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

Wednesday 18 May 2022, 3:00– 5:00 pm

Attending: Dr Jonathan Holt (JH), Mel McCauley (MMc), Jane Burrett (JB), Tomy Duby (TD), Christine Tulloch (CT), Patsy Parsons (PP), Helen Wiffen BHC(HW), Toni Lambourn, BHC(TL),

Emma Teasdale (EJT) HealthWatch Oxfordshire

Guest Speaker Dr. Robin Fox (RF)

**Actions From Meeting of 23/03/2022**

|  |  |  |
| --- | --- | --- |
| TL to update the website with PP comments | TL | Done |
| JH to find out about MJog | JH | Done: App may be deleted, messages sent by SMS |
| TL to add PPG link in News Page | JH | Done |

**Dr. Robin Fox - Research at Bicester Health Centre.**

Research begun in General Practice about 20 years ago. Before this time a lot was done in hospital, but with enormous numbers of primary care patients involved, GP surgeries were able to inform research. Originally only a few surgeries in the region ran projects, but now it is more widespread.

RF does research in other surgeries in the Buckinghamshire, Oxfordshire and Berkshire (BOB) region. Sometimes the patient may present with a problem that the clinician cannot help with, but is able to say there is a research project that may give access to treatment. For Instance, antivirals, currently only authorised for use in severe illness, are being tested on Covid-19 patients in the Panoramic Trial. BHC is one of only 40 or so PG surgeries to run the trial, but patients can sign up on line - if they know about it. Currently RF goes through patients reporting Covid infections and those who are eligible for the trial are contacted. Patients report that they like to “give something back” and find taking part “interesting”.

TD asked if the trials were double blind. RF said they were not, as it took a long time to develop the placebos.

JB asked if practice is informed if patient has consented to be contacted for future OUH trials. RF said not normally, though if the patient has said they wish “absolutely, no, never again” to take part in a trial, their notes would be marked with this.

RF said that other trials are currently running as well as the Panoramic.

There is a trial to ease the diagnosis of asthma in which the participant can breathe into a machine instead of having to blow into a tube at home every day for a fortnight.

The SAFER trial aims to identify patients with an irregular heartbeat - atrial fibrillation. Eligible patients are sent a machine that will check for the condition.

Also running are a trial to reduce the incidence of pain following a shingles outbreak, a trial to reduce the pain in gout, and a trial seeking earlier diagnosis of Type 1 diabetes in young children who may be very sick following current first diagnosis.

MMc asked whether parents must agree to research on a young child. RF replied yes. Though the child could assent, the parents must consent.

RF said it could be a problem to notify everyone eligible for a trial. For instance, with the shingles trail, you needed patients actively with the condition. It would be better if patients were already informed, perhaps through the website.

JB added that keeping the website current was critical. BHC must consider how to keep patients coming back to the site, and to regain those who had been put off in the past.

RF reported that much more time was being put into all social media.

JB agreed that TL had put in a lot of effort and was regularly updating the website.

JH pointed out that some of the equipment that we use in research trials can then be made available to support primary care e.g. the glue ear equipment which we were able to use to diagnose children in the practice for a period of time after the trial had completed. We have also used the machine for asthma patients.

RF said BHC was one of the most successful research practices in the BOB region.

EJT asked how many research practices were there in Oxfordshire.

RF said there were only 5-10 practices as active in research as BHC in the BOB region although as many as 40% may have some involvement, though this could be just writing to a single patient with a symptom of interest.

\* see research links at end of minutes (ed.)

**BHC Update**

Website

TL said that the new BHC logo was being discussed, and would be added to the when agreed/ developed. She further asked that we let her know should we find anything wrong or missing, and to suggest anything new and relevant to add to the website.

MMc suggested that it would be useful to have photos on the web page listing practice staff.

TL said that there used to be a picture board in the surgery. PP said in a virtual world it was even more important to get them onto the website. JB thanked TL for all her work.

Vaccinations

JH reported that the spring booster day was completed, and that there would be another session in June. After that it would be decided if more “big” days would be needed, or whether to pause the Heritage site until September, planning for which will start at the end of this month. Patients could always get vaccinations from walk-in sites, pharmacies etc.

PCN Roles

A second clinical pharmacist was due to join the PCN in June. A Mental Health Practitioner

is being recruited (will work together with the Mind wellbeing workers/social prescribers). We are trying to recruit more physiotherapists and another paramedic, however staff are difficult to recruit e.g. due to training requirements.

Extended Hours

JH reported that the PCN contract calls for more extended hours. Currently 25 hours “out of hours” appointments are offered as 5 clinicians for 5 hours each on Saturday 9a.m.- 2p.m. This clinic serves the PCN but is sited at BHC, as the other Bicester practices are not signed up to the contract. The new contract calls for 50 “extended” clinician hours offered during 6:30-8p.m. Monday-Friday, and 9 a.m. - 5p.m. on Saturday. The new formula for calculating contract hours is 1 hour per 1000 patients, and Bicester PCN serves approximately 50,000 patients.

A balance must be struck between making available as many of the roles as are available across the PCN, whilst ensuring the stretched workforce does not ‘fall over’ and to work within the finance that is offered.

A meeting is planned with the PPGs from the other Bicester practices (3PPG), and it is hoped that we could find another location for, say, one evening session.

JH said we would try to match patients to clinicians. If more face to face appointments are offered 2 to 3 evenings each week, we could offer a Doctor and Nurse Practitioner 9a.m. - 2p.m. on a Saturday.

