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

Wednesday 15 March, 3:00– 5:00 pm

Attending: Dr Jonathan Holt (JH), Peter Wilson (PW), Teresa Allen (TA) (acting chair), Jane Burrett (JB), Tomy Duby (TD), Patsy Parsons (PP)

Apologies: Christine Tulloch (CT)

**Actions From Meeting of 18/01/2023**

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| **Actions:** |  |
| JH to email PPG about volunteers at the booster session.  | Will talk to Volunteers who help at the upcoming Vaccination sessions for 75+ and immunocompromised cohort. |
| PP to place OSAAT leaflets in the library.  | Update, 10 copies given to Bicester Library on 26/1/2023 |
| JB to attend NAPP AGM meeting. | Update, virtual attendance on 28/1/2023 - 61 present on zoom and more on a streaming link -there were 16 pre-submitted categories of questions answered.  In AOB - many comments and questions on varieties of use of eConsult in practices. |

**BHC Update**

Graven Hill

JH was sorry to hear that Graven Hill will not go ahead. This means that the Oxford Health dental and podiatry users of the Julier Centre will not have space to move into (Montgomery House). Discussions have been held with Oxford Health.

The Clinical lead of the ICB (Integrated Care Board) is to look at all estates in Bicester.

Alchester and Montgomery House have options to expand within their sites.

TA asked if Bicester Community Hospital have space to support an increase in service provision. JH advised that they do not have facilities which GPs in the community can access for routine provision of primary care services.

TA asked if practices may close their lists while plans were made.

JH explained that lists may only be closed for short periods or funding streams would be lost. He felt that they would stay open for the time being.

JB asked if patients in new Kingsmere and Chesterton housing could go to Islip practice.

JH said it was up to patients, (ed. Islip boundary does cover south Bicester/Chesterton), and over the coming months, the effect of the Graven Hill decision will become clear.

QOF-Quality and Outcomes Framework

JH does not see any big changes in the coming QOF, which is amended every year. The upcoming PCN contract is more focussed on patient access and reduces micromanagement. The ability for the practice to say they were closed for the day is limited.

PCN Update

1) JH said the new Mind Child and Young Adult wellbeing worker is a great success. They have the time and knowledge to talk to families and schools and help with detailed referrals. They can draw together information about what is happening with the child.

2) A new in-person Physiotherapist is working 5 days across the 3 Bicester practices. The video physiotherapist contract is ended.

JB said the practice physiotherapist had been a great help last summer, with the diagnosis confirmed by X-ray. This was especially since they had access to her notes, which a private one would not have.

3) The pharmacy technician is supporting the Clinical Pharmacist, leaving her to higher level tasks.

JB asked how prescribing in the town would be affected by the closing of the Lloyds pharmacies in Sainsburys.

PW replied that we do not know what will happen to the pharmacy staff. If they were to come to the Coker Close branch, perhaps there would be more hours there. The closing means there will be a pharmacy licence available, and though BHC has no influence, it is hoped that another community pharmacy will open in the town.

JB pointed out that the Boots in the Kingsmere Retail Park currently has no pharmacy in it.

4) PW described how reception staff were being upskilled to assist the GP with triage of the eConsults. Three have been appointed and are already making a difference.

JB asked if the qualification meant they would get more pay. PW replied that they already had some more, with a further increase when they were fully qualified. TA said she was staggered how fast some eConsults were responded to.

5) An Advanced Nurse Practitioner has been brought in under ARRS (Additional Roles Reimbursement scheme), also a new nurse started last week.

6) The Frailty MDT is still operating as a pilot within the PCN.

PCN Extended Hours Feedback meeting

TA said that Clare Davis had set up a meeting of PCN Staff and PPG members on 29th March 5pm in BHC to receive and review feedback on how the Extended Hours project was perceived. She added that she had had positive remarks from Wendlebury patients.

TA asked how to get feedback in a more structured way. JB suggested using various FaceBook groups, or putting notices in other places may work. JH pointed out the need to be cautious as social media could be slanderous.

It was suggested that the virtual PPG could be surveyed.

Estates

JH said BHC could extend into the Julier Centre building. PW added that plans depended on funding, but that BHC would like to be able to isolate parts of the practice for energy savings.

He would like to have a conversation with the patient group, and if possible, volunteer architects and/or surveyors about the Julier Centre and the main building with respect to heating and plumbing.

JB suggested the Virtual PPG could be surveyed, as well as seeking Extended Hours feedback. She asked whether there was payment from other practices to cover heating during extended hours.

PW said we did not charge them but there was funding. He hopes to be able to turn off everything in the practice, except in the West Wing.

**Leaflets in the Practice**

JB said she had started to update the Social Activities for the Over 60s leaflet and found many changes. She found the Age UK “My Connected Community” covered some. Should we only use the Age UK leaflet, or have both?

JH felt the BHC leaflet was more focussed and was better than the Age UK list format.

TA said our leaflet was aimed at a broader audience.

PP said she would amend some formatting and send the final version of the Over 60s to PW.

JB asked which leaflet the practice would like us to look at next.

TA said the “Help your GP to Help You” would be good to do.

JH said a new version could educate patients on the different routes to care.

JB suggested “Your GP Practice has Developed” and felt people needed to take responsibility for their own health.

PW suggested the title not mention the GP. A short paragraph would be written by each area for inclusion.

PP said she would produce a draft that could be amended and developed. “Get the best from your practice“, “How Does your Practice Work in 2023” and “How do I get the best out of my medical practice in 2023” were suggested as titles for the leaflet.

**N.A.P.P**.

JB had circulated her notes from the N.A.P.P before the meeting. The Practice pays membership. Though it had been run efficiently pre-Covid, some PPGs felt it was losing relevance.

Extended hours service is not available in all practices. 10% of posts are not filled. Many PPGs have not restarted since Covid. eConsult service is only available 2-3 hrs a day at some practices, and it may take 48 hours to respond.

PW commented that it was a postcode lottery with personnel and administration.

JB wondered if the demographic of GPs meant that some practices were more likely to make use of eConsult.

JH said that eConsult was easier to use than the practice software. There are not clinicians to replace retiring GPs. The BHC offer is acceptable, but other locations are not so lucky.

JB reported a member from Berkshire feeling that the changing model of healthcare meant that the N.A.P.P. may not survive.

JH wondered if it could be the patient voice where no PPG existed.

**CoP**

JH reported at the last meeting there was no speaker. Normally the speaker explains their offer, but it was suggested that it would be better to talk about all organisations meeting a certain need, e.g., Unemployment, Grieving, Disability, Dementia etc. Then how to cross reference so the patients are aware of the services? Also, it was suggested that meetings be more spaced apart to give time to curate the offers.

**A.O.B**

None

**Actions:**

PP to produce small slips of paper to give to potential PPG members. (done)

PP to send reformatted Over 60s leaflet to PW. (done)

JH/PW to supply short paragraph from each clinical area for inclusion in “Get the best from your practice “leaflet.

JB/PP to produce draft leaflet.

Next Meetings.

Wednesday 17th May 2023, 3-5 p.m.

Wednesday 12th July 2023, 3-5 p.m.

Minutes prepared by

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