

Milman Road / Kennet Patient Participation Group

Minutes of the Zoom PPG meeting held on Thursday 10 March 2022 at 11am.

Present: Christopher Mott [CM] (PPG Chair) Dr A Bindra [AB] (Partner)
Monica Morris [MM] (Secretary) Natasha Roxborough [NR]
Paul Williams [PW] (Vice Chair) Anne-Marie Dykes [AD]
Yvonne Lawson [YL] Helena Turner [HT]
Salma Tognarelli [ST] Dennis Wood [DW]
Jo Alexander-Jones [JJ] Sharon Fitton [SH] Part
Clive Littlewood (PPG Chair Abbey Medical)

Apologies: Dr Thava, Gillian Tunley & Pat Bunch

Welcome, Introductions & Apologies (Agenda item 1)

CM opened the meeting with a welcome to everyone. He then expressed thanks to PW for all his efforts at getting the meeting together and to the practice for allowing the time in their busy day.

Declarations of interests (Agenda item 2)

None.

Minutes of the meeting of 27 October 2021 (Agenda item 3)

The minutes of the 27 October 2021 had been circulated and accepted as a true record.

Matters arising: actions/updates (Agenda item 4)

Action log (18) & (24) Remarketing the car park & disabled parking spaces will be moved to the monthly meeting for action. NR said that it was hoped to convert the ambulance bay on Milman Road to be one of the disabled parking place. **Actions continue.**

Action log (20) Meeting of the partners next week will decide if there will be a physical and /or virtual photo board on the website. **Action continues.**

Action log (36) Timings of external practice lights. Times provided. **Action closed.**

Action log (41) Guidelines for late arrivals. Current notice needs to say "best endeavours to insert but cannot be guaranteed". **Action continues.**

Action log (43) Health centre business plan – Presentation at this meeting. **Action closed.**

Action log (44) Asian PPG attendee. Dr Bindra has identified candidate. **Action pending closure.**

Action log (47) Friends and Family due to restart from 1 April and the publicity will be discussed at the monthly PPG meeting 30 March. **Action continues.**

Action log (55) DW had looked in detail at the practice website and has sent a comprehensive report to Natasha. This has been looked at by NR, Dr Thava and Dr Bindra and it was agreed that there is a lot of editing to do in order to bring the website up to date. The work does not have a target date for completion but the PPG will be kept in the picture. CM thanked DW him for his meticulous scrutiny! **Action continues.**

Action log (56) Communications with patients, PW, JJ and NR are working together on collaborative approach to patient communication. **Action closed.**

Action log (57) AB has supplied historical survey results for Kennet Surgery. **Action closed.**

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Action log (58) No letter will be issued but a voice message was included on dial into surgery. The future of the branch surgery in Christchurch Road is now undecided and will be considered as part of future plans. **Action closed.**

Business Plan (Practice future vision) – Natasha Roxborough & Dr Bindra (Agenda item 5)

The presentation slides are to be found at appendix A.

PW asked if the GP survey could be cross referenced with the outcomes from the Practice. NR responded that it is important to meet the needs of our patients, which should improve survey outcomes.

PW then asked about the fourth Covid vaccination for the over 75's and vulnerable people, as other surgeries in the area have got programmes running. The practice is only vaccinating the housebound and vulnerable patients, everyone else has to wait to be contacted by NHS England. PW asked for the Practice, **Action 59**, to set out their position in a website communication and how patients could contact the NHS for inclusion in the fourth covid vaccination campaign.

CM thanked Dr Bindra and Natasha for an extremely well thought out and presented document which was useful for us all. The detail will take time to process and no doubt there will be questions arising later.

Question and Answer Session – Natasha Roxborough & Dr Bindra (Agenda item 6)

Over-75 health checks - GPs are asked to provide a health check where an examination has not been performed in the preceding 12 months. As there is a high likelihood that the patient will already be attending the surgery for long term condition management, and already have/receive an annual review, a "health check" is not necessarily offered as standalone "service". Health checks for patients was paused by NHS England to enable prioritisation of the COVID vaccine. Routine annual reviews will recommence in April. Patients will be invited to attend should it be relevant to them.

Kennet had an "over 60 check-up" from the nurse, has this been phased out?

NHS Health Checks for 40-74 year olds was commissioned as a service by Public Health. This was not offered in Reading for a period of time, which was the decision of the local authority. They have now asked GP practices to consider offering this again from April, however there will need to be sufficient capacity within the nursing team to offer additional clinics without impact to core services (such as dressings, immunisations, cytology, blood tests etc). The practice is exploring this.

