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

**Patient Participation Group (PPG)**

**Minutes of a Core Group Meeting held on 18 January 2022**

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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), Jenny Downes (JD), Alison Richardson (AR), Jim Snaith (JS)** |
| **Apologies: PPG Core Group: David Buttler (DB)** |

**Welcome**

NH welcomed everyone to the meeting, held via Teams due to the Omicron infection rate. Jim Snaith was attending his first meeting as a Core member. Welcome Jim!

**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**

Whilst it is still considered valuable to review a number of Core PPG activities, a more creative debate can probably be had once a sub-group can meet together physically. NH will continue to liaise with sub-group members about when a physical meeting can be held safely.

In the meantime, NH has written the third article for the February edition of Sunbury Matters. It addresses a timely issue – the difficulties for some patients in being able to book appointments via the website. The article outlines how SHC are planning to overcome some of these difficulties through improved technology, reminds people of the telephone option and encourages patients in urgent need to consider using Livi. Normally a chargeable service, Livi is free to all patients within North West Surrey thanks to the CCG having bought appointments for patient use. The service receives positive feedback and is highly rated by the CQC.

As the meeting progressed NH suggested that some of the subjects relayed in the update from SHC could be used for future Sunbury Matters articles.

**SHC Update**

**SHC staffing and workload**

The Omicron variant and isolation rules combined had a huge impact on staffing levels over the past few weeks. This has meant that at certain times the appointment booking system has had to be paused. Leaving too many unread requests on the system could impact patient safety, and it has taken longer with reduced staff numbers (especially in the care co-ordinator and reception teams) to process the high number of requests coming in. Patients are encouraged to revert to the telephone – but this can, of course, only be as effective as the number of people available to answer it.

It is hoped that the worst is over in terms of staff absences, and RF is looking forward to being able to focus back on improvement areas that had to be sidelined when Omicron got into its stride. However, he is monitoring the volume of requests and will need to pause the system if necessary.

The lack of GPs nationally has been a problem for some years, and since the pandemic it is proving even more difficult to access locum support. Some of the locum ‘pool’ have taken up GP posts. Locums have also been drafted in to help with the vaccination programme, and some do shifts for Livi. Some are now working within the extended access clinics now operating out of St Peters and Ashford Hospitals. These clinics are funded by the Federation and indirectly by SHC. They are an additional resource as they are treating SHC patients on referral, but do not sit physically within the practice.

DG reflected on the huge changes in the past 6-7 years in the ways in which the NHS and specifically SHC has had to develop different and smarter ways of working to increase capacity and patient access, given the continuing shortfall in GPs. It has led to - amongst other things – additional staff working across a number of disciplines e.g. nurses, paramedics, care co-ordinators, pharmacists). SHC also became a Teaching Practice, and hopes to bring in more trainees.

The following staff changes were noted:

* A new HCA has been in place for 2 months
* A replacement Paramedic started a month ago
* A new nurse started last week and has competed her induction
* Dr Adam will go on maternity leave in March, and SHC will welcome back Dr Shaunak, who previously trained at the practice, as cover.

**Covid and ‘Flu Vaccination ‘Pop Up’ clinics**

RF commented that Surrey Heartlands has performed very well in terms of national Covid vaccination programme statistics.

NICS are now undertaking more ‘pop up’ clinics within the community, and are holding two in Sunbury on 20 January. One of the clinics will be based at SHC. This is only possible since the guidance requiring those who receive a Pfizer vaccine need to wait 15 minutes after vaccination before leaving the site has changed. One of the main reasons that SHC could not offer the vaccines was the lack of space to seat people socially distanced for this length of time.

First and second doses will be offered to anyone aged 12+, and RF commented that they hoped more people take advantage of the ‘flu vaccine which will also be offered. Patients who are not recorded as having had a vaccination (and who have not declined) will receive a text inviting them to attend.

These clinics have been published on a number of websites and signage will be put up outside the Practice. In response to a question from PT, RF said he would check if the local schools were also aware.

**National Health Chronic Disease focus**

DG reported that following the requirement to divert resources into the Covid Booster Programme in December, the Government has paused the national targets for chronic disease management until the end of March 2022.

