**Sunbury Health Centre Group Practice (SHCGP)**

**Patient Participation Group (PPG)**

**Minutes of a Core Group Meeting held on 7 December 2021**

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| **Present:**  **Sunbury Health Centre: Richard Fryer (RF), Dave Gill (DG), Sasha Thurgood (ST)**  **PPG Core Group: Neil Huntingford (NH Chair), Paul Thompson (PT), Polly Healy (PH), Alison Richardson (AR), David Buttler (DB), Tom Fidler (TF)**  **Guest: Jim Snaith (JS)** |
| **Apologies:**  **PPG Core Group: Jenny Downes (JD)** |

**Welcome**

NH welcomed everyone to the meeting, which had reverted to Zoom given high Covid rates locally, as well as an increase in winter illnesses. **Jim Snaith** was introduced as a patient of SHC who is potentially interested in joining the PPG Core Group.

**Minutes of last meeting and matters arising**

There were no matters arising from the last minutes, and they were formally adopted.

**PPG – The Way Forward – Communication with Patients**

The planned sub-group meeting to reflect on how the PPG Core Group can be as effective, efficient and supportive as possible going forward has been delayed, with the intention of holding it in the New Year. A number of topics for discussion have been identified, and an agenda will be produced by AR shortly.

Whilst some of the topics on the agenda do not require urgent consideration, discussions have taken place between NH and RF concerning how the PPG Core Group can support SHC in communicating out to the patient population.

Press coverage has in some instances been very negative about access to GP Practices. Whilst more balanced and enlightening articles about the pressure on the NHS as a whole as well as the Primary Health Care system have recently been published, SHC inevitably suffers some of the backlash from more salacious reports. Locally, there has been an increase in negative comments appearing on the SHC Facebook page, and PPG Core Group members are also hearing negative stories in day-to-day interactions with people.

Criticism can seem relentless to SHC staff, making it difficult to maintain morale. With the pressures that SHC continues to work under, there is little time available to counter negative reports or promote the things it is achieving. Recent staff sickness as well as Covid isolating rules have left the surgery significantly understaffed, which only adds to their problems.

There seems to be a role for the PPG Core Group to support the Practice by ‘ramping up’ patient communication, especially around changes that are ongoing as well as planned – of which there are a number. Introducing changes to the patient population, explaining the rationale for them, how they will work in practice and the benefits for patients should help everyone.

Given there is no funding towards this, NH has identified potential free existing communication channels: LOSRA weekly bulletin (covers Lower Sunbury), local Facebook, and Sunbury Matters (delivered to all households in the area monthly). In addition, closer working with SHC on its own Facebook page, would seek to increase local messaging to supplement the national updates already posted.

Following discussions with the editor of Sunbury Matters, NH has secured a regular half-page in Sunbury Matters, with a longer ‘kickstart’ article just published in the December issue. It seeks to answer some of the most commonly asked questions by patients about, for example, changes to the way appointments are received and dealt with. This article has been posted on the SHC Facebook page, and PH offered to post it on the PPG website. This was agreed.

During the remainder of the meeting, NH noted a number of additional topics that could be developed into future articles, which will be forwarded to RF for putting into priority order.

It was agreed that developing the Sunbury Matters monthly article should be shared between members of the PPG Core Group, with perhaps a change in lead every quarter. Articles will be drawn up following a discussion with RF, with a draft being approved by him for accuracy, and published under the SHC logo. It may be more appropriate to have the same PPG Core Group member work with the SHC Facebook page lead. Both these matters will be discussed further in the PPG sub-group meeting.

PH has been working on improvements to the PPG website, noting that she regularly receives enquiries from patients that require her to signpost them to the appropriate place on the SHC website (over which SHC has limited editing control). PH has now ensured that the PPG website has clear links to the SHC website pages, and in the past 5 days there had been no similar enquiries (from a total of 137 ‘hits’). The PPG website has attracted interest from the Chair of another PPG who would like to emulate it.

**SHC Update**

**SHC staffing and workload**

RF reported that the Practice continues to be extremely busy, with absences due to Covid isolation rules being compounded by an increase in winter ‘bugs’. DG pointed out that over the previous 2 weeks the Practice had been operating at around 60% capacity. Whilst Surrey Heartlands, the Clinical Commissioning Group (CCG) – to whom the Practice reports daily absence levels – is supportive, there are limited options for relief.

As previously noted, negative press stories and the response from some patients is having a harmful impact on some staff. At times it can feel very personal, when they are doing their utmost to serve the local patient population.

DG reflected on the national shortage of medical professionals, and the lack of availability of locum staff (which SHC used to be able to recruit). The Covid impact has resulted in a 20% increase in workload, and 14-hour days are now common for GPs.

