

Minutes
STOCKTON HEATH MEDICAL CENTRE
PATIENT PARTICIPATION GROUP
Wednesday 8 June 2021
5.00pm – 6.30pm

Present: Joanne Price, Richard Utley, Jane Brown, Mary Chuck, Susan Scales-Barlow, Paul Medeika, Tracy Dell, Karen Chriscoli, Bernie Wilkinson
Apologies, Kath Douglas-Furner, Derick Acton

Introduction to new PPG member – Paul Mendeika

Welcome to Paul who has a wealth of knowledge from working in social care, strategic planning and being member of many patient forums including Health Watch and Warrington CCG. He is keen to offer his support to the Practice.

Introduction to Tracy Dell, Management Consultant supporting the Practice

- Efficiencies across the teams - restructure
- Review funding income
- Review of Workload

Patient demand for access has increased greatly since July 2020 at the end of the first lockdown and particularly since November 2020. GP workload has become unmanageable. On-line submission of econsults have increased:

Nov 2020 -1398

Dec 2020 -1226

Jan 2021 -1502

Feb 2021 – 1546

March 2021 -1971

April 2021 -1790 (2 bank holidays)

May 2021 1729 (2 bank holidays)

In addition there can be an additional 40-50 eLite triages completed each day by reception team (approximately 1050 per month).

Team members are at risk of burnout trying to keep on top of demand for access and the clinical administration.

Two GP's have resigned from their positions (for personal reasons). The Practice is actively recruiting to fill the vacancies.

Practice took decision to request to reduce submission of econsult to GP during core contracted hours only. Warrington CCG supported the Practice in this.

Telephone calls through to Practice has risen since November but our team are answering fewer calls due to processing eLite templates (these can take 10 to 15 minutes).

We also have had to deploy admin team members to vaccine centre or allocate staff to sort vaccine invites and this has reduced numbers of staff answering calls.

The Practice worked as a team of 20 surgeries to provide service to the vaccine program roll out at Wolves stadium. To date we have helped to vaccinate of 70,000 patients in cohorts 1-9. Many of our staff gave additional hours to assist in this.

Working at recent protected learning time development days (with Tracy as host) we have reviewed how econsults are triaged. For each econsult received it needs to be transferred on to our clinical system (it doesn't happen automatically).

We have changed the process to have an Administrator working alongside Assistant Practitioner team to triage requests effectively.

Introduced separate list for admin requests, re-introduction of list for clinical pharmacist (they have had a lot of time away from the Practice due to working at covid vaccine clinics). This will help manage workflow and reduce GP anxiety of an ever-growing list of clinical access econsults.

We will be reviewing when our team are rota'd (GP's and Nursing Team) to assess whether we have the right numbers of staff in when the business needs them.

Signposting patients to appropriate clinician or additional roles – we have seen an increase in request for GP for minor self-limiting illnesses. We need to educate our patients on how they can manage these short-term illnesses with support and guidance via web links or local pharmacy (see below for further information about referral to community pharmacy). We will be getting a new website in coming months (Jane has kindly offered to help look at this from a patient point of view).

Repeat dispensing – to help reduce workload of prescriptions. Our prescriptions team and clinical pharmacists will be working on project of introducing repeat dispensing to help reduce workload of repeat prescriptions.

How we “open” up the building again. We've been **open** all through the pandemic, just working with restricted access to areas of the building and using different entrances. We have continued to offer, blood test appointments, leg ulcer dressing clinics for our more vulnerable patients, baby checks and immunisation clinics, diabetic reviews, asthma reviews, smear clinics, heart reviews, women's health appointments, learning disability reviews - some of these via remote consultations and many face to face as appropriate. Two week wait (cancer)referral numbers have stayed the same as they usually would have.

Following clinical triage of access requests by a GP, patients have had telephone/video consultation with most appropriate clinician. If examination

required patients have been invited to attend for face to face appointment, using rooms at rear of building. We moved our reception desk to our back door.