SHC is determined to maintain a focus on issues such as Blood Pressure, Diabetes and Asthma, recognising that for many patients with these conditions their GP is their first or only ‘port of call’. The Practice is also keen to avoid some patients from deteriorating through not having been reviewed for some time.

Whilst there has been some staff sickness, patient reviews have continued throughout. Patient demand is once again resulting in the Practice working in a different way (see ‘Blood Pressure Readings At Home’ below).

**Projects to improve capacity and patient access**

***Blood Pressure Readings At Home***

This CCG project will go ‘live’ this month, and SHC will have support from a remotely based co-ordinator to help review patients at high risk from high blood pressure.

Patients who have previously recorded a high blood pressure reading will be able to take readings at home and have the results reported to SHC via the co-ordinator. The cost of blood pressure ‘cuffs’ has dropped significantly in recent years, and these will be available from the Practice if necessary. New software will allow batch text messaging to patients, inviting them to submit their readings, including via a link.

This will enable SHC to review significant numbers of potentially high-risk patients quickly, and spend more time on those who are not able or prepared to do their own testing.

Studies in Europe and USA have shown that this approach reduces the instances of ‘white coat syndrome’, leading to more accurate results and appropriate medication. Instead of – as in the past – waiting several weeks for an available appointment, sitting and waiting to see a GP (which for some is stressful), who in turn may only have time available to do a single test, people can do their own readings in their own time and have the results reviewed more quickly.

***Home Visiting Service***

SHC is increasing its use of the Federation’s Home Visiting Service. Following a triage process within SHC, this service can respond to patient needs quickly and e.g. undertake comprehensive patient reviews, conduct blood tests and facilitate hospital admissions if required. Its staff have access to SHC’s software and can send photos and/or have video discussions with healthcare professionals within the Practice whilst with the patient.

***Community Pharmacy Service***

This national project to enable chemists to offer appointments with patients following a referral from their GP Practice has not gone ‘live’ as yet. It is important that the protocols put in place work for patients.

***Technology infrastructure – Website, IT and Telephone System***

DG reflected on the revolutionary role of technology in helping GP practices to work more efficiently and enhance patient access. Improvements to the telephone system and website will offer further improvements. He noted that before the pandemic accelerated changes in the way appointments were conducted, the Practice suffered from a 35% DNA (Did Not Attend) appointment rate. This was now virtually 0%.

A new cloud-based telephone system is due to be installed this month. It requires some rewiring for data cables which will need to take place at weekends so that the working week is not disrupted.

It will offer a number of advantages, including patient details coming up on the screen when a call is answered. This will save time spent on each call. With more lines in place, it will mean that any number of staff can dial out, without it affecting the number of patients who can dial in. This should reduce the number of times people experience an engaged signal.

As a caveat, RF commented that it will still only be as effective as the number of staff available to answer the telephones, and demand continues to increase.

The CCG has given laptopsto SHC so that staff who are isolating at home - but feeling well - can work.

It is hoped that the improved website will be launched towards the end of January. Staff have received training.

PH reported that there had been 350 ‘hits’ on the PPG website with not one request for help in navigating the SHC website. Before recent changes to the SHC website, she was receiving 3 or 4 every week.

***Property***

Meetings with NHS Properties are due to take place over the next few weeks to discuss a funding bid to enable SHC to make changes to the internal layout of the Practice and increase the number of patient appointments. A bid for CIL monies from Spelthorne Council is to be submitted as part of the funding bid. The practice is hopeful that progress can be made with NHSPS as the landlord. The practice has taken over space vacated when CSH the community provider moved out of the practice but is trying to further increase clinical space and improve the fabric of the building.

**Support for elderly, frail and housebound patients (Question raised)**

JD asked what support the Practice was offering to elderly, frail or housebound patients.

DG confirmed that the Practice has a list of housebound patients that they need to ensure receive the support they need. During the vaccination programme, for example, the Social Prescriber contacted these patients to arrange access to vaccines.

There is a weekly ‘ward round’ carried out in one care home and a telephone review conducted with another.

Where patient needs are complex and diverse, patients can be referred to a Frailty Clinic, where more time can be taken to fully understand their needs (including social and mobility) and devise solutions.

**Date of next meeting**

The next meeting of the PPG Core Group will take place on Tuesday 8 March 2022 at 3.30p.m. NH will discuss with RF whether the meeting will be held at SHC or via Teams.