Yet throughout the pandemic SHC has continued to offer patient appointments within days (as opposed to several weeks some years ago), has continued to run a raft of services and increased its staffing levels to enable it to offer more patient services, such as pharmacy. The appointment system is never turned off within operating hours unless full capacity has been reached, and whilst response times may have lengthened recently, patients receive a reply within a good timescale.\*

\* Subsequent to the meeting and to the national “call to arms” for GP practices to support the covid booster programme, the website forms for appointment requests have been paused until the New Year: other forms remain available.

RF confirmed that:

* A replacement paramedic is due to start on 13 December.
* A replacement nurse is due to start in January.
* An HCA started a month ago.
* There is now a fully staffed and embedded reception team.

**‘Flu Vaccination Programme**

RF provided an update and addressed an issue raised in advance of the meeting by JD, concerning patient confusion around how, where and when the ‘flu vaccine can be accessed.

All of SHC’s ‘flu vaccine allocation (which was ordered a year ago) was diverted to NICS, who have been delivering both ‘flu and Covid boosters successfully from local vaccine centres, and are responsible for texting patients as they become eligible.

Confusion and disappointment has arisen due to texts also being sent out by national booking sites (without making it clear who they are), inviting people to book their Covid booster, and offering a range of different locations including chemists. These locations do not hold any of the SHC ‘flu vaccine allocation, which has resulted in people expecting to have both vaccinations but only receiving the Covid booster.

DG commented that in the past SHC delivered its own ‘flu vaccine clinics, and it would have seemed to patients to be a seamless process. This year, however, SHC needed to support the national approach. SHC has no control over national messaging, but supports the thrust of trying to protect as many people as possible as quickly as possible.

SHC has texted those who do not appear to have had their ‘flu vaccination, inviting them to book via NICS, and attend one of the local vaccine centres where ‘flu clinics are continuing.

‘Flu vaccination progress v targets:

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| --- | --- | --- | --- |
| **Group** | **Number administered** | **% achieved** | **Target** |
| 65+ years | 2,438 | 67% | 75% |
| 50-64 years | 1,698 | 43% | 75% |

N.B. The 50-64 years group is a recent addition to the ‘flu programme. Vaccines administered in this group are going well compared to last year when around 400 in total were given.

**Covid Booster Programme**

Progress to date:

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| --- | --- | --- |
| Vaccine | Number administered | % of eligible SHC patients |
| 1st dose | 12,971 | 82.9% |
| 2nd dose | 12,374 | 95.4% |
| 3rd dose or booster | 5,583 | 79.3% |

DG clarified that the ‘3rd dose’ is an offering made to selected vulnerable patients.

RF stressed that the national booster programme is rapidly changing, with new cohorts becoming eligible and the interval between the second dose and the booster being reduced from 6 to 3 months. It takes time following Government announcements to understand what impact there is on SHC staffing and workload, and for plans to be put in place.

NICS is inviting people as quickly as they can, but the increase in demand can only be met if there are enough people to administer the vaccines. Some SHC staff are helping out at the vaccine centres on their ‘off’ days and/or at weekends, but it remains an issue, and is why some vaccine centres are not open every day of the week. The problem is not volunteer numbers – of which there are more than required - but a lack of clinical staff.

TF raised the fact that a number of people have mentioned extreme and lengthy difficulties in contacting NICS especially via telephone. This has been particularly upsetting for some as the original vaccine booking mechanism was highly efficient. RF said that there are now more people on the telephone lines. NICS has been facing a huge logistical exercise, and overall they are doing a great job locally.

DG was asked about recent press articles suggesting that GP Practices would stop some ‘routine’ health checks as a consequence of diverting clinical staff to meet increasing demand in the Covid booster programme.

DG responded by saying that whilst SHC is in discussions, it is not clear as yet how many staff may be required, and what impact this may have on other patient services. SHC is working hard to continue to deliver services to and monitor patients with a range of chronic diseases, as well as seeing people who have delayed seeing a GP and are now presenting with a range of conditions, some potentially life threatening. Until things are clearer, that focus remains.

**Development of new Pharmacy service**

Historically, high street chemists have played a role in advising people on a range of ailments, and prescribing remedies.

DG and RF explained that SHC has been taking part in a CCG pilot of a new service for patients, which will be launched not only across all 43 practices in NW Surrey, but also nationally. Patients with minor illnesses which can be addressed by a chemist, will have a referral made by the Practice. The outcome of the consultation will be reported back to the Practice, and recorded on the patient’s notes.

DG is working on a Standing Operating Procedure with a Pharmacist lead to ensure patient safety and a seamless service that addresses patient needs.

