

PARCHMORE MEDICAL CENTRE PATIENT PARTICIPATION GROUP
MEETING HELD ON WEDNESDAY, 7TH SEPTEMBER 2022 IN BEULAH
WING AT 6.00 PM

IN ATTENDANCE:

Raj Rajendra – Vice Chairperson

Teresa Chapman - Partner

Brian Dickens OBE – Group Operations Manager

Mary Jean-Charles – Secretary

Pravin Kapadia – Committee Member

Mukesh Patel – In attendance via Telephone link

Alan Mills – Committee Member

Rafique Mustansar - Partner

APOLOGIES:

Agnelo Fernandes, Luke Ernest, Michael Collins, Shagufta Shaikh

A warm welcome to everyone in attendance, after so long a period.

At first, reference was made as to whether there were enough members to hold the meeting, which was confirmed.

1. EXTENDED/ENHANCED HOURS

Teresa – Extended Hours. Huge national changes are happening in October. Presently, Parchmore opens on a Tuesday evening and on some Saturdays in the month. Rather than being a practice responsibility, it is now under Primary Care Network (PCN.). There are now 6 practices in 1 cohort. Parchmore, Mersham, Thornton Heath Health Centre, South Norwood. Hill, Auckland Road in Upper Norwood and Upper Norwood in Church Road., through which we have been working together for approximately 3 years.

From 1 October hours there is a requirement of the number of hours the practice used to provide outside core hours – 08:00 to 18:30, is where we are responsible for care. The number of hours we need to provide after the 1 October 2022 is to double.

This will be every evening in the week and Saturdays 9-5 pm. Across the network there must be some provision for patients. This is concerning for the network as we are struggling with staff, staff stress levels, recruitment, retention just to cover 8 to 6.30 pm. Collectively the GP collaborative in Croydon practices have offered to sub-contract some of this work to us as they are already providing some for the hob. Brigstock Family Practice is our local hub that also provides additional appointments and have offered to provide the service for the PCN and most of the practices have taken this up. We are trying to manage with the resources we have, rather than burning others out.

From 1 October 2022 because our network covers Thornton Heath and Upper Norwood, South Norwood we will have two hubs. All the equipment is at the locations, and we do not want patients to have to travel too far. Parchmore will be one of the hubs for the Thornton Heath area. This will mean, that our patients were the largest practice in the Thornton Heath area incorporating Thornton

Heath Medical Practice patients and Mersham patients, here. For Norwood patients it will be Upper Norwood. Patients from South Norwood will need to go to Church Road.

Thornton Heath has slightly less patients than the Norwood side, so we are going to do Tuesday and Thursday evenings. These hub sessions will be between 16:00 and to 20:00. We will do every Saturday between 12 noon and 17:00 and the Upper Norwood hub will do the morning 09:00 to 12 noon.

You are free to book at any of the hubs. If wanting to go on a Monday evening as opposed to Tuesday when Parchmore is open, we can go to Upper Norwood and be seen there,. There will be GP and Practice Nurse appointments, some Advanced Clinical Practitioners will be available as well – providing ‘REMOTE’. This will start on 1 October 2022. We must put plans in to get approval. Our receptionists will man the reception here in the hub. Other clinicians working on behalf of the PCN will provide this service and some of our staff will be invited, if they want to work overtime – they do have a choice.

Having considered how we are going to get this information out; we are long overdue for a newsletter. It be booked through the practice so the receptionists will guide.

We look to determine if appointments can be made online or over the phone. This is a possibility. We are talking about 6 practices. Whether this will happen by 1st October 2022, will keep us informed.

Q How many additional hours will this be?

In total an additional 55 hours a week for the network. Currently, with Individual practices it is half these hours.

Q Will this change working contracts?

For some it will and others no. On the whole the practice is pleased we will not be providing – in this group this is a symptom of general practice. We are all tired and winter is coming. We are on top of the day job and have been informed we must, within the next couple of weeks provide polio boosters for all in London because of the polio problem, on top of the day job with no extra resources. Covid is starting up again and delivery on the housebound and the flu jab is commencing at the beginning of October. As you can see there is three major projects to juggle. This is a bit of relief.

The PCN are still responsible for the quality of the service. We are members of the GPs practices and we are close in terms of the planning stage. We will be constantly monitoring and feeding back to them on the service. We are likely to have regular doctors who will have regular times and there will be people doing shifts in other places.

Q Are there enough doctors in the practice to do this and do we get extra funding.?

Q Is there extra NHS funding for this additional work for the practice?

We have to provide the service, but we are sub-contracting so we will have to pay.

There are doctors although this is a concern. It is up to the sub-contractors. People do not want to work full time anymore. They do not want to sessions here, there and everywhere. They just want to do odd shifts when they feel like it. This is a sign of the times.

