

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, Ian Wilton (Operations Manager), Dr Laura Hadley, Leigh Paxton (Patient Coordinator Manager), Elliot Nurse (Patient Coordinator), Laura Cooper (IT Lead), Chris A'Court (Communications Lead), Sue Wilde, Norman Ruby, David Gray, Rowena Dosset

Potential PPG attendees: Alison Waters

Apologies – Alison Bates, Lynne Jones, Clive Shepherd (potential PPG member)

Notice about member leaving us: Viv Nicholson has resigned from the PPG – she is moving away from the area. Therefore not attending today's meeting.

1. Review of previous actions
 - a. Data on usage of Saturday PCN appointments

Data received from PCN (Pete – the PCN manager) – Weds: Alchester are offered around 8 slots (appointments) per week; Sat: around 36 slots per week (all depending on staff availability).

In total, 2041 slots offered across all three practices between June and August 2023. 53 were offered to Alchester per week, totalling 689. We used 606 of those slots. 90% utilisation. Majority of those slots that weren't used were ones that were the wrong 'type' of slot available to us to utilise (i.e. we needed an HCA slot but only had GP slot available, etc).

This may not include the slots that are assigned to the other surgeries but have not been booked and therefore after a certain cut off point we are able to book into. **IW or LP to ask if the data include these 'late booking' slots** assigned to other practices but AMG have used. By using these PCN slots, in July we save 12 HCA sessions.

- b. Growing PPG membership using vaccination volunteers

We haven't worked on this as we have had 4 new applicants, one attending today and one could not attend. We will leave this for now and see how we get on with our new member requests.

We feel it's unlikely to get any more vaccination volunteers as most of them were registered at the other practices.

Chris mentioned that there was a post on one of the Bicester FB groups about a PPG – about whether people know about them, whether people should join them, etc. This is probably where our influx of applicants may have come from!

c. News on structure of practice and roles/responsibilities

Brought up as Ian was particularly new, at the previous PPG meeting. He was brought in as a replacement for Kathy Heath – he is currently working on learning the structure and if any needs changing or will change, Ian will update the PPG.

d. Website amendments

Not done much on this currently, as we wanted to focus on other aspects of the PPG before we make any further changes – Ian and Sue have met and had a discussion about the PPG objectives and we'd like to keep working on this before we make any further changes to our website.

Eventually we'd like the PPG part of the website to be more informative and interactive but for now we will park this.

2. Friends and Family test results

Latest results (from August) – 374 responses, 96% positive, 2% negative and 2% neither/nor or don't know.

Lots of feedback, all things that we know about and are working on (Langford opening full time, the appointment system, etc).

3. Role of the PPG now and in the future

SW

IW and SW met prior to this meeting to discuss the PPG, a few things were discussed.

a – How we try and use the PPG in order to move forward. Sending emails to people such as the ICB to lobby for the practice are something they would value – see item 5 below re: this.

b – PPG objectives. There were some objectives that the PPG set out from 2020-21. Would like to set the agenda for 2023-24. Would be a whole meeting worth of discussions. **SW will circulate the prev objectives.**

c – see item 7, below. With the idea of linking into the NHS health campaigns - working out what the NHS is focusing on is pretty difficult. The three practices can band together and put together some support groups – diabetes, smoking cessation, obesity – co-ordinated will give better impact. Could move it round the three practices. Could bring this up in the PCN (Primary Care Network) meetings but they are more restricted meetings, more of an informational meeting rather than a discussion meeting. Could be worth discussing at a PPG chair level – get them to take it back to their practices and see how they get on.

4. How to review and manage new PPG member applications

SW

IW/SW met prior to this meeting to discuss the PPG, and this was one of the things they talked about.

First suggestion was to pass the new member application details over to Sue, who would call the patient, explain who she is and what the PPG is about. Invite them to the next meeting as an observer. They would attend the meeting and decide whether or not they would like to join – we would also have the ability to decide whether or not we would be happy for the potential new member join.

IW/SW happy for feedback re: this process, happy to discuss if any other ideas on how to manage new applications.

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

GT

Discussed plan for buildings. Our Landlord here at Victoria House are happy to work on expansion plans in exchange for a long lease (25 years) & obviously the rent they will receive. We are meeting with the ICB (Integrated Care Board – ours is BOB – Berkshire, Oxfordshire, Buckinghamshire) to express our frustrations and the lack of movement with our applications for funding etc.

