**Bicester Health Centre Patient Participation Group**

**Face to Face and Online Meeting Minutes**

Wednesday 19th  February 2025, 3:00–5:00 pm

**Attending:** BHC: Dr J Holt (JH), Peter Wilson (PW),

PCN: Clare Davis (CD)

PPG: Teresa Allen (TA) Chair, Jane Burrett (JB), Tomy Duby (TD), Julie Evans (JE) Hayley Holmes (HH), Patsy Parsons (PP), Janet Wardell (JW)

**Apologies:** Christine Tulloch

**Actions From Meeting of 11/12/2024**

HH to circulate document reporting status of the BHC PPG FB group. Done

TA, TD, PP to liaise with PW to review Waiting Room Screen program. Agenda Item

PP to research NHS Screening leaflet. Agenda Item

JB to contact OxLAC and pass on PW details. Done

**New Topics**

**BHC/Primary Care Network (PCN) Update**

PW reported that the expansion project was underway, but there would not be any building work until April. There will be more information for patients displayed in the surgery as available from the project manager.

**IT Issues**: JH said there had been a cyber security issue which meant systems were down for about 24 hours. There were no lasting issues from this event. About once a year, the EMIS system fails, and paper notes are used. Existing appointments are printed from another system, with additional ones added as made “on the day”. Handwritten notes taken by clinicians are uploaded when EMIS is online again.

**Staff Shortages**: PW said that staff shortages should not concern patients. Three times in January, we were on red status as it is not possible to control the number of calls received in a day. TA commented that from Facebook (FB) it seems that at other practices, patients struggled to contact their surgery, and when they got through, all appointments were gone. PW said that the message

given out when there were no GP appointments said that there were still Bloods appointments, but this was at the end of the message, and patients may not stay on the line to hear it. JH asked HH how she felt about putting appointment availability status on the FB pages. With almost 20,000 patients staff shortages due to sickness may need to be communicated. HH felt that when the BHC FB page pops up, this can be worrying and is only needed when absolutely critical. JE added that people become concerned seeing the message whether they need a doctor or not. TA felt that over communication could cause fear. CD pointed out that there was a need for transparency. PW suggested that there be a follow-up message afterward saying all is fine.JE asked if putting something in the phone message would be better. TA wondered if transparency could drive demand as patients became concerned. JH asked HH if Toni Lambourne was updating the BHC FB page. HH said yes and added that it would be great if she were to do a weekly update. PP asked if there should be an update giving the protocol for dealing with the shortages when they occur. JH felt that at a glance this could imply a problem, and that it was better to send the message at the time of the problem, but also give the system for resolution. JB felt it would be better to put the message on the systems that people use to contact the surgery.

**Patient Champions**

JH reported that it had been decided to roll back initial grand plans and start with a more manageable scheme. CD said the PCN met in January. Starting with the ‘digital clinic’ aiming to have monthly gathering of PPG volunteers and patients in each practice. It is hoped that within a week to 10 days they will start to look for people possibly inviting them via a survey monkey. There will be an

in-person meeting in BHC on 20th March to give plans and ideas. One or two in each practice to help patients. There will be a Lead to run a WhatsApp group. In April we will have a digital clinic for patients who cannot access the NHS App or website. They will sit one-to-one with a volunteer who will help. They will bring their devices into the practice. JH said that while the NHS App was the main focus, help could be given for eConsult and wider issues. Sessions would progress to become PCN-wide with skills learned and shared, this fits with the

neighbourhood model. CD said patients needed to be onsite to get codes from reception to register for the NHS App. JH said groups would later widen their focus to other activities, from the initial Digital. TA asked about WiFi provision and PP asked if there would be a separate secure network. PW said

they could just change the password for the day. JB asked if PPG volunteers should come into the practice to encourage candidates for the digital clinic. CD said a poster would raise awareness. JE said many people are not on the app as they do not have a smartphone. JH felt there were still people who needed help to use their tech. CD said an invitation letter to ask for volunteers had been

drafted and sent to HH. JB said if it could be sent to the BHG PPG F2F email, she would circulate it to the group. CD said the invitation showed it was a genuine programme.

**FB Questions**:

**Q1:** Items lost at practice: PW said patients should put identifying information on anything left at the practice and keep a record of what and when items are left.

**Q2:** Appointments: JH reported that overall 30% are prebooked, and 70% booked on the day. Per week there are:

533 GP appointments (37% pre-booked) 166 Advanced Nurse Practitioners (ANP) appointments (all on the day)

60 Physician Assistant (13% pre-booked) because they are still training.

50 Paramedic appointments (all on the day)

This is a starting template with flexibility by the triage team. On a bad day some next day appointments may be taken, or it may have to go red. The next two weeks are reviewed at weekly practice meetings to identify pinch points. The contact hierarchy of **eConsult – Telephone - In person** is in place to maintain the ability to triage to the correct clinician. We try to meet requests, but e.g. if a patient needs to be seen and there are no appointments with the patient’s usual GP, they may be given a paramedic appt. HH said it may be useful to put an answer on the FB FAQs. JE said time and again patients ask why they cannot book an appointment online. TA said it might be helpful to tell people the high number of calls received daily. PW mentioned that Alchester have a graph for the number and type of appointments, and we might be able to have this for BHC. JB said it was useful to hear JH talking about how the system works for GPs, and useful for patient champions who will get asked these questions over and again by patients.

**Q3:** Prescriptions: PW explained that when a pharmacy is out of stock of the prescribed medication, they should put the meds back ‘on the spine’ which would enable the patient to go to another pharmacy. However frequently all pharmacies are out of stock, in which case it is best to come back to the practice clinical pharmacist. JH said this is an increasing problem. The protocol is for the pharmacist to see if they can issue 1- a different brand, 2-the same medication at a different dose, 3- medication that is most similar. They should put this on a form to bring back to the practice to reissue.

**NAPP:** JB has looked regularly at the NAPP site and found that little has been updated in the last year, and there are questions, but they are not useful. PW said that as a result of this being raised last year, he had told the accountant not to renew the subscription. PP agreed that there was little of relevance to us on the site.

**Slides for the Waiting Room Screens:**

TA has produced slides – currently running on the screens, covering the ARS roles, and topics from our leaflets: Bereavements and NHS Screening. Comments from users of the waiting room “Haven’t seen that.” JH asked about where TA sourced the data on the slides. TA said from the NHS England

website and Cancer UK. She pointed out that numbers for some screenings differ where different data sources have been used by the websites. She selected data that would translate well to the screens. She used freeware images, and in the case of the Screening, an image of the leaflet. TD said he would come in to see the font size on the screens. JB said the font was small to view across the room. Her approach would be to rearrange the chairs, so they were nearer to the screen in the large waiting room. JH said the space in the middle was good for social distancing and for wheelchairs/mobility scooters to manoeuvre.

PW said as we develop it is better to have all slides on a single PowerPoint and emphasised that the ARS roles slides are very useful.

HH said she would produce a slide for an advert for the PPG FB page with a QR code link. PW asked that it be designed so that it could become a poster for display.

TA said the PDFs of the slides would be circulated to the group. TD asked how long each slide displayed. TA said 17seconds for one loop, and 20 secs for the other. PW said the idea was that the whole loop lasted no more than 5 minutes

**Healthwatch Oxfordshire Webinar**: TD attended this presentation on 21/1. He felt that other practices were working the same way as BHC, with the exception of the social prescribers. JH said that in BHC the social prescribing role was filled by the Mind - Wellbeing worker and the Age UK members of the INT. TD said the meeting had been recorded, and there was also a film about GP receptionists which could be useful. PW pointed out that different practices used them in different ways; ours are admin staff.

**Screening leaflet**: PP had circulated the latest draft for comment. JW suggested the rewording in the second paragraph of the “NHS Health Check” section to …’greatly reduce the risk of serious health complications and disabilities…’. JE asked if requests from patients outside the age range would take a lot of GP time. JH said it would be worrying if it generated a lot of traffic but was most often part of a health journey. JH said he would check to see if the sigmoidoscopy had been a pilot. Comments to PP by the 5th March.

**One Step at a Time Leaflet**: JB said she was still chasing details for entries. There is a lot of information geared to getting adults into exercise. She hoped to get this edition finalised and circulated in March.

**Tasmin Ireland OxLAC**: TA asked if she had met with the practice yet. PW said he had her details, but had asked the INT team as their work may dovetail. He suggested it would be better to meet her in this setting before inviting her to address the PPG.

**A.O.B.**

PP said she had been asked by a patient whether the hold music could be changed as she had heard it so long for so many calls. PW said he would see it anything could be done.

JB offered to attend the Healthy Bicester Stakeholder Workshop - 19th March 2025 – this is in connection with the leaflets we have produced in the past. In John Paul II Centre.

The meeting closed at 4.58 pm

**Next Meetings**

Wednesday April 9th, 2025 (**online only**) from 3.00-5.00 pm

Wednesday June 4th, 2025 (**online &F2F**) from 3.00-5.00 pm.

**Actions:**

HH to produce FB advert Done

HH to contact PW when in practice in order to meet Toni Lambourne

TA Circulate Slides PDFs to the group

JH to check sigmoidoscopy Done

PP to amend screening leaflet post 5th March

JB to circulate OSAAT leaflet in March Done