Prescription issues / delays

There is a clear process in place for medication requests with a 72-hour turnaround. The practice asks patients to also allow an additional 48 hours for the pharmacy to prepare the medication. Repeat prescriptions can be requested via the website by using our **Repeat Prescription Request form**.

PW described a scenario where a patient has been told that an electronic prescription had been sent but the pharmacy had said they had not received it. The patient was left in the middle and was finding it difficult to contact the practice.

Action 60. Dr Bindra said if patients are experiencing specific issues they can contact the practice management team, by email (srccg.milman.kennet@nhs.net), with the title "Prescription Issue". The team will then help navigate the problem(s).

Patients can explore which pharmacy best suits their needs, including those that are open 7 days per week, as some pharmacies only open for standard opening hours (5 days per week).

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The practice has a number of Clinical Pharmacists who support the medication related activity within the practice and across the PCN – they have established links with local community pharmacies.

There are occasions where a Hospital Consultant will prescribe a medication not always used in GP Practice. The GP has to wait for confirmation on changes to, and commencing new drugs – it can take several days for a discharge letter to get to the GP. Berkshire West GPs have been working with the hospital to see how this burden can be reduced. The Royal Berkshire Hospital have agreed to prescribe enough medication on discharge for a minimum of 5 days. RBH are also hoping to trial electronic prescribing which will be more efficient for everyone.

Primary Care Network –what is the renaming progress?

The practices within the PCN are happy to support their patient groups to explore alternative name changes for the PCN. However, it must not be similar to other PCNs in the locality (i.e. there is already a Kennet PCN) and it must have the acronym 'PCN' in its title.

A request form is submitted to NHSE for their consideration – although all practices in the PCN have to approve this.

Benefits for Milman/Kennet patients?

There are pros and cons to changing the name of the PCN, however the new PCN geography is noted.

The CCG have advised that where other PCNs have changed their name (as the ODS code also changes), there have been issues with delays to funding which will impact the practices.

Therefore, before the name change request is formally submitted the practices must all in be in agreement with 1) the name proposed and 2) the timeframes for the submission of the name change request.

Do we need a PPG for the PCN?

Yes, this would be a good idea to allow for aligned patient participation however, resource to support this work from the practices would need to be considered as there is limited management capacity.

Long telephone wait times for appointments

Do you have any strategies to make improvements in this area?

The Practice is sorry that patients continue to experience difficulties in getting through to us, especially as they had made such strides to improve telephone access between May and Aug last year. We are aware of current telephony issues, which in part is due to the significant increase in demand for our services. The team has also been impacted by COVID sickness levels.

There is an acknowledgement from NHSE that this is an issue for patients across the County – therefore the CCG are supporting practices to explore changes to their existing providers. We are currently working with our existing telephony provider and the CCG to evaluate the pros and cons of changing systems. The decision needs to ensure the new system can increase capacity, is cost effective, sustainable and fit to meet patient needs (with functionality to facilitate a better patient experience). We also need to think about the impact that changing providers may have in the short term to staff and patients (during any transition).

Social Prescriber presentation – Sharon Fitton (Agenda item 7)

CM welcomed Sharon Fitton to the meeting a topic he was pleased to have it on the agenda as he had been involved in discussions in the early days of their development.

After a short but succinct video, Sharon opened her talk by saying that Social Prescribing is open to all over the age of 16. Referrals may come via a GP or they can be self-referrals. The idea is to improve social wellbeing and it is not necessarily health related, although improving self-esteem can have beneficial effects on general health. Social Prescribers are there to try and help

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people to manage their needs which could be putting them in touch with Community Groups, local initiatives or even just help at home.

Contact may be via telephone or face to face in the GPs surgery or even over coffee in a cafe. Their role is to listen and then make suggestions as to how help may be accessed. This will vary, problems are diverse, housing, debt, energy bills or mental health issues as a result of prolonged isolation (especially since the Covid lockdowns) or it may just be that they need to be put in touch with groups who do regular activities such as walking once a week.

At their first session if appropriate, a set of seven questions are asked (appendix B).

These are followed up at subsequent sessions to see if there has been an improvement with the situation. It can be hard to follow people up if they do not keep appointments.

