

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

**Patient Participation Group (PPG)**

**Minutes of a Core Group Meeting held on 8 March 2022**

**Present:**

**Sunbury Health Centre: Richard Fryer (RF), Dave Gill (DG)**

**PPG Core Group: Neil Huntingford (NH Chair), Paul Thompson (PT), Polly Healy (PH), David Buttler (DB), Alison Richardson (AR), Jim Snaith (JS)**

**Apologies:**

**PPG Core Group: Jenny Downes (JD),**

**Sunbury Health Centre: Sasha Thurgood (ST)**

**Welcome**

NH welcomed everyone to the meeting, held via Teams. It is hoped that future meetings can be held at the practice.

**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 March issue of Sunbury Matters features an article written by NH on the PCN and Blood Pressure at Home project.

National and local media continues to report often negative or unbalanced stories about GP practice ways of working and patient access. NH cited a recent example concerning problems with PCNs in some rural areas, which did not reflect the opportunities presented by practices working together for resource sharing and funding leverage.

DB highlighted a recent national newspaper article, stating that a number of GP practices are owned by offshore companies. It was confirmed that this does not include SHC, which is wholly owned by NHS Properties.

Whilst members of the core PPG already monitor a number of local and social media channels, NH encouraged the sharing of relevant media articles amongst core members.

It was stressed by PT that communication of the new Pharmacy service needs to highlight the advantages to patients, if it is not to be seen by some as GPs further avoiding patient contact. PH suggested that this could be the subject of a Sunbury Matters article.

## **SHC Update**

### **SHC workload and partnership working**

All of the Covid protocols governing working within the NHS remain in place (isolating, testing etc.), and this continues to affect operations within the practice. If non-clinical staff need to isolate - typically at a moment's notice - the impact on the ability to process patient requests can be significantly impacted.

NH reflected on the frustration felt by both patients and staff when the practice website needs to be 'paused'. RF confirmed there is always the option to ring, and - if appropriate - appointments can be made for patients by staff with the Livi service.

On a more positive note, the broad range of clinical disciplines and routes now in place, together with the protocols in place to ensure appropriate patient referral, is working very well. This diverse offering is needed as only around 60% of GP time is available for patient interaction. The other 40% is spent on e.g. reviewing reports and test results, supporting other clinicians.

The practice continues to work as part of a local PCN and with its Federation on a number of fronts e.g. Flu vaccination, Learning Disability reviews, Care Home reviews and structured medication reviews for the most vulnerable.

The PCN is about to enter its fourth year, and continues to work collaboratively on a number of projects, and expand patient services. For example, it is exploring how to bring Mental Health workers into the practice, by linking with the Mental Health Trust and contributing to the cost. A service offering support for AF (Atrial Fibrillation) is also being discussed. The PCN also enables more effective sharing of staff e.g. care coordinators.

### **National Health Chronic Disease focus**

The practice is fast catching up with the elements of chronic disease management that had to be 'paused' when resources were diverted into the Covid booster programme. Newer staff have now been trained and are conducting e.g. pre-diabetes, blood pressure and pill checks. Diabetes checks and asthma reviews are continuing.

## **Acute Illness Clinics**

The practice continues to utilise these clinics at Ashford and St Peter's hospitals, supporting them with funding and GPs. The clinics offer additional patient capacity, with appointments available up to 8pm. The practice is monitoring these referrals to ensure that the elderly and/or most vulnerable patients are not referred, but offered support direct from the practice.

## **Projects to improve capacity and patient access**

### **Blood Pressure Readings at Home**

This national project has now been launched, and targets patients with blood pressure readings above 140/90 who are not on blood pressure medication. Around 500 texts have been sent by the coordinator to invite patients to participate by taking their blood pressure at home, with around 40 responses so far. After submitting their readings, the coordinator can either confirm that the readings do not require further action or refer the patient on. This project will run for 12 months.

### **Home Visiting Service**

This service continues to be well received by patients, and involves a Paramedic working with a duty doctor on a daily basis, using technology to share information and agree next steps. Some patients have reported that the reviews seem more thorough than one with a GP.

### **Community Pharmacy Service**

This national project is close to being launched, and patient feedback will be key in understanding how well it is received and how effective it is. Patients with minor issues will have an appointment made by the practice with a local chemist within 24 hours. If a prescription is required, the chemist will contact the practice for one.

### **Technology infrastructure - Website and Telephone System**

The introduction of a cloud-based telephone system will benefit both patients and staff, saving time and increasing access. The rewiring required to accommodate it is underway. This work is being carried out over weekends so as not to disrupt practice operations.

PH commented on improvements to the practice website, saying that it is more helpful in directing patients. She reported that there had been 184 'hits' on the PPG website, with no patient queries about how to access the practice website.

DG advised that there is work to be done to modify the appointment system to incorporate changing ways of working and projects e.g. the Pharmacy service and the practice triage process.

### **Property**

An enormous amount of work has now been done on a bid to upgrade the practice, with a meeting about costings having taken place with the CCG that day. RF stated that the next step is for the CCG to liaise with Spelthorne Council about moving things forward (with a bid for CIL monies from the local authority featuring in the proposals). The CCG is looking at additional funding to take it to a tender process.

Plans for upgrading are not only aimed at increasing the number of clinical rooms and patient appointments available, but also, for example, improving the thermal capacity of the practice (which becomes far too hot in warm weather), re-modelling of the practice entrance to incorporate automatic doors and replacing flooring which has badly degraded.

Management of the thermal capacity of the building is in itself a complex issue, as any solution needs to be ‘green’ and sustainable in the longer term, especially in terms of ongoing service charges.

### **Questions: Health checks**

PH asked about how to access a ‘health check’.

DG firstly confirmed that an NHS ‘health check’ is aimed at patients between the ages of 40 and 65 with no underlying health issues. It focuses on checking for any potential cardio-vascular issues.

TF reflected on the number of organisations offering ‘health checks’ e.g. chemists, leisure centres, ‘pop-up’ clinics.

DG commented that whilst there are a number of sources for ‘health checks’, the ways in which the testing and analysing is done is variable, and there is also no meaningful linkage back to the practice.

### **Actions**

- Core PPG members to share pertinent articles relating to GP practices and patient access.
- NH and RF to consider featuring the new Pharmacy service in an issue of Sunbury Matters.

### **Date of next meeting**

The next meeting of the PPG Core Group will take place on Tuesday 3 May 2022 at 3.30p.m. NH will discuss with RF whether the meeting will be held at SHC or via Teams.