This service will be in addition to the work already carried out by the in-house SHC Pharmacists.

It is not anticipated that this new service will increase the number of requests for consultations, but offer an alternative route to quick and effective treatment for minor ailments.

Members of the PPG Core Group raised a number of questions concerning this new service, and what the patient experience would be in practice. AR suggested that once the details have been finalised clear communication with the patient population will be extremely important. This was supported by the rest of the Group.

One of the issues raised by PT concerned the confidence patients could have in their request being appropriately referred. DG confirmed that the triage arrangement currently in place for all appointment requests will remain. It is managed by a Care Co-ordinator who is specially trained and that the triage staff work to strict protocols laid down by the GPs.

**Development of Social Prescribing service**

There has been a change in Social Prescriber since November, which is a shared resource with the other 3 Primary Care Network (PCN) Practices (Upper Halliford, Shepperton and Studholme).

The Social Prescribing section of the SHC website has been improved, and signposts patients to a number of people and organisations that can help them. Text messages are being sent to carers and vulnerable patients who could benefit, informing them of the revised information and inviting them to see what is available.

**Mental Health project**

This project, jointly commissioned with the Mental Health Trust and eventually planned to be rolled out nationally, is now due to start in February/March 2022. The aim is for someone to be based within the Practice who can liaise with mental health patients who can benefit from primary healthcare (with more seriously ill patients requiring secondary healthcare). The biggest barrier to launching this service is the lack of skilled practitioners. But it is the intention to not only launch but extend the service by recruiting a second person perhaps within the next 12 months.

**Progress in National Health priority areas**

SHC continues to deliver across a number of national health programmes:

* Patients with previously recorded high and borderline high **blood pressure** are being encouraged to have a review, which can include having a ‘cuff’ fitted which records and feeds back blood pressure readings to the Practice. The service is planned to commence early in the New Year.
* Pharmacy and nursing staff are currently progressing with **asthma** reviews.
* A number of **Learning Disability** reviews have been completed, with specialist reviews taking place in care homes.
* Healthcare assistants are being proactive in assisting with reviews of patient **mental health** checks.
* There are new targets for addressing pre-diabetes, and care co-ordinators are working on patient and blood test reviews to identify patients who are most at risk of developing diabetes.

SHC’s 3 Healthcare Co-ordinators are taking the lead on some of these areas, so that there is an increased focus on activity and outcomes.

**SHC Website and Telephone System**

SHC is a very big user in terms of the number of enquiries received via Footfall (the website), which is commissioned and controlled by the CCG. Feedback on problems being experienced by patients trying to navigate it have been fed back for some time.

The next iteration of the website is due to be launched mid-January. RF stated that not only has it improved visually, it offers an easier and more efficient way for staff to deal with enquiries. One of the key improvements for patients is the addition of an ‘Appointment’ button – one of the things that has repeatedly been highlighted by both SHC and the PPG Core Group as a major omission. Whilst patients will still be required to fill out a request form, there will be more explanation around how the process works.

Because the website is not only used by SHC, agreement needs to be reached for its launch with the rest of the local PCN.

RF confirmed that there will be a new cloud-based telephone system introduced shortly.

TF passed on some feedback he had received from people who are finding contacting the Practice a long, frustrating and sometimes fruitless task. It can seem that whilst there is no longer a physical queue outside the Practice, it has been replaced with an invisible queue.

RF responded by saying that the telephone lines are never switched off during working hours, and there are more staff working on the ‘phones answering several hundred calls a day. The messaging on the website was altered a while ago to more accurately reflect the fact that whilst there may be a longer delay in receiving a response, one will be forthcoming as soon as possible – rather than suggesting that the system could not take further enquiries. RF offered to check that the messaging on the system accurately reflects how the Practice is handling enquiries.

TF also reported people having problems recently in accessing Patient Access, which is managed by Patient Access and NHS England. Whilst RF has not been notified of any problems, he agreed to check it is operating correctly.

**Property**

The bid submitted for funding to enable the Practice to make changes to the layout and increase patient appointments is not due to be considered by the local authority until March 2022. SHC has supplied additional information as requested, and RF will check that additional information requested of the CCG has also been provided.

**Actions**:

NH: To convene a PPG sub-group meeting to discuss ‘The Way Forward’

AR: To agree an agenda for the above meeting with NH

PH: To post ‘Sunbury Matter’ articles onto the PPG website

NH: To agree the order of future ‘Sunbury Matters’ articles with RF

RF: To check current messaging and operation of SHC website and Patient Access

**Date of next meeting**

The next meeting of the PPG Core Group will take place via Zoom on Tuesday 18 January 2022 at 3.30p.m.