The RVA has links with most of the local charities and so are able to signpost people in the right direction. It is important to use all available resources. There is a social prescriber at Milman Road one day a week which is very useful, with the permission of the patient they have access to medical records and at the end of the session may add a comment for the GP. All those involved have mandatory Safeguarding training plus various other courses are on offer.

CM thanked Sharon for her interesting insight into how Social Prescribing works and for her time.

Q & A continues

Merger letter (Milman) – is there a progress update?

The PPG have worked with the practice and the CCG to agree the final draft. The PPG would like to explore the following proposal from the practice to disseminate the letter – this is as follows:

1. The letter will be added to the 'Practice News Section' of the website and as a new message
2. The letter will go all those with an email address (5,082)
3. A print the letter will be offered to patients that come into the practice (over the next 2 weeks)
4. The letter can also go onto the PPG notice boards.

The PPG accepted that as there was no budget for postage or to text (batch messaging) the letter, and the 5,082 was only a relatively small proportion of 16,394 Milman cohort. With no other solution available the PPG approved the proposal in 1-4 above.

PW asked, on behalf of patients who had approached him, if it would be possible for the weekly schedule of doctors sessions by site, so that patients are able to access their doctor of choice.

Action 61: NR to publish Dr Thava's decision about the publishing of the GP rota by surgery by 30 March.

Any Other Business (Agenda item 8)

None.

Date of Next Meeting (Agenda item 9)

PW has circulated agreed provisional dates for full quarterly meetings and the new monthly meetings between NR and PPG leads. Date of next meeting - Thursday 9 June 2022 at 11 (TBC).

Interim Business Plan – Post COVID recovery (focus)

- The practice has supported the vaccination programme and were asked by NHSE/I to prioritise the vaccine effort again (from December 2021 – 31st March 2022)
- Whitley PCN constituent practices have opted to “hibernate” the Vaccination Hub until later in the year (to coincide with the Flu vaccine season) – any 4th dose House Bound pt’s will be offered over the spring period
- The practice priorities for the next quarter are therefore as follows:
 1. Development of the workforce strategy
 2. Improving telephony access
 3. Continuation of the ‘clinical and contractual recovery plan’ (CCRP)
 4. Improving internal and external communication
 5. Development of the Business Plan (working to ‘Business as Usual’ from the end of quarter 2)



Interim Business Plan – Post COVID recovery (focus)

1. Development of the workforce strategy including
 - Recruitment at practice and PCN level
 - HR policies and processes across the PCN
 - Training and Development (PDP and Appraisal)
 - Training Practice Status
 - We have recruited a Workforce Support Lead



Interim Business Plan – Post COVID recovery (focus)

2. Improving telephony access

- Working with the CCG to explore the pros and cons of an alternative provider
- Exploring bandwidth capacity and increasing this (dedicated line via fibre to cabinet)
- Working with the existing provider to improve overall patient experience
- Comfort messages and information signposting
- Exploring the use of 'Online consultations'



Interim Business Plan – Post COVID recovery (focus)

3. Continuation of the 'clinical and contractual recovery plan' (CCRP)

The practice has implemented a programme of work including the following workstreams:

- Diabetes
- Cardiovascular disease (Hypertension, CHD, CVD)
- Long term Condition Management & Personalised Care (focusing on patients with multimorbidity)
- Palliative Care (including end of life and frailty)
- Mental Health (including depression, enduring mental health conditions, LD and Dementia)
- Respiratory (including Asthma & COPD)

The CCRP has dedicated admin and clinical resource to support delivery



Interim Business Plan – Post COVID recovery (focus)

4. Improving internal and external communication
 - Monthly meetings with PPG/ comms workgroup (including set up of a newsletter)
 - Internal comms (use of Monday and Clarity)

5. Development of the Business Plan (working to 'Business as Usual' from the end of quarter 2)
 - What does "business as usual post covid look like"?
 - Development of the Estates Strategy
 - Inclusion of the workforce strategy
 - Access
 - Winter Planning (to include the next tranche of the COVID vaccination programme) will also commence in quarter 2 (from July through to Sept)



Sharon Fitton's Seven Questions

Short Warwick Edinburgh Mental Wellbeing Scale (S) WEMWBS

Below are some statements about feelings and thoughts.

Please select the answer that best describes your experience of each over the last 2 weeks.

	<i>None of the Time</i>	<i>Rarely</i>	<i>Some of the Time</i>	<i>Often</i>	<i>All of the Time</i>
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Further reading: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/wemwbsvsswemwbs/>