

Alchester Medical Group PPG will

Contribute to the continuous improvement of services.

Foster and improve communication between the practice and its patients.

Help patients to take more responsibility for their health.

Provide practical support and help to implement change.

Attending – Ian Wilton, Laura Cooper, Chris A’Court, Sue Wilde, Rowena Dossett, Norman Ruby, Alison Waters

Apologies – L Cooper (had to leave early), David Gray

Actions highlighted in yellow.

1. Review of previous actions

- Getting the other PPGs involved in Bicester – this is underway, there was a joint PPG meeting with the PCN. Continue to try to work with the PPGs. Continue.
- Poster display advertising the PPG – this is up in the practice.
- Chairs were rearranged to view the TV screen (seems to have been moved back now though).
- PPG to try to contact the ICB – update in this meeting.

2. Update on building plans for Victoria House and Langford Surgeries (including reception areas)

IW

Vic House: PID approved, sat with ICB board. ICB board aware time is running out (lease runs out at Vic House in Nov 2025). Landlord of Vic House on board. Nothing going to happen until the rent guaranteed, so nothing is going to happen until the ICB agree.

Langford: MIG done (minor improvement grant) – sent to ICB, they rejected it (this happened 4 months ago). They said: we are claiming for things we couldn’t claim for – we disputed this, they were all things that were included in the list of things we can claim for. Then they said: all MIGs were not being considered. Another GP practice in the area then told us their MIG had been approved – we went back to the ICB with a FOI request asking how many had been approved etc. They provided with the info that of the 73 that had applied, none had been approved. So the other GP practice has not been given the correct information. This decision to stop all MIG is being challenged internally by the ICB. We will find out if this decision has been reversed and then if we are able to proceed.

We are in limbo. We do little bits of maintenance at our own cost, but since it costs money to do this it won’t be massive amounts.

3. Appointment system

Changed appointment system around a year ago to a triage system. Last few months been very challenging as we are trying to support the BMA guidelines with regards to the GP strike. We are not doing more than 25 appointments per day which is safe, but causes us problems – the person on duty previously could see or manage up to 100 patients a day.

However for those that are not on duty we were already limiting our appointments to 25 per day anyway.

So we looked at ways we can better our duty days. We've been looking at other systems that we can utilise – the one we agreed to use is something called Anima – this replaces eConsult. It's a separate system but links directly into our clinical system. Patients will download the App, it links to the patient's NHS app and also links to our clinical system. Anima is another triage system but does more – we can send messages through it, and patients can book appointments through it.

Patients can always phone up still, however our Patient Coordinator will go through the triage system (Anima) and create a 'triage request' through the app for the patient.

Q: For routine appointments, will there be any later appointments? Especially for working patients who can't access eConsult or phone during the day, what will the access be for people who cannot make appointments?

A: We have an evening clinic on a Thursday, these are GP appointments.

There are 78 other practices in BOB ICB using Anima, and around 60 in Oxfordshire.

There are some advertising coming, we've added a launch page on our website today.

Q: What times will it open?

A: It'll go from 8am until 5pm.

Q: What about those people who are unable to use smartphones, and lots of people who don't use social media?

A: We will probably email, text everyone, send letters to those.

Q: Can you send letters to everyone over the age of 75? Or, put something on the medication slip?

A: We can look at that - IW

Q: Can we make appointments at the desk?

A: We are hoping that Anima will allow us the time to allow this to happen, and we are looking at this.

Q: Why the 3 minute rule?

A: The clinicians decided that they wanted this rule, if there are late patients that sets everything back for them. And then they don't have the time to do their admin work. And it has an impact on those waiting in the waiting room for an appointment that they arrived for on time. If the original patient wasn't late, that wouldn't have pushed their appointment back.

Q: Can you raise it with the partners? That we (the PPG) feel it's too little time?

A: I will, I will say that the PPG feel that 3 minutes is too little. – IW

Q: Can you soften the 3-minute message? It feels very harsh.

A: Yes, we can adjust the phone message (the phone message just says what we type in there), make it softer. - IW

Q: How many DNA's do you have?

A: We don't have that many DNA's, and after a certain amount of DNA's we send them a letter, and then after that we reserve the right to ask them to leave, with reason.

Q: Can you put that data up in the waiting room?

A: We can look at that. - IW

4. Impact on Alchester MG from Private health service based in Graven Hill

Private health service at Graven Hill that all bar-one of the GPs from Alchester are partners. If you are an Alchester MG patient you will not be able to use the service. It's a pay service for medical services – SW.

The GPs here at Alchester who work at Magna, do so on their days off. No GPs have reduced their hours in order to work there. No GP partners will leave.

Other than that, we do not have Magna talk in the practice. This is because it is not anything to do with the practice, we don't run it. We cannot stop our GPs or any of our staff from working elsewhere when they are not working at the practice (you see other clinicians who work both in the NHS and in private surgery settings).

Q: I'm worried that we will lose GPs to this private practice.

A: George will be leaving us at the end of March next year. From the remaining partners, 4 of the 6 partners are directors at Magna. We've also recruited lots of new GPs.

Q: What protections do you have that they won't leave?

A: There is something in the partnership agreement that protects the practice as well as themselves – this is their livelihood, they wouldn't do anything to jeopardise that.