Admin requests have been dealt with at staff entrance back door.

We did receive funding to make some changes to waiting areas and to make adaptation to clinical room to help with leg ulcer/dressing process however due to the lockdown, our suppliers were unable to get the supplies or carry out the works by the time the funding allocation expired. We have had screens fitted and paintwork redone around reception desk. Over the coming weeks we will be looking at how we can safely open up all our clinical rooms as well as how we can use our waiting areas. We would like to continue to have patients attend by invite rather than having queues of patients as we do not feel this safe. Admin queries can be dealt with via econsult. We ask only patients who do not have access to technology to attend with admin queries.

Nursing Team:

Review of workload and roles

Retirement plans

Admin:

Review of workload and roles. We have had a few resignations and we will be assessing how these vacancies are filled.

Review of prescription team processes – updating protocols

- Use of technology to support patients – website being changed/NHS App
- Registration packs for patients – being updated
- Workflow of clinical documents being reviewed.
- Private income stream processes being reviewed and updated

Our team have all worked so hard over last 16 months, we are concerned by increasing numbers of abusive calls and emails. We strongly recommend that instead of waiting in a queue for the telephone, submit an econsult, it is more productive use of your time and your request will be clinically triaged. We will also deal with admin requests this way too. We understand patient frustration when phone lines are busy and also that some patients are experiencing heightened anxiety levels but we do ask people to remember we are human too, we have been working under the conditions of a pandemic, we have worries too, but still be providing a service to our patients. We are here to help you. Please “Be Kind”.

**Suggestion from Joanne to use somebody who isn't familiar with the Practice to review directions/signage for patients prior to re-opening rest of surgery areas.*

**Suggestion from Susan to promote the good work we are doing in the press or via a newsletter.*

**Offer from Jane to review the new website to help make sure patient friendly and positive.*

**Suggestion – review telephone hold message, can it be used to give advice to use econsult or not to be phoning re vaccine programme queries.*

**Suggestion – review text back facility – some patients may not be able to text back due to their network. Could we include email address for contact?*

Additional Roles in Practice

In addition to our nursing team roles of Nurse Practitioner, Practice Nurse, Assistant Practitioner, Health Care Assistants and GP Assistants new roles have been introduced to support primary care workload.

Additional roles have been introduced across Primary Care Networks to help support service provision in surgeries. Patients may be offered appointments with these new roles as appropriate.

Social Prescriber (equivalent of 2 days a week worth of appointments)

Social Prescribing Link Workers are here to support you to improve your health and well-being. Addressing your needs in a holistic way by connecting you with services and activities within your local area.

These may include:

- *Health and well-being services*
- *Money advice and welfare support*
- *Benefit advice*
- *Housing issues*
- *Loneliness*
- *Bereavement*
- *Family/ Carers*
- *Social activities*
- *Exercise classes, seated exercise classes*
- *Walking groups*
- *Employment/ Education*
- *Volunteering opportunities*

Mental Health Practitioner (equivalent of 2 days a week worth of appointments)

Some presentations may require onward referrals to specialist services such as ADHD, secondary care mental health service etc.

- *Abuse*

- ADHD
- Anger
- Anxiety and panic attacks
- Bereavement/Grief reaction
- Bipolar disorder
- Borderline personality disorder
- Depression
- Drug and alcohol problems (may need referral to specialist drug and alcohol team)
- Obsessive compulsive disorder (OCD)
- Paranoia
- Peri natal mental health
- PTSD
- Psychosis
- Schizoaffective disorder
- Schizophrenia
- Self-harm
- Suicidal thoughts
- Trauma

First Contact Physio (equivalent of 2 days per week at SHMC – telephone consultation plus face to face examinations on site once a fortnight)

What is a musculoskeletal First Contact Physiotherapist?

