urgent care. GPs have to do all the safeguarding reports, prescriptions have to be done and anyone who has an issue who comes to your door. As well as trying to see all of these patients, as well as doing everything else, all of this at the same time is how urgent care used to be run. This has a real impact on GP retention because it is very difficult to do this. Experienced GPs can do this better. Obviously Dr. Shaikh has had years of experience and Dr. Rafique. If you are new, salaried GPs this is very stressful. We had a chance to look at what we needed to do to change this and implemented that as of Monday, in changing the way urgent care runs we have 3 different clinicians helping on call. The supervising GP does not have a screen. This allows them to supervise, do all the reports, the urgent matters that come in, prescriptions safeguarding reports., When doing safeguarding reports, it is extremely urgent these are turned around as it could mean a person's life on that doctor. This started Monday and we had good feedback. The test pilot was Dr. Simmerton. This went well because she volunteered to do the same on call tomorrow. We have gone from people not wanting to do it, to people Volunteering to do so. There are things we need to change. This is one of the fundamental things that has changed.
- c) **Different appointment options.** We spoke about this before Christmas. Going back to pre-covid if someone rang and wanted an appointment with a doctor they were booked in. We have gone through 2 and a half years where this has not been the case. You ring up, have a telephone consultation, with a doctor, they will ring and if they want to see you, will call you in. National outcry ways you cannot see a doctor face to face. How can we go back to pre-covid? Consideration has to be taken into the changes in time. Some people want telephone consultations or face to face. Now we have going through talk with the team and as from February this will completely change. You can have face to face, telephone consultations and the screens will look different, which we think this is how it should be. This will probably allow us to see

more patients as well. If this is coupled up with 'Urgent Care', the other thing that would be nice is if looking at patient surveys that come out every year, one of the key things that comes around is not being able to see doctor of choice.

- d) With the **new screens** if you really want to see particular doctor and it is not urgent, you can book 2 weeks online and you will see the doctor. Locum doctors can come in and be booked on the day. This will fundamentally change how we are. It has given us a chance to sit back and look at all these things.
- e) We have a **communication plan** and a lot of other things happening. One of the new things is we have never had nurses appointments online, which is a new thing. Fran has done a fantastic job of being able to have the nurses name underneath and all what the nurse does. When the patient books online, they do appropriately. We have started this, and it is working well and drives patients away from the phone.
- f) **Reception capacity building and training.** We have a brand new team of receptionists. They are keen, Mary does watch them. We need to give them the skills, expertise, information and remuneration. If you are in a job you know what you are going to get, it is the pressure that affects the receptionists. You need to be a special kind of person to please the patients when they come in and give them what they want. The receptionists are excellent and are the best that we have had for years. The receptionist are unflappable. Claudine, Carolina and so forth. We need to retain them. Capacity building and training with this team is paramount, in the ability to drive patients away from the phone.
- g) This week we have had the **Briefing paper** which is about them not leaving on a negative. Informing patients 'there are no appointments for the rest of the day, and they can ring at 8 am tomorrow' does not make them feel happy. If in a situation where the response is, 'Sorry, I have not got anything now but, what about going to the community pharmacy, doctor's hob, asking if they have online access, and informing them they can book online, this means they have left with a positive. This is what we need to arm the receptionists with. The receptionists will be thanked, and this is totally different to saying sorry, 'ring at 8 am. Always need to leave with a positive. Dr. Shaikh has put together a **Flow chart** that is easy for receptionists to follow. It starts from when they are new and the basics. It informs what is to be done on a daily basis. It has been implemented this week and is what they are following. It is this that encourages receptionist retention. We have a really good team. There is a whole lot of operation that needs to be done.

Operation: Setting up the screens, making sure the information on the website is there, the IT is there, the meetings that are required needed to be gone through. Staff and patient surveys was prepared and sent out. We had 250 replies. This was really surprising. We received 70/80% positive feedback in what we are trying to do. Once we have got across the door, and get into this place, the care is good. The issue is contact. This is our real focus. We now have telephone data and need to be pressing

on with everything else. In terms of what we have done, we have had nearly 450 more online access in this short space of time. Although we are still a long way behind, we have set ourselves a figure of 80% signed up. We are high than this, we are probably about 40/45%. We are not going to stop. All the staff are trained to take patients through it, particularly those who are older. Every time we register someone one we give them online access. We are in different times, and this has changed the Urgent Care Service.

We had a 1 pm call on Monday and Dr. Shaikh, Dr. Forrest and others have done a tremendous of work to get these screens together. We got the call on Monday with everyone. We have communicated with all salaried GPs to ensure they are vying into what we are doing and are happy with it. This will have a big effect on what we are doing in terms of more appointments and a better coordinated way of working.