However if they were all to resign one day, there's not much we can do about that. We really don't think they will and they have always been fully focused on Alchester when at the practice. Plus the only thing that would affect Alchester if they did go was the appointments – it wouldn't affect our ability to run the practice.

So to confirm, I (IW) don't know anything about Magna.

CA: And just to confirm I don't have anything to do with it either, communication and media-wise.

PPG have some questions they would like to ask the Directors and how it would affect the practice, reassurance that it wouldn't, etc. – PPG could put some questions together that IW can then take them to the Directors. Email questions to SW and she will forward them on to IW who will take them onwards to the Directors.

5. New GPs

Q: Communication – maybe a short introduction about them?

A: We purposely didn't say anything as we are waiting for one of the GPs to pass their exams. Two parts to this – the good news – is that we've employed more GPs, but also two of those that joined us are GPs that trained with us previously and they have chosen to come back and work with us. As of now, they haven't passed their exams yet, so we haven't done any more promo. This GP is one of the ones that will join us as well, once passed.

New GPs skills: - one GP has a background in musculoskeletal and injections and is working/training with one of our physiotherapists, they will be able to give injections in their consultations if needed.

Other new GPs – they may well take up fellowships to train to specialise in other areas but currently nothing just yet.

We do want to create a nice news story and show everyone we've recruited, and that we now have, lots of GPs – the most we've had in quite a few years. This is why we have lots of staff at our Langford surgery site these days. GPs are spread across the both sites, our HCAs and nurses are, we have a receptionist on the front desk and members of the Patient Coordinator team in the reception office at Langford too.

6. Heart monitors

Heart monitors – we have two. The limit is that we can offer it twice a week to patients, so that's four patients a week.

These are quite expensive - £1500, £1600 each. We've invested in it as we realised we only had one.

At Minerva, we can direct patients to the Pharmacy First service, as they have a heart monitor.

Q: Are these machines shared in the PCN?

A: I don't know, we can ask - IW

Q: Is this mandated? Who by?

A: Not sure if this is a mandated service. Usually started by the GP.

Q: Can we ask for a grant from the ICB?

A: We can ask - IW

7. How to attract more PPG members

Idea from Norman – the more good news we have, the more likely that people will want to join.

- Hold an open day – we are open on a Thursday night now so after work, etc. – Might be worth speaking to Hedina Health (based in Headington, Oxford) who had a recent event, they may have feedback? CA will send info to SW (weblink)
- Make sure potential members know what is expected
- Best people to run these open days are the PPG members

- Make sure that potential members know this isn't for people with an agenda
- Try to get people who are quite diverse
 - Group leaders from different minorities. HealthWatch – could be a useful contact (CA).
 - Perhaps approaching someone from the Barracks / the Garrison? As we look after the families.
 - Maybe directly approaching the community associations? There are quite a few in Bicester now (CA).
 - Church groups? Lots of churches in Bicester.

LC can produce leaflets for you if you would like, contact if required.

8. Feedback from PCN PPG meeting

One thing discussed: doing some form of joint PPG meeting. Nothing heard yet. To chase Jonathan Holt – clinical director for the PCN (GP at Bicester Health Centre).

They gave us news about the PCN. Info about the enhanced access (Thursdays PM clinic at Alchester etc).

They had ideas about doing joint activities – social events with a health aspect to it – IT hub for those that may need help with IT etc, drop in café for well-being, men's well-being club.

We are really keen to get a joint PCN PPG put together. SW – would need to talk to the other PPG chairs.

9. Learning from global communication systems crash

Impressed with how we coped on the day – clinics were already printed out. People were calm. Worried that there may have been test results missing?

Internally – we found it quite tricky. The business continuity in EMIS did not update before the outage so we did not have access to the most recent records – it is supposed to give us brief information for the patient. We discussed this at the end of our recent PLT (Protected Learning Time), what we did, what we could do better.

Shows that even though we are very reliant on the IT, we can operate normally, to an extent without it. Just needed to make sure that things were documented after the fact, consultations etc.

A: Do you keep hard copies of important things?

Q: No, but our records are either all scanned to a patient's records, or are held off site where we can access it.

10. AOB

FYI – for future meetings: Friday's are light in terms of staff, and after clinics would work best if you want more clinical staff (GPs, Partners). Best days that work for the practice: Tues, Weds, Thurs (not Monday's). Wednesday seems to be the best day for the PPG - PPG to discuss what days work better for them but if OK, we'll make them for a Wednesday.

PPG: we discussed signing a Confidentiality agreement?

A: Apologies, we'll get that done (IW).

Practice Survey: SW was unable to find out more about the NHS England survey?

A: They come out twice a year. The one that came out just after I (IW) started here last year, out of the 22,000 patients we have, there were 148 responses.

Our Friends and Family – results from August 2024 was 509 responses with 95%. They are sent automatically after a patient has an appointment (face to face) with the surgery. The NHS England survey picks random patients who may not have visited the surgery in years.

Some members of the PPG don't get the F&F survey post an appointment – make sure your contact details are up to date. Mobile numbers only, it does not send out emails. Update details via: <https://www.alchestermedicalgroup.co.uk/change-of-contact-details>

If you get appointment reminders you will get the follow up survey, it is automatic.

Cancelling appointments: sometimes text messages doesn't come through if the practice is texting patients to inform them that they are cancelling our appointments (living in a village) – so may be pulling up to the surgery when it arrives. Just to be aware.