

## University Medical Group

### Minutes from Patient Participation Group meeting – 28 January 2020 6-7pm

**Present:** Dr Elizabeth Johnston, BM, NM, MT, RJ, DT, LC, DC, LD, PR, HW, JW, BM, TM, TW, EW, DH, JE, WE, JW, JP

**Minutes:** Fiona Mullin

#### 1. Welcome

Dr Johnston (EJ) started by welcoming everyone and giving a power point presentation.

#### 2. PCNs

PCNs are made up from practices or groups of practices with 30-50,000 patients. As we have over 30,000 patients at this practice, we are a single practice PCN where some other practices have had to group together. Some of the benefits are we can work quickly and don't have to share staff, we have been able to recruit the social prescribers with funding from the NHS and we have also recruited another clinical pharmacist who will start with us soon.

#### 3. Social Prescribers

Diane Owens and Charlotte (Charlie) Draper are the new social prescribers and are job sharing a full time role. They are working across both practices and started in November. Social prescribers (SPs) work holistically and can signpost patients with issues including debt, weight management, social isolation, exercise and anything that affects wellbeing that is not medical. They are a support role that can help people access different resources. The clinicians are very excited to have them in the practice.

Diane and Charlie introduced themselves, gave their background and answered questions put to them by the attendees.

**Diane** - My background is: Worked in a care home for 14 years, then went to Older Adults Mental Health Team at Hazelwood where split my time between the Home Treatment Team (visiting people in crisis) as well as support worker for my own caseload of patients. From there I worked for Age UK Berkshire for about 14 months as a social subscriber for the elderly.

**Charlie** - My background is: I worked in the Wokingham Older Adults Mental Health Service within the community team, Home Treatment team then later specialised in working with people aged 65 and younger with Dementia. From there, I and some colleagues set up a charity from YPWD (Berkshire) and then from that a colleague and I set up a domiciliary care company specialising in working with younger people with dementia. I then came to this role.

Q. Is there a danger of something medical being missed if patients see the social prescribers?

A. No, patients are referred by the GP; the SPs have access to the same systems and notes and communicate with GPs. The SPs are complimentary to the medical service provided by the clinicians.

Q. Do you have a database of resources eg multiple sclerosis and resources such as the Berkshire MS therapy centre? Past experience shows that there has been a lack of knowledge about what is available. How good is your database?

- A. Our database is a work in progress, we liaise with other social prescribers and arrange visits. We welcome suggestions about resources so please email any into the practice main email account ([srccg.uscripts@nhs.net](mailto:srccg.uscripts@nhs.net)) marked for the attention of the social prescribers. We are visiting as many different places as we can to add to our database but things do change all the time.
- Q. Are you counsellors yourselves?
- A. No, we identify the need and then signpost.
- Q. Does chronic pain come under your umbrella if patients have exhausted everything else?
- A. We are not experts but would talk to the GPs and it may be that we can help with finding a way of dealing with pain in a way other than medically, such as potentially finding ways of distracting from pain.
- Q. Have you heard of a condition called Progressive Supranuclear Palsy? Family member died of it and nobody had heard of it at the time so we had to make cards up to explain it.
- A. Yes, I have heard of it (Charlie), it is very rare and aware that there are not many services set up for it.
- Q. Are you aware of the physically disabled and sensory needs group in Reading?
- A. No, we are not aware and would be grateful if you could email in the information.

EJ thanked the PPG for reviewing the social prescribing leaflet. We have made amendments as a result of feedback received

### **Action – add healthy eating to the Social Prescribing leaflet**

#### **4. A recap on what we are about as a practice**

EJ - The practice vision. Number one is always quality of care for patients, supported by team work, financial stability and being a centre for learning. Clinical staff attend bi-weekly educational meetings; we hope that as users, you are happy with the care given. We have a low number of complaints for the size of the practice, we have maintained excellent ratings on NHS Choices and we look for learning from any negative reviews. The patient surveys from the CQC inspection were amazing and we were very proud to receive our second 'Outstanding' rating from the inspection.

#### **Staffing update**

We now have 3 pharmacists; 1 with a hospital background and 2 with a community pharmacist background and have recruited one more. We are very pleased to advise that Lorraine Watkinson, who has been with us for many years as the Operations Manager, has been promoted to Practice Manager.

#### **Developments – present**

- **NHS app**

The NHS has brought in the NHS app, which is in addition to the Patient Access app. It looks the same and you can access the NHS app with your Patient Access codes. You can set it all up online; if you have photo ID you can take a picture and a short video and it goes to the home office who can confirm it is you. The practice is going to be promoting this as is aware that some people do not want to have to come to the practice to do this.

Comment from patient – GP had suggested they should have a pneumococcal vaccination but when trying to book it via the app, the app directed them to Day Lewis pharmacy which is not free.

EJ. The Patient Access app is provided by a clinical system provider and seems to allow some advertising but unfortunately, this is outside of our control but useful to know so thank you for the feedback.

- **EMIS on-line**

This facility is meant to allow some people to avoid having to phone the practice; NHS England is encouraging practices to use this. It is not for urgent medical issues, messages are read by a senior receptionist who will deal with it or direct it to the appropriate person and patients are advised they will get a call back from the practice within 2 working days.

- **Patient Wi-Fi**

We now have patient Wi-Fi which is great news.

- **Expanding types of appointments available on-line**

We are trialling more appointments on line – some smear, minor illness and medication reviews. We want to reduce the bottle neck at 8am and make it easier for patients to book appointments.

- **In addition to Diabetes Virtual clinics , Respiratory Virtual clinics are starting**

We currently already have virtual diabetes clinics when Dr Gallen comes to the surgery and reviews approximately 40 patients in 2 hours and provides actions for the practice to help these patients. We are about to take part in a pilot for a respiratory virtual clinic as well and are very excited that these are going to help us improve our care.

#### **Developments – future**

- Exploring option of Portacabins to expand the premises at Northcourt Avenue
- Plan is still we need to close WV in 2023 when the lease comes to an end
- Automated BP and weight machine in reception linked to clinical system

#### **4. Any questions?**

Q. The fact you are trying to expand alternatives would have reduced some telephone congestion – how quickly are the online messages/enquiries read?

EJ. We have not had many online enquiries since we started using it in November, only 40 or 50 but we are promoting it more. A senior receptionist looks at them each day to direct it or respond but if not sure, they check with a doctor. The patient is informed their query will be responded to in 2 working days

Q. The Healthwatch website says that this practice is the only one that is going to be a single practice PCN which is unique and excellent. What qualifies you?

EJ. Purely our size as we have over 30,000 patients.

Q. After the outstanding CQC ratings, people will want to register with the practice, is there a cut-off point?

- EJ. Space is our limiting factor, there is a national shortage of GPs; new ones want to be locums. We are utilising other clinical staff. Funding is coming through for a “First-contact physiotherapist” for PCNs and we would love to have one but currently have nowhere to put them.
- Q. Where are you going to put the portacabins?
- EJ. In the garden, next to the garage.
- Q. I am a new patient and have opted to go to Whitley Villa surgery as no parking here, what’s going to happen with the parking?
- EJ. We currently encourage staff that can walk or cycle to work to do so. The council want a plan for staff journeys and part of the proposal for the portacabins is to create more parking but realistically, we’ll probably never have enough.
- Q. What about minor illness appointments? There was a message on Facebook today about minor illness appointments being seen by an appropriate clinician and not a GP. Will that take the power away from patients as to whether they see a GP or not.
- EJ. The minor illness clinicians are highly skilled and qualified to see patients in the minor illness clinics. There has been some tension over this issue but GPs should not be seeing minor illness patients, their appointments should be used for more complex patients.
- Q. How can staff be certain over the phone whether it is a minor illness?
- EJ. The receptionists have had training and they have a manual to follow. They are not doing medical triage, they will book patients in with a clinician and if no slots are left, they will get a call booked with the duty team which is made up of a GP, 2 paramedics (or 1 paramedic and nurse) and a pharmacist but sometimes patients will be asked to call another day if no appointments and it is not deemed to be urgent for that day.
- Q. I emailed through a repeat prescription and asked for a confirmation of email but I didn’t get a reply. The pharmacist went ahead and ordered the prescriptions without letting me know. I had to call again to find out. This is not what was asked for as we order the prescriptions ourselves from the pharmacy.

**Action: FM to speak to prescriptions clerk/team about the process**

- Q. If a patient is seen by a clinician but the condition is more serious, how quickly can they see a GP?
- EJ. There is always a GP on site for the clinicians. The physician associate at Whitley Villa has to have a GP supervisor on site near her to refer any issues to. The paramedics are used to being more autonomous and are used to seeing quite sick people but they also are supervised. The duty doctor is available for them if needed and there is always a GP on site. If a patient needs to be seen by a GP, they will be seen quickly.
- Q. Patient commented on the new proposed CCG, Oxford, Berkshire and Bucks, it will be a huge area.
- EJ. There was a public consultation. West Berkshire seemed to be against it but there were not enough objections for it to not to proceed. EJ attends meetings in Oxford and it looks like that’s where the power will be centred but as it is such a huge area, there will need to be local committees.

Q. Is the locum issue a national trend?

EJ. Yes, the young doctors don't seem to want to be partners and don't want the responsibility but we try and make it attractive to locums to encourage them to become salaried GPs.

Q. Are locums always new doctors?

EJ. Not always, we currently have a locum was a partner in a previous practice and wanted a change.

Q. What happens to the patient survey responses?

EJ. They are all looked at. Good ones are circulated to all staff and EJ looks at any negative ones and decides on any action that needs to be taken.

Q. If we don't want to respond to the text survey, can we send in feedback in any other way?

EJ. Yes. There are comments leaflets in reception or patients can write in or email [srccg.uscripts@nhs.net](mailto:srccg.uscripts@nhs.net). All feedback is appreciated.

Q. Can the patient call screen say which floor the appointment is on as this would be really useful or a list in reception?

EJ. Unfortunately this is not possible at the moment as the screen does not have the capability. We can look at other options and report back.

EJ thanked everyone for their questions and asked for any feedback from the PPG.

Q. Sometimes there is a long wait for an appointment with some GPs. Is the appointment time allocated enough for the individual GP?

EJ. GPs do have catch-up slots in their templates and a maximum number of patients to see. However, some are faster consulters than others.

Q. PPG member commented that they found these sessions very useful but the nature of the group tended to be a particular age group. Can the practice get younger people, families, students etc involved in the group?

EJ. It's quite difficult – the students are quite likely to reply to the friends and family survey texts but we don't get any demographics from the responses and they are all anonymous. Dr Cheetham talks to the head of student services regularly to ensure we are meeting the needs of the student population.

Q. With becoming a PCN, that involves a lot of additional work to take on for the practice. How is that working out time and moneywise?

EJ. It means one less clinical day each week but we need to do it and be involved and we are looking at setting up MDT groups.

EJ thanked everyone for attending and for the feedback.

#### **Actions:**

- 1. FM to investigate pharmacy query from BM/NM.**

- 2. Practice to investigate the possibility/feasibility of having a list of GPs and which floor they are on each day displayed in reception.**
- 3. Add healthy eating to the Social Prescribing leaflet – Completed 04.02.20**