JB asked, if the plan for extended hours provision was to be submitted in July, when would there be feedback on demand. JH said that the contract would run from October to March ’23, then maybe we would engage again. If there really were problems such as half full clinics, we could revise plans, but with CCG approval. He expressed again that this is a lot to ask of primary care staff.

MMc suggested that somebody, e.g. a nurse, may want to work on a Saturday.

JB said that there would be a different pattern of demand over the winter. JH agreed, and wondered if the Saturday clinic could be used for ‘flu vaccinations.

EJT asked whether the GP would be pre-bookable for patients from all 3 surgeries. JH said they would have to be. He hoped the package for the 3PPGs would be more hours, with more face to face appointments.

PP commented that the demand was more likely to be for less urgent, more routine care out of hours. JH agreed, saying he foresaw one GP on the Saturday or evening, and the rest would be staffed by other roles.

JB raised the serious issue of monetary and environmental cost for heating and lighting all 3 buildings if they were all to open for extended hours through the winter. JH said this was a good point, and that BHC could run the Saturday clinic, though acknowledging that the heating system in BHC needs updating, though this was unlikely to happen before the building refurbishment in 2025. He pointed out that the contract had budget for wear and tear and maintenance.

MMc said that the other PPG chairs had preferred 1st June at 6:30 as a time for the 3PPG meeting.

EJT said that MHS PPG had not met during Covid. MMC asked about numbers of PPG members to attend. JB said that more than 8 in a meeting could lead to splits and 13 would lead to a scapegoat. JH suggested the meeting take place online, to which MMc agreed.

EJT suggested as this was the future of the NHS, a survey gauging interest could be run. JH said the CCG hoped that a common-sense consensus could be reached, that would work for patients and could be delivered. If not, other methods could be tried.

MMc asked if representatives of the practice would be present; JH thought practice managers would be invited. However, he reiterated that since the other practices were not signed up to the PCN contract, it was up to us to provide the service.

Access to the Health Centre

MMc reported that the last time she visited the practice for a pre-booked appointment, access was chaotic. There is a sign on the doors saying patients waiting outside should not to try to open the doors, but it was not at all clear what they should do. Although the receptionists can see out, patients cannot see in and therefore do not know if they have been noticed. When MMc got inside, she checked in using the machine, but was not directed to a waiting room. Reception then repeated the check in questions, and told her where to wait. She also noted that when a patient left, two people waiting outside just walked in through the open doors.

HW said that the doors must be kept closed to protect the vulnerable. Any patients not able to wear a mask will be taken to a separated area, and the GP will escort them in and out. She said she will look again at signage on the door, and clarify messages about waiting rooms on the check in machine. PP said that door signs may not be understood by people for whom English is not the first language. TL said it may be clearer to direct patients to “this” or the “next” waiting room, rather than giving more complex directions.

JH said that with regard to keeping the doors locked, the last time there had been a discussion, Covid-19 case numbers were again high, so we are still living with the reality of the disease.

eConsult

PP asked if the practice had had feedback of how it was working for patients. HW said the text had been changed for the better, with some duplication of questions removed. TL had been working on the text on the BHC side. Patients completing eConsults are better informed, receiving texts if their case was not being dealt with on the day, telling them which day the doctor would call.

MMc asked if a button had been removed as it was difficult to see how to “get into” the eConsult, as the advice list is offered first. HW said some boxes had been amalgamated. JH said there were a lot of steps, but patients may be directed to other services to spread the load of demand.

Reception Phones

MMc said that on calling the surgery at 4 p.m. the reception staff member had said “emergency medical appointments only”. HW said this was not the expected response, they should have asked “How may I help you?” and then checked if it was an emergency.

**BOB ICS**

PP asked how the new ICS structure would affect BHC. JH felt it would not have a major impact. People from the CCG would take similar roles in the ICS. We would need to absorb the political change whilst carrying on. The place-based structures would be larger. Primary Care would have a smaller voice.

**A.O.B**

1) EJT reminded the meeting of the ICS Engagement document [here](https://bobics.uk.engagementhq.com/), and that there would be a PPG webinar 1:30 p.m. on 26/5/2022. Registration required [here](https://healthwatchoxfordshire.us2.list-manage.com/track/click?u=ce00ebfe7b6ad2013bbc467eb&id=98b081ce76&e=ec7d1fe6e5).

2) JB asked whether, following a routine blood test, someone would contact her if the results were abnormal. JH said that the GP files a comment before the results are finalised. If action is required the GP will call or text. If it is less critical, reception staff may contact the patient. If, when looking at results the patient sees only numbers, they should check back as a comment will be added.

**Actions:**

JH to finalise 3PPG meeting time and place.

JH to provide Teams link for 3PPG meeting if online.

HW to look at signage on the door

HW to clarify messages about waiting rooms on the check in machine

**Next Meetings.**

(No summer meeting)

Wednesday 21September 2022, 3-5 p.m.

Wednesday 16November 2022, 3-5 p.m.

**Links**

1. NHS National Institute for Health Research (NIHR) patient and participant area. Patients can search themselves for specific areas of health research being supported by the NHS which is relevant to their condition. Web link is <https://bepartofresearch.nihr.ac.uk>
2. Panoramic - antiviral Treatments for Covid-19 - Trial <https://www.panoramictrial.org>
3. SAFER - Atrial Fibrillation - Trial <https://www.safer.phpc.cam.ac.uk>

Minutes prepared by

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