

**Minutes**  
**STOCKTON HEATH MEDICAL CENTRE**  
**PATIENT PARTICIPATION GROUP**  
**Wednesday 18 March 2019**  
**5.30pm – 6.30pm**

Present: Richard Utely, Mary Chuck, Diane Bowers, Angela Fell, Karen Chriscoli, Bernie Wilkinson, Sian Cargoe-Bromley  
Apologies: Kath Douglas-Furner, Joanne Price, Moyra Pethybridge

Moyra has decided to step down being a member of PPG and we thank her for her time and wish her well for the future.

- Telephone System Upgrade

The Practice has finally been successful in gaining approval for a new cloud based telephone system through Surgery Connect X-on. We have been in the process of checking lines and contracts prior to end of March and hope to have the system in place by July/August 2019. Notice will be given to our current provider.

Operator (like BT but smaller) with over 18 years experience of specialising in *communications for the healthcare industry.*

*Surgery Connect makes innovative use of cloud technology to rationalise your spend on telecoms so that you will receive only one bill.*

*Cloud telecoms means less equipment and clutter at your site and a phone system that you can manage from any computer connected to the Internet.*

*Cloud telecoms also means greater reliability - Surgery Connect will continue to deliver calls using a backup facility in the unlikely event that your broadband data connection fails.*

*X-on commits to supplying the most up to date technology and provides continuous platform upgrades at no cost to you.*

*Why Surgery Connect?*

- *Latest call centre style technology for reliable and high quality call delivery*
- *Unlimited inclusive calls to UK landlines and mobiles*
- *Unlimited **secure call recording** of inbound and outbound calls*
- *Unlimited call queuing and available lines*
- *Simple to use, monitor and manage from the Internet*
- *Call data and configuration changes are all in real time*
- *Auto-emailed management reports for performance analysis*
- *Perfect for triage processes*
- *EMIS accredited Partner*
- *Extra secure single sign-on access to system through EMIS Web login*

*Why X-on?*

- *24/7 telephone support*
- *One bill for all services - lines, calls, phones*

- *Unlimited reconfiguration, prompt recording and changes at no charge*
- *System monitoring and multi-site resilient infrastructure*
- *Hardware warranty in place for the duration of your contract*
- *Data and recordings are encrypted and secure in UK data centres*
- *X-on staff project manage installation and provide full onsite training*
- *In house development team constantly working on enhancements and new features*
- *18 years of happy clients willing to provide references*

Practice rotas for our Back Office team have been changed from May onwards to have more people available to answer calls earlier in the day, with the focus on admin work being done in the afternoons with a reduced number of staff taking calls. The Practice will also have to increase the number of available appointments bookable on-line to 25% from July 2019 as per NHS England contract guidance (see link below). At present we cannot stagger when the on-line appointments become available and those that are released are done so within a 2 week time frame. We are working with our clinical system provider to see if this can be altered.

- **Recruitment & Resignations**

Dr Steit has decided to leave the Practice from June 2019.

Dr McGoldrick our present GP Registrar will become a salaried GP from June 2019.

Apprentice medical receptionist Sian joined the team 18 March 2019.

2 further medical receptionists are joining the team in April, Megan and Barbara.

GP Assistant, Joy is joining the team in April to assist in clinical document management.

The Practice is also recruiting further admin team members to replace staff who are retiring in the next few months.

- **Primary Care Networks**

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england>

Please review the link above which explains many of the changes coming to General Practice.

### **Primary Care Networks**

#### **Prerequisites to becoming a PCN**

To be recognised as a PCN, individual GP practices will need to make a brief joint

submission outlining:

— the names and the ODS codes of the member practices

— the network list size (ie the sum of member practices' lists as of 1 January 2019)

- a map clearly marking the agreed network area
- a copy of the initial network agreement signed by all member practices (see below)
- a named clinical director from among the GPs of the network (additional funding is provided for this role)
- the single practice or provider that will receive funding on behalf of the PCN.

### **Bringing new benefits to patients**

The development of PCNs will mean that patients and the public will be able to access:

- resilient high-quality care from local clinicians and health and care practitioners, with more services provided out of hospital and closer to home
- a more comprehensive and integrated set of services that anticipate rising demand and support higher levels of self-care
- appropriate referrals and more ‘one-stop shop’ services where all of their needs can be met at the same time
- different care models for different population groups (such as frail older persons, adults with complex needs, children) that are person-centred rather than disease centred.

### **Funding**

- In addition to the workforce costs (for the additional workforce and the clinical director) each network will receive a recurrent annual payment of £1.50 per patient (an extension of the current CCG funding, but now non-discretionary) to be used by the network practices to support their work. Practices will also receive a separate payment through the SFE in return for signing up to the DES.

Front-loaded additional funding, ring-fenced for networks, will be available from central allocations (in addition to some of the current funding for GPFV and CCG funding).

A new Network Investment and Impact Fund will be introduced from 2020, tied to the development of community-based services that enable reductions in hospital activity, such as accident and emergency attendances, delayed discharge and avoidable outpatient visits.

### **Workforce and Employment**

- Additional workforce will be introduced and partially-funded through the Network. The number will build up over the five years, so by 2024 there should be an additional 22,000 staff in primary care, as follows:
  - From 2019, each network should be able to employ one clinical pharmacist and one social prescriber.