We are definitely not fully staffed which is part of the pressure on us as a practice which is why we have sub-contracted out. Other doctors will be coming in to take on this process, otherwise, we are all struggling. Our GPs and clinical staff in particular, trying to do the best they can in a private practice with increasing demand to be seen. . This is welcomed in the fact that it eases pressure on our

current salaried GPs and puts it on to those GPs that will be coming in to cover those extended hours.

It is now the responsibility of PCN to provide this as a group of practices and not Parchmore. It is separate from this. Trying to be optimistic, we are spending a lot of time recruiting at presently. I am spending a lot of time talking to them. They in turn up ask so many questions. Doing a share of the extended hours is not attractive for the younger doctors so I am hoping when trying to recruit if we do get anyone this will make it more attractive for them to come and work at Parchmore because they do not have to come and do a share of the extended hours. If they want to and are interested I can put them in touch with the sub-contractor.

Q Does the practice get extra funding?

The PCN receives money for the extended hours and some of it comes to the practice now. There will be a small amount of money for running costs and to use us as a hub and receptionist time.

Where are the sub-contractors getting their staff from?

At the moment in Croydon there are several hubs already: Brigstock Family Practice, in Shirley, in Purley, and there is also 'out of hours' and 'urgent care centres'. There are a lot of GPs are working in these now. It will probably be, I suspect, those people.

The beauty is that they will see your medical records and add to it. This is very important as people are not happy seeing another doctor somewhere else.. They will have access and able to update in terms of exactly what went on and the GP will be able to see this as well.

The wider issue is where someone in higher state tackles the problem about how we are going to go forward. At the end of the day, If we want continuity of care

a new system is required so that patients can see the GP they want to see.. It is difficult to contract and retrain because they are a different group now..

Q How will we communicate this to patients?

We have not had a newsletter for such a long time so we will talk about this.

Q If we are going to sub-contract?

THE PCN is responsible, we can either provide it or sub-contract. When sub-contracting to the GP collaborative this is made up of Croydon GPs. We feel that this is a safe issue.

Q What is the other option are the moment?

Are we going to Decision has been made by the six practices unanimously. No practice wants to take it on because we have to do twice the amount and we are struggling now to get GPs now.

Q What will be the cost?

There is money paid to PCN for this purpose. We have a pot, and this is what we use. We negotiated sub-contractors to fit this. There is no liability for Parchmore. We need to make sure it is a quality service and there are no gaps.

Q What are the extra hours?

Extra hours for hub sessions is Tuesday and Thursday 4 to 8 pm and 12 to 5 pm on a Saturday. There will only be one GP and a nurse working.

3 COVID BOOSTERS/FLU VACCINE

Covid booster has started. Started with housebound in preparation for the winter. We do not know what the position will be or if we will be like it was last year with Covid. As from the 19t September you will be able to book into sessions

here through the National Booking Service as we did previously with the last booster session. We would have patients coming from anywhere .

Q In terms of the extra booking service will I be able to say that I want vaccination at Parchmore?

If you go onto the National Booking Service you can book at any time. A place to book and the sessions will be uploaded and you can then book your session.

The priority we have been told is care homes, care staff, followed by housebound (which is why we have started the housebound today), the over 75 and healthcare workers. For what we have coming in the first half of September has to be used for care homes and the housebound. On the 20th, it will be a very slow start up. By October we will also have the flu jab at the same time. There will be more supplies coming in because we will have done all the care homes and the housebound. You can have together with covid. You can have both jabs together, one in each arm, which they are encouraging.

We are going to promote this and hope in our flu clinics on the 8th and 15th October. 2022 The 8th October is for the over 65s. The 15 October 2022 is for the under 65s. We do have the ability to do this on site and give both.

Q Who is going the housebound?

The PCN has paramedics who will go out and jab the housebound.

Paramedics do work for the practice and they currently take on a lot of the home visits and go out. For the next 6 weeks anyway, they will not be doing home visits from the practice, they will be going out doing Covid jabs.

Q Will we have time to do this?

We are using the paramedics because we are responsible for doing the housebound. This keeps the GP here rather than out doing the housebound. We had to decide what is best. Most of the housebound are done at the end of the session. Some finishing their morning session attend to the housebound between

the time you are finishing and returning in the afternoon. This does put a lot of pressure on the GPs who do not get much of a break. If we did not use the paramedics we would have to take the GPs out of practice.

Trying to manage with fewer resources with an increased amount of work. Because of this overload of work this is why we are stressed out. On top of the day job with short staff, we now have to do polio boosters and are trying to get out children in. There are. 19,000 children not vaccinated. Then we have the Covid and the flu, which is all additional work on top of what we do normally.

