



Notes of the PPG meeting Wednesday 22nd Jan 2025 at 7:00 pm face to face and by Zoom

Present:

PPG Becky Collins (BCo) Helen Carter (HC), Bernard Connolly (BC), Lyn Davis (LD) Andrew Lewcock (AL), Julie Mabberley (JM), Janet Parker (JP),

Practice Dr Carrie Ladd (CL) Dr Jaysal Patel (JPL)

1 / Apologies Sandie Helm (SH), Tom Thacker (TT), Rosemary Stickland (RS), Lisa Vokins (LV)

2/ To Approve Notes from previous PPG meeting on 5th December, minor typos and some info to be supplied by Dr Ladd, otherwise approved.

Precis notes from earlier meeting circulated without comment

Action AL send to NSP for posting on web site.

2.1 Summary of Actions arising from 5th December 2024

Action JM to liaise with RS/CL and Emily, ref meeting with MP probably early Jan 2025.

Completed but no response or date yet fixed. **New Action** JM to chase Olly Glover's assistant Emily for a response.

Action Precis note to go on web site.AL **Completed**

Action CL to prepare draft paragraph on best use of Triage. CL will send text for the next newsletter to AL and why the NHS app is preferred for Triage over the web site.9% use NHS app for AccurX compared to 91% via Web site.

LD noted that the Pharmacies still issue 3 pieces of paper with each prescription they issue and queried why, the topic was discussed.

Action TT to circulate the web link to NHS app. **Completed.**

A PPG "talk topic" noted was Vaccines, "who is eligible for what and when" and a zoom talk was supported by CL. Although the over 65 year olds uptake has been very good, the 18-65 yr olds with clinical vulnerabilities vaccine uptake has