Telephone data – Brian, Fran and Roney, spent a session with Kitsy from OPUS to tell them what they needed to know in terms of telephone data. We need to know real time stuff, the averages. Screens up in reception so that the receptionist can look at it as well. This will drive them on and will go on until March. We have a session tomorrow, feedback practice. The facilitator was blown back by how proactive we all are. No other practice was worked together in the way that we have. He has put us on front and foremost as we have managed to turn around a lot in terms of what we have done and changed in this short space of time that we have this conversation tomorrow. The following Tuesday we will all be back around the table looking at the next action we want to do. The process has been every loving.

IT gives people a bit of headspace. It's not right to do surgeries and then go away having to think about it in between and going home and thinking about it. Sometimes, one just needs to get around a table and have time to discuss.

Primary care has changed it is PCN. We have physicians, associates, pharmacist, paramedics, social prescribers, well-being coaches, social prescribing navigator, care-coordinators and others. If we get a little bit confused, what of our patients? The other thing we have put together is an explanation and pictorial of what they do. It is going on our website and screens. Patients will not understand what a PA is. language used. What we would call receptionist. To assess and direct. Patient navigators. Is this a good name. Care coordinators are PCN funded posts. Receptionists are called Patient Navigators because there are already Care Coordinators. They are more than receptionists. They are trained to accept and direct you to the right person. This was an NHS title. These are PCN funded posts whose main focus is the smears, cancers, immunisations, bowel screening and so forth. People do not know what this means. The more we let people know, the more they will know where to go.

The physiotherapist will see a patient for one visit. They will make an assessment in the session and give a programme of exercise via an app. If they feel a referral needs to be made, this will be done. They are not meant to do follow ups. If the physio feels that you need to see a doctor, they can do this. We have a range of roles. No matter what is wrong patients will want to see a GP. This is why we are trying to inform and give patients the option of being navigated and directed. This will free up the GPs time for more complex matters.

In GPs behind closed doors, the practitioner went into the next room, asked the GP who informed her to prescribed medication and the patient was happy. Having seen the physio exercises were done after being assessed and put on an app that can be used on the phone.

To give Mary a breakdown of on the strength of staff in the surgery.

Looking at the trend re summary – October.

Patient had prostate cancer. IT was difficult for him to talk about it. Setting up his own programme set up and supported by black men in terms of coming forward. Will be promoting and talking Working with McMillan. Name is Jeff. Talking about a larger programme and venue. To involve PPG on setting up event.

Possible new PPG members in terms of new members. Brian will communicate. Purchase of screens – THANKS A MILLION ALAN. Information is very informative. The JX system implemented is brilliant. It is much simpler to use.

Possible new PPG members. Once Mary has information she will give them information.

Purchase of the screens is a mind of information, its unbelievable. So much information is put up. It is easy to put up information and change it. This has had a big effect on us as a practice.

This could not be done before because the JX system used now was not available. The ability to be able to use it is very effective. IT is a combination. What size of membership are we aiming for? We first started with about 10-11. Frances is not well. There are 4 absences today. Beryl retired. Luke is not able to get here now. Another 3 or 4 would be pleasing. The problem is whether there are enough members attendance-wise.

A patient had Prostate Cancer. It was difficult for him to talk about this as a youngest black man. A programme was set up by him and he is working closely with Macmillan and Prostate Cancer UK. He speaks to families and black men. He is running sessions on a Saturday where he will be promoting and talking about his experience.

AOB: Reviewing COPD – Not doing spirometry anymore. An invitation will be sent out if you have COPD.

When a patient has a test, Results come, message to ring for routine appointment. Trying to ring for a telephone appointment and it takes a lot of time to get an answer. Is it not possible for a message to be sent to patient to tell them not to worry about results. A routine appointment is for abnormal results. If result is normal the patient is not sent a message. Sometimes someone has looked at the result and they may have believed the result was normal, particularly if they are junior doctors. However, if someone more senior has looked at the result, they may view the same as being a bit abnormal. If test is very abnormal the doctor will phone. If it is something like cholesterol, then a routine appointment in two weeks would be fine.

Online access lets the patient see the result.

Some blood results come back within a day. Whilst others, if they are normal in 3-4 days, some will come back next day. Certain tests take a longer time – x-rays, ultrasounds. We can do an online session. Online access is the new way forward. It takes the caller away. Online access allows patients to see reports from years ago.

In this New Year we could do an online session for patients. It could also be about downloading apps and informing patients about this. Sometimes, patients need to be shown, as this is the new age.

A search can be run on the number of patients that use online services/access. Some people do not have a computer. They may have it and do not know how to use it. Patients can be given online access to book appointments, look at records, to see what happened last. It takes the call away. Online access can save the phone call. Some people are good with this and others not. It will become the new norm. It opens up the opportunity for patients to say what they want. You can go on the phone and see when the next appointment is.

Some people want reassurance to be able to speak to someone about their issue. Those 50-55 plus who want assurance because they are more anxious. They will want to see the GP and make an appointment. This is where the DASHBOARD is good. Response can be given the next morning.

Time for eat goodies welcoming in the New Year.

Date of next meeting: to be advised.