- *First contact physiotherapists (FCPs) are advanced practitioners working within primary care with extensive expertise in the clinical assessment, diagnosis and management of musculoskeletal (MSK) conditions. See 'What FCPs can offer you'*
- *FCPs see patients with (suspected or diagnosed) MSK conditions as the first point of contact, instead of a GP, and can be accessed directly by contacting the practice's reception.*

What do FCPs do during appointments?

- *A typical FCP appointment involves assessment, diagnosis and first-line treatment. FCPs can also refer patients for a course of physiotherapy treatment, order investigations or make referrals into secondary care services using the same pathways as GPs. Some FCPs are also able to independently prescribe and provide injection therapy.*
- *As a person-centred service, most appointments include self-management advice, social prescribing, and discussions about physical activity and fitness for work.*

What is involved with FCP Services and how successful are they?

- 1. Diagnosis, advice and expert management of MSK conditions*
- 2. Increased capacity – seeing patients who would have seen the GP*
- 3. Referrals into 2° care – track record of fewer referrals*
- 4. Request investigations and interpret results – track record of fewer requests*
- 5. Prescribing medicines and injecting – track record in de-prescribing*
- 6. Autonomous practitioners, trained to identify red flags – strong safety records*
- 7. High satisfaction rates among patients and GPs where First Contact Physiotherapists (FCPs) are in post*
- 8. Talk to patients about work and issue AHP Fit Notes*

GP CPCS - The General Practice to Community Pharmacy Consultation Service

What is it? GP referral to the NHS Community Pharmacist Consultation Service (CPCS) is a new pathway that practices can use to refer patients with minor illness, for a same day consultation with a Community Pharmacist. “The right clinician, at the right time, in the right location.”

When a patient with symptoms of a minor illness phones the practice requesting an appointment, they are referred (seamlessly within EMIS) for a consultation with a community pharmacist and with their consent, an electronic referral message is sent to their chosen pharmacy.

The CPCS service is available in over 95% of pharmacies and they can provide the service remotely, safely, and to the convenience of patients. Which conditions does it cover? How does it work? Upon receipt of the referral the pharmacist will contact the patient by phone to either carry out the consultation, arrange for them to attend the pharmacy if appropriate, or offer a video consultation.

The pharmacist will take the patient’s medical history and ask about symptoms and any current medication. Following the consultation, the pharmacist will offer self-care advice and may sell the patient an over the counter product if appropriate and they agree.

What are the likely outcomes of a Consultation with the Pharmacist?

- Advice Only*
- Advice and the sale of an OTC medicine*
- Advice and referral for an NHS service, e.g. minor ailments / EHC*
- Advice and signposting*
- Advice and referral*

During the pilot schemes almost 9 out of 10 patients were handled by the Pharmacist, whilst over a third of patients required no more than advice on self-care! What if the patient is found to need more complex assessment? Where symptoms suggest something more serious, the pharmacist will help

the patient to arrange an urgent GP appointment or escalate to an urgent care setting such as the Emergency Department if needed. During the pilot schemes only 11% of Patients required referral back to the surgery for an urgent same day appointment with the GP. The pharmacist will make a record of the outcome of the consultation and send it to the patient's GP by secure digital message to provide a full treatment loop.

What are the benefits?

- *Improved access for patients, they can be seen quickly and at a time convenient to them.*
 - *Freeing up capacity within General Practice for higher acuity or more complex illness.*
 - *Increased awareness of the role of Community Pharmacy as 'First port of call'.*
 - *Helping patients self-manage their health more effectively.*
 - *Improved relationships & shared working between GP Surgeries and Pharmacists.*
 - *Keeping treatments cost effective for the NHS by promoting self-care.*
- This service has the potential to release an average of 55 GP appointments per practice per week - that's 20 million a year*