Retention is also a problem. Everyone will keep going yet there will come a time when they question whether they have to carry on. General practices have injected their time publicly at the moment but behind the scenes there is a lot of pressure. The amount of work this year is tremendous. We cannot say no, otherwise our contract could be ended and the practice will close down.

So, have to try managing with the resources that we have got. Retention is the worry. IT is not going to change.

The new Prime Minister said she is not only going to sort out the health service but also the ambulance part. We are lucky to have paramedics to take on this part.

From the 20th September 2022 up until when will we be going on? It started officially 1 September 2022 and we got our first delivery yesterday and we are already starting on the housebound. We are under pressure to get them done . We have had a few refusals which is worrying because people think we are back to normal. The reason there is such a big push is because we are expecting another covid and flu spike. What is going on in Australia is that they have had a large bout of flu. Here, we are going around with mask wearing, washing hands for the last year so we have not had a lot of flu.

This time round we do not have the pfizer. It is Moderna and it is not the same as the original one. A lot of people did not want this. There is a new vaccine which has something against the omicron. The autumn booster is for autumn boosters only. The old ones will not be used for the autumn booster. If you are having your first or second jab you might still have those. As these are the ones with the most protection. The only one that was approved a while ago was the Moderna, called – Spikevac. This is the one that is in plentiful supply and available. No supplies of pfizer version is not yet available.

There have been four boosters. For some people the autumn booster will be the 5th and for others, the 4th. It depends on how the people are. These boosters are the new generations that have been tweaked. Vaccines is based on supply and people should have what is available. There is no questions about price. It is determined on the supply chain is what we will be offered.

Housebound in six practices is being done now. In our 6 practices. They will also be mobilising. The duration is a minimum of 3 months., although they talk about 6 months. If you have the Flu and Covid separately you used to have to wait 7 days. No need to wait 7 days any longer, they can have both done on the same day. If you have had covid you should wait at least a month.

4. Update on the work of Parchmore Medical Centre

We are all under a lot of pressure. We are all tired and worn out and everyone is doing the best they can. Brian is away for 2 weeks from tomorrow.

Q Can people walk in for the booster for those over 65 years on the 8th October 2022.

Yes. Booking for covid is separate at the moment. Can just walk in. Hoping to send a text. Covid will be available in the clinics. 27 and 30th September availability. Will be on National Booking Site.

Staffing is a big issue for the practice both in terms of getting staff in to join us and retention. This includes clinical and non-clinical staff and receptionists. They are more likely to go somewhere else, earn more money with less hassle.

Ongoing practice work.

CARERS.

Our biggest thing is identifying carers and those being cared for. We are trying to find the best way for them to communicate with us. We do understand the telephone is sometimes the best. We do however have the website and encourage people to say they are a carer and we will equally try and do the best that we can do. It is very difficult for us to give carers and those cared for us to give them priority over everyone else but we will continue to do what we have always done and build on the relationship between carers and those cared for to try and maximise the support we can give them.

Q Have the staff been briefed about this? There have been examples of staff not knowing what people are talking about.

The reason why this is happening is because we have had a large turnover of staff. There is two things that we can do: Someone can come through the door, and we can swamp them with every kind of information they can get. The receptionists have to take on such much and it is unbelievable . What we are trying to do is get this new batch in, train them and get them to where we were a few years ago when we had an experienced group of receptionists. To achieve this, we need to keep them. We have some that have come in and lasted a week. The amount of

information they have to know is vast. Mandatory training is difficult. We are starting to build a team in reception and retain them.

To retain them we need to bring in more so that they do not feel that they are the ones holding back the tide. If they continue to hold back the tide they will leave. Based on experience of people generally they do not want any special treatment. They want to talk to someone, not a doctor, a receptionist who can pick up their concerns. Carers and cared for people have anxiety within themselves. In terms of staff training, it is about raising staff awareness of caring. Unless one is a carer they cannot understand the stress and the problems and mental health issues potentially and the worries that go on as a carer. IT is about raising awareness to be aware. We also need to raise awareness of people with learning difficulties. There are so many different groups and somehow we need to understand all their different needs. As a carer we need flexibility and let them know and give time to know options are available to meet that need. This will equally apply to someone who has learning difficulties.

We do have a new team and they are starting to show a multifaced approach. The most important thing is for their anxiety to be alleviated. Equally we need to see who is best to deal with this. It something that a social prescriber or nurse could pick up, which needs to be learned.

We will be texting carers to let them know about the flu jab.

There are people who need to be dealt with in a particular way, with disabilities and special needs.

Q Why is there a huge turnover of staff? Is it the money/ pressure?