We've worked with our landlord to come up with some plans for Victoria House – **GT will circulate these plans around**. We need the ICB to say yes to these plans, then we will produce a PID (Project Initiation Document). The ICB will discuss and either agree or disagree. When approved, you produce a business case and then if that gets approved that will lock in the costs and we can move from there. Timescale is unknown, we hope within the next 2 years but we cannot say for sure.

If/when this goes ahead, we will get an expert on how to deal with the safety of construction areas around the rebuild while/if we are in the building.

At Langford – we own the building. We know that Langford looks tired and old and we need to refresh it and bring it up to standard. We are in negotiations (same negotiations with the ICB to secure funding for Victoria House) with the ICB re: the funding.

SW – Q: How likely is it that the ICB will approve the work at Langford?

GT: We really hope they do – Langford isn't fit for purpose as it is, even just from a lighting and heating point of view, there is a health and safety issue there.

On both sites, we've taken the decision to not maintain the two buildings while we were looking at moving to Graven Hill – it would have just been money wasted. Now that isn't happening we have to do some investments and even if it's a low level, it won't be cheap. Which is why we are looking for support from the ICB here.

SW - Q: What about parking?

GT: We won't be able to change our parking capacity at either sites. There is no availability to expand. We'd hope that public transport can help with getting patients to us (bus routes, etc) but we don't hold much hope there (especially for village patients).

If the PPG want to lobby the ICB about our expansion plans – **GT will give SW the email of the ICB.**

6. Appointments

We are always working on improving our appointment system. As part of that, we do struggle to recruit for the Patient Coordinator team – it's a hard job and the media characterisation does not help. We are underfunded. When we do recruit, we try hard to keep hold of them but the way the job is, it can be difficult to keep staff. Usually we can

keep staff if they stay with us for about 6 months – the ones that don't stay with us leave before then.

There is an increase in violence and abuse towards healthcare staff across the country, and we are not immune to this – we have had an incident of violence towards one of our PC team recently.

We work a lot towards our practice culture and how we can support our team.

a. Likelihood of return to routine appointment bookings

See part d, below. This is part of our review of the appointment system and though it is not talked about much currently, we will be looking at this as our next step.

b. eConsult plans.

Currently looking at this process. As part of the new review of appointment system (see point d, below) – we are going to try a different way of managing them.

We will be automating the eConsults – how they come into the system – a bit more than they are currently so that should help free up some time for the PC team and make it more efficient.

We have looked at other forms of the eConsult system, such as creating our own eConsult form on the website (but that can mean spending an awful lot of time creating something that isn't half as good), or using a different system to the one that we use. We are going to stick with what we have.

The idea behind the eConsult system is that it is a consultation system, which is not how we currently use it (we use it as a way to get onto a GPs list) – which is something that we want to change, we want to use it as intended, and another thing to link into the way we will be working in the PC team (see point d, below).

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| c. Explanation of how appointment system works
and - | IW/LP |
| d. Update on review of appointment system. | IW/LP |

We are looking at dealing of things that come through to the PC once, instead of multiple times (ie filling in an eConsult more than once, calling back a few days later) – how we triage this.

We will be trialling this within the next month or so – there will be a GP working with the PC team, they will be doing the triage of contacts coming in - we hope this will reduce the amount of contacts which will help with the workload. This will also help the make sure the right person can deal with the patient contact. The GP will also give the PC team the support they need as well (the PC team can have someone in the office next to them to ask them a question). There are processes we still need to work out and how it will work capacity wise but once it is sorted we hope it will make a great improvement. We will update the PPG at our next meeting on how this is going.

7. Viability of Alcester PPG combining with Montgomery House PPG and Bicester Health Centre PPG to host events linked to health campaigns SW

See item 3, above.

8. Posters about current NHS campaigns being visible in the surgeries

SW

See item 3, above.

To add to this, the messaging can be quite difficult to navigate – usually when the NHS release a campaign (such as the shingles campaign currently) they usually add ‘call your GP practice’ in their materials which is never correct! So we don’t always use the national campaigns, we produce our own materials.

9. AOB

None.

Thank you for attending.

Next meeting: to be confirmed.