Nursing home alignment

Changes to GPs in Care Homes - Enhanced Healthcare in Care Homes

- *Primary Care Networks (PCNs) in Warrington have been working hard to implement the PCN 'Enhanced Healthcare in Care Homes'.*
- **What is a Primary Care Network (PCN)?**
- *It is a group of GP practices working together to improve the health of people by working at scale. One example of such work is proactive patient care in our care homes. There are 5 PCNs in Warrington.*
- **What is the change?**
The idea behind the changes in the care home is to put more emphasis on proactive care, which means that everyone will have a personalised care and support plan.
- **Why is change needed?**
Patients whilst they are living at home will be registered with their GP practice. Currently, if a patient needs to move into a care home, they will keep that same registered GP, no matter which PCN in Warrington their care home is located in. This means each care home will have many different GP practices to discuss care plans of their residents, making such work difficult. GPs will find forming a good working relationship difficult with many different care homes. Having a PCN aligned to a care home allows care homes and GPs to work effectively and regularly together, leading to better care for the patients.
- *Each Primary Care Network (PCN) within Warrington, of which there are five, will have their own procedures – creating an inefficient and time consuming process for patients.*
- **So what is the solution?**
The ambition is to move all residents to practices within the same PCN as the

care home. PCNs will organise a regular Multi-Disciplinary Team (MDT) meeting with each care home to help formulate a care plan for their residents.

- *Making these changes means that health professionals will be able to focus solely on one PCN and in turn, enable residents to have their important proactive care and personalised support plans. The patients will also benefit by input from several different health professionals in the MDT. Care home staff will also notice a more joined-up and cohesive relationship with local GP practices and PCNs.*

At SHMC, our team members have been allocated a home to contact each week by telephone. GP's will have dedicated time to carry out a "ward round" of the care homes. We have also been used as an example of "good practice" for other surgeries adopting this way of working.

NHS England Data collection/sharing

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/gp-privacy-notice#opting-out>

The General Practice Data for Planning and Research data collection will help the NHS to improve health and care services for everyone.

For example patient data can help the NHS to:

- *monitor the long-term safety and effectiveness of care*
- *plan how to deliver better health and care services*
- *prevent the spread of infectious diseases*
- *identify new treatments and medicines through health research*

As a GP practice you already share patient data for these purposes, but this new data collection will be more efficient and effective. This is similar to General Practice Extraction Service (GPES), which has operated for over 10 years and now needs to be replaced.

In addition to replacing what GPES already does, the GPDfPR service will also help to support:

- *research the long-term impact of coronavirus on the population*
- *analyse healthcare inequalities*
- *research and develop cures for serious illnesses*

Who will collect the data from your Practice?

NHS Digital only.

What data will be collected?

The following data may be collected from GP medical records:

- *any living patient registered at a GP practice in England when the collection started - this includes children and adults*
- *any patient who died after 1 July 2021, and was previously registered at a GP practice in England when the data collection started*

*NHS Digital **will not** collect patients' names or addresses. Any other data that could directly identify patients (such as NHS Number, date of birth, full postcode) will be replaced with unique codes which are produced by de-identification software before the data is shared with NHS Digital. Known as pseudonymisation.*

Who will receive this pseudonymised data?

NHS Digital will share pseudonymised data with any relevant organisation so that they can use the data to improve health and care services going forward.

Although please note NHS Digital will be able to use software to convert the unique codes back to data that could directly identify patients in certain circumstances, and where there is a valid legal reason.

Will NHS Digital share patient data?

Yes. Although the data NHS Digital will receive from you will be pseudonymised they will have the means to be able to convert this code back into identifiable data. This will only happen where there is a valid legal reason to do so and where they meet strict criteria to use the information for local, regional and national planning, policy development, commissioning, public health and research purposes.

This personal / patient data may then be shared with relevant organisations who can help with that patient's care.

Can patients opt out?

*Yes. Although the data going across to NHS Digital will be pseudonymised there may be a chance that a patient needs to be re-identified as explained above. A patient may not want this and may want to opt out of this data collection completely. Patients can opt out of their data being used for research and planning purposes. This can be done by the practice or the patient can opt-out through the National Data Opt Out Service:
<https://digital.nhs.uk/services/national-data-opt-out>*

Date for next meeting

Wednesday 18 August 2021 at 5pm (remote on Teams)