It could be a combination of both. Any kind of recruitment is problem. A special kind of person needs to go in the reception. Some people can come in and find it is too much work and do not want to do it. They want less stress. This is a national problem. Advertising for jobs is difficult. The bad press makes it

difficult. People work here because they want to make a difference. Most people enjoy it. The pressures are having their toll on people. We have had absences because of covid. IT is like the aftermath. Someone who has never done this type of work although they may be enthusiastic to work, the behaviour of one or two patients can encourage them to change their minds if they are disrespected by patients. IT is not that they do not want to work it is the patients who have changed their minds and the fact they can earn more elsewhere. Most people are ringing because they are not well. IT takes a special person to be able to do this and not realise they are being abused to some extent. It is not an easy job. On this level there is a technical side that needs to be taken on in terms of where that person needs to go, what happens with this and that. People are still learning on a daily basis especially when something arises for the first time, regardless of how many years they have been working here. It is hard to retain staff and it is very difficult. Some others will take to it like that and others, take a while. We are trying to do what we can. There was a cost of living pay rise, We have introduced moving around. There is the chance to not only sit at the desk. Staff have the option to move around may do prescriptions. There is also a break in the middle of the morning where they can get a cup of coffee in a quiet corner. Yet we are there saying, 'you need to answer the calls because we want them to'. We are trying to do some positive staff. Staff also get a day off when it is their birthday.

When it comes to answering the phone, there is so many people waiting and by the time calls are answered the person is already unhappy because of the time they have waited. They are unhappy even before we have found out what they want.

Q Why not invite Pravin to the next staff training or topic about carers?

Pravin is happy to do this.

TV SCREENS

We are glad Alan is here. The two information TV screens are absolutely brilliant. The ability to be able to put a multitude of information and advice on the screens is amazing. It has made such a difference in this practice. All of us feel the same. Thank you. Patients can pick up a lot of information whilst they are sitting down. In terms of the information, it is very good. A big thank you to you, Alan.

Now, we could meet face to face. It would be good to have a couple of sessions where we can think about what we can do together again. We also need to revisit what we can do outside of the practice. Many patients come in and ask. We also need to start to revisit this. For example, the mental health day. I see this as being a joint thing.

NHS is looking for development of community hub programmes.

We should have a PPG for the PCN. Thornton Heath PCM. Rather than having whole PPGs getting together. Maybe we should have 2 reps from each practice. On a network basis if we have a social prescriber we can start thinking about doing some of the community practices. It would be good to get involved and work together as a network we could get more support. Have a think about this for next time.

Thanks for the barbeque, it was a good day. Thanks for those who attended from the PPG. It was a good family occasion. I am sure we will do this again. It could be an annual thing.

Thank you to the PPG for the 3 kettles. They are very much appreciated by all.

5. New PPG members.

Anyone who is thinking of being on the PPG.

Brian has been contacted by two persons. When Mukesh comes back Brian will give them details. Mukesh will ring them and have a chat with them and invite

them to the next meeting. They applied through the dashboard on the website and want to be involved.

6, Any other business

I think it could be a good idea if there could be a rota on the board, if the receptionist is there when they want feedback it takes a lot of time to find out who is on duty. There is a rota on the back of the door. If the receptionists told people their names it would be easier. It would be a good idea to random listening on calls. The receptionist dealing with the problem was new. When patients come in it could be a good idea to let them know the receptionist is 'IN TRAINING', because this will make the patients feel better tolerate time.

Come s in every 28 days to review. Receptionist do not know everything. Warfarin book is on the wall. It would be better to arrange names in alphabetical order.

Is the information board made use of and is it useful for carers. It is useful. The board probably needs updating. Details of the carers' information is forwarded to Mary by Pravin. Carers could be qualified to receive and how to claim additional funds. Sometimes the shape of the room makes it difficult for people to observe what is written on notice. It would be better to put the information on the TV screen: Brian to action. Carers will then be able to see. We could have a time when carers could come and drop in.

Infection rates. Invite someone from the Carer's Association. Amy used to do this.

Mukesh – Next meeting to think about the AGM. Sometime in November. We do not know what the winter is going to bring or Covid. Are we doing to be in a

position to tell everyone to come into the hall? We don't know like a few years ago. We could roll over a year.

To be put forward and signed off at the next meeting. We should minute why we have done it and this should be okay.

Next meeting.

We have been through a lot during these last few years. We have learnt a lot. Not everyone has to come to the surgery. We can provide more service in terms of giving more opportunities online.

When receptionists are trained can they inform the person they are speaking to of their names. Provide them with a name badges/in training. People might be easier on them.

The next meeting will be on the 26th October 2022 at 6.00 pm.

Thanks everyone for attending.