

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 – George Thomas, Dr Toby Quartley, Dr Thomas Anderson, Dr Laura Bate, Dr Laura Hadley, Maram Omar, Kathryn Heath, Chris A’Court, Laura Cooper, Sue Wilde, David Gray, Rowena Dossett, Lynne Jones, Norman Ruby

Actions highlighted in yellow

1. Review of previous actions

Figures re: face-to-face and phone appointments available online: is this happening yet? – this is published every six months on our website and our Facebook page. You can find the most up to date data on our website here:

<https://www.alchestermedicalgroup.co.uk/news/service-performance-report>

Noted that the data doesn’t give any context (i.e., have the numbers gone up or gone down? etc).

Stall in market: discussed in an informal PPG meeting held after previous PPG meeting. Decided that now is not the time to have the stall in the market to help promote the PPG. Reason being they felt that other factors would derail from the purpose (i.e., lack of appointments, telephone system, etc) and would end up being an opportunity for the public to air their feelings regarding their dissatisfaction of the mentioned. Also didn’t want to ask the surgery to join in as they felt we would be asked the same questions.

Thoughts from the practice: GT agreed, if the PPG would like to continue with this, we would have to take the time to plan properly, discuss resources required. We would commit to doing one session (an afternoon or a morning) and see how that goes.

2. Update on new surgery building

Dr Toby Quartley gave an update: from previous meeting we had discussed that planning had been agreed, looking forward to moving ahead.

Planning agreed at the meetings in Jan/Feb 2022 still relied on Section 106 being formally signed off and the planning certificate being released. As things stand, we still don’t have the planning certificate. Reliant on further legal considerations which put delays on things.

Also the cost of constructions have gone up about 50% higher than 18 months ago, which puts the cost of building the building under threat. These financial pressures are potentially making the building of the building unviable.

The ICB (the new iteration of the CCG) to ask if they reconsider the rental values, they are prepared to pay for the building > this has gone to NHS England to make their decision. Once they have made the decision the ICB will then make their own decision.

Which means we are waiting for a decision.

We expect a decision in two or three months. If we do get a go-ahead, there will probably be an 18 month build. We have no idea if they will grant us the go ahead.

Very frustrating of course.

Q: What is the CCG estates strategy and is that transferring to the new ICB?

A: We won't speak for the ICB but we have never been very convinced the CCG had an estates strategy. It's frustrating as we know Bicester is growing so quickly and while we can cope with the number of patients we have at the moment there will be a point when we can't. We feel like there should be some sort of strategy in place but currently it feels like there isn't one.

Q: Any issues with the occupations of the current buildings / lease?

A: No – we have the space to look after our list sizes. The lease at Victoria House has another 3 years to run and we have a good relationship with our landlord. The partnership owns the building at Langford so no worries there. There may be some work to spruce the place up but otherwise no issues.

Q: Is there anything the PPG can do?

A: with regards to communication, we have discussed in practice whether it should be internal or external at the moment. It may come to the point where we don't have choice but speak out externally.

As individuals you can contact your local counsellors to express your views.

Q: What's the issue? Is it the move from the CCG to the ICB? Or is it just that they are slow?

A: There have been a number of issues, the ICB(/CCG) have always been slow to sign off on things.

Planning & legal issues to sign off > not the ICB fault.

Building costs rising so quickly > although in our eyes any other solution would probably cost more.

Q: When do you plan on putting this info out to the public?

A: When we have clear information so not to have any confusion.

3. Update regarding the PCN & PCN matters

Q: Do you have any data on the usage of the evening and Saturday appointments (via the PCN)?

A: These appointments are happening, but we don't have any data on it unfortunately (as it is on a different system to the one that we use). **GT will request the info.**

Q: Picked up from Bicester Health Centre: is there a new streamlined eConsult?

A: Not that we are aware of, we are looking into alternative (of which we would have to pay for; the current system is funded via the ICB) but we haven't heard anything about a 'streamlined eConsult system'.

Q: The PCN – I've heard they have a new practice manager. What do they do?

A: We don't actually know as we don't interact with them.

We have no influence over the PCN as non-members. We have a participating role where we can attend meetings and give our views but anything else is not our concern, that is down to Bicester Health Centre.

We access the PCN for additional roles funding (such as our Clinical Pharmacist, Maram Omar; our physiotherapist Murray Stewart; a paramedic joining us in January). We continue to look after our three Care Homes work.

However, the weekend and evening clinics we have nothing to do with – this is run by Bicester Health Centre.

We have no desire to join the PCN as we feel it is a functional way to develop General Practice.

Lynne Jones: I am a PCN practice manager in Banbury – the idea for the PCN PM is so that all the PCN legal and arrangements re: contracts etc are not stopping the GP Practice Manager from doing their work for their own practice.

4. Website feedback

Website review conducted by the PPG – completed feedback and **SW will send the review to the practice**. Broken down by: front page / appointments page / repeat prescriptions / other services / reception enquires / other comments.

The PPG would like the minutes uploaded to the PPG page on our website. Agreed, **LC will do this.**

PPG have talked about whether or not putting information on the PPG page would be useful – they have talked about it being very clear and easy to access. Open to discussion for what could go on there. **Would be good to discuss and bring to next meeting.**

GT mentioned that Healthwatch also do a review of GP Practices websites in Oxfordshire and produce a report. Chris mentioned that you can see this report on the Healthwatch website: https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/01/20211220_Review-of-GP-websites-final.pdf

We went through this report and only found a few items that we did not have on our website which we fixed immediately.

5. Staff update

As mentioned, new paramedic starting in January.

Kathy Heath our admin manager is retiring in March. Been in the NHS for 44 years!

6. COVID and flu vaccination numbers

Numbers show to group. As of 1st December (so from Sept – Nov) we have done (in practice)

Flu: 4,015

COVID: 3,690

Numbers are what we expected, and we are pretty happy with them. We will probably do some more flu vaccinations in December and January as well. There was a resistance from some patients to not have another COVID vaccination.

7. PPG matters

Attract new PPG members: when the PPG minutes are up on the website, SW mentioned that maybe Chris could put some info up (on FB) about our PPG – that we are active, that we have a page, that we would like people to join, etc.

Working with the other PPG groups on join projects such as Bicester Healthy Groups: BHG ran at the start of the year as video clinics. They were funded for groups of patients with diseases such as diabetes, controlling blood pressure etc. Unsure if these are still happening.

The PPG wondered if maybe they could hold more group events and if they could use the BHG to manage it?

BHG is more of a clinical GP lead group consultation and not really relevant to what you may have been thinking of.

8. AOB

Q: Is there anything that (PPG) we can help you with that we are aren't doing at the moment?

A: we would have to think about that, off the top of my head we don't know!

SW: we thought we aren't being effective enough and wanted to see if there was anything else we can do?

GT: we do very much value our PPG and it would be great if we could find something more practical for you to help us with. That would be brilliant.

Dr Laura Bate: maybe communicating why we are so busy (the demand at the moment is sky high)? Maybe giving a better understanding that we are working so hard and when we get lots of terrible comments on social media it is quite difficult to read sometimes.

SW: we've talked about this in our PPG informal meetings, about how we manage expectations – we have to be very careful about the info that give out.

PPG will have another informal meeting

Thank you for your attendance.