- From 2020, funding will increase to enable the additional employment of first contact physiotherapists and physicians associates.
- From 2021, all of the above will increase and community paramedics will be introduced.
- From 2022, all of the above workforce will be increased so that by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), three social prescribers, three first contact physiotherapists, two physicians associates and one community paramedic.

There will be some flexibility around numbers and professions within networks.

NHS England will fund 70% of each professional including their on-costs. Networks will need to fund the additional 30% themselves. The exception is social prescribers, which NHS England will fund 100% including on-costs.

The network will decide how the additional workforce is employed (ie by a single lead practice, by an organisation (eg a Federation or community trust) on behalf of the network, or different professionals employed by different practices within the network).

The workforce and network will be led by a Clinical Director, chosen from within the GPs of each network. This Clinical Director will be funded – an average of a day a week for a network of 40,000 patients (including on-costs) from new funding provided by NHS England.

The Practice is working with the following Practices:

Latchford Medical Centre

Lakeside Medical Centre (Lymm)

Brookfield Surgery (Lymm)

Stretton Medical Centre

Appleton Medical Centre

Dr Ahluwalia will be the clinical director for the Network.

Going forward we will arrange time for the PPG's of the Network Practices to meet up.

- IT system issues across Warrington Practices

Many issues were raised by Practices across Warrington regarding the network speeds of IT systems and the impact it was having on workload and processes. At SHMC we have had to revert to old process of putting paper copy of letters in GP tray rather than sending electronically as the system was so slow our scanners could not scan files on to medical records and when they did GP's could not view the file as it took so long to load.

Warrington Clinical Commissioning Group representative met in early March and discussed the following:

- *The current network usage, status and clinical risk themes reported from GP Practices;*
- *Intelligence from peak usage periods;*
- *Options for improving performance in the short-term and mitigating the current risks; and*
- *The migration of the existing N3 Link to the Health & Social Care Network (HSCN)*

### **Short-Term Actions Agreed**

As a result we have agreed that a number of short-term actions will be taken over the next week, these are;

- ***Protect Bandwidth for Clinical Systems*** - All internet traffic that does not require access via the N3 link will be re-routed via a separate internet link. This will help to protect the N3 link for clinical systems. This is being scheduled as an emergency change and will be implemented next Tuesday 12<sup>th</sup> March at 7pm. Any actions required by practices will be communicated separately.
- ***Bridgewater Network Uses*** – The Bridgewater IT team have agreed to explore moving their network use to alternative larger links that they have access to in other localities.
- ***Microsoft Anti-Threat Protection*** – M&LCSU will explore the possibility of pausing Microsoft ATP for the next 4 weeks as this may be a cause of some performance issues depending on site links and the age of individual computers, this may present a security risk but the CCG have agreed the clinical risk reported by practices outweighs this in the short-term.
- ***Scheduling of Data Downloads*** – M&LCSU will review again with GEM & Arden CSU the DSCRO activity and wherever possible the scheduling of large downloads and data extracts to outside of core GP practice hours.
- ***Update and Feedback to Practices*** – M&LCSU will attend next Practice Manager & Commissioning PLT meetings to discuss the current issues and progress made against these actions.
- ***Actions for All Users*** – Can we ask all users in practices to limit wherever possible any use of internet radio, streaming services, video viewing and personal use, this will help to ensure all available bandwidth is used for core services.

### **HSCN and further actions**

*The meeting also discussed the implementation of HSCN which will provide the solution to the problems currently experienced by all users. The current N3 link is due for replacement on 6<sup>th</sup> April. This is to be confirmed through the formal IT change process and is subject to Virgin Media and NHS England scheduling of migration. As soon as we receive further updates the CCG will share this through normal bulletins. A couple of further actions were agreed with M&LCSU following the HSCN migration;*

- **Phase 2 of HSCN** – Each GP practice site link that is less than 100mb will be upgraded and new computers deployed for practices not already on Lancashire domain and Windows 10. Scheduling of this will be confirmed.
- **GP Laptops** – The CCG has been successful in a capital bid for the deployment of new laptops to all GPs. This will provide direct connectivity via 4G and practice sites with poor links will be prioritised. These laptops will replace old tablets that have been previously deployed to GP practices. Further work will be undertaken by M&LCSU to configure these and we will contact practices directly regarding roll-out.

- **IT changes in General Practice**

From NHS England:

Changes to support electronic access, to appointment booking, to consultations and to information, will be phased across the years. A programme to digitalise paper records will commence to enable the creation of a complete electronic record for each patient.

Practices will be required to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage. These are existing appointments as decided by the practice, but should be spaced evenly throughout the day.

We have agreed that practices will no longer use fax machines for either NHS or patient communications.

Practices will be expected to offer 25% of appointments via on-line booking from July 2019

- **Texting service to patients**

<https://www accurx.com/chainsms>

We will soon be introducing a text messaging service to patients. The link above will explain how it works and what it can be used for.

- **Staff wellbeing:**

Four members of team competing in Fit To Tackle fitness/weight loss campaign took part in Kilimanjaro Steps Challenge for Comic Relief at Halliwell Jones Stadium. Staff in the surgery raised over £150 with wear something red day.

Staff notice boards continue to focus on wellbeing topics of healthy eating, encouraging exercise and mental health awareness.

**Date for next meeting**

**Wednesday 5<sup>th</sup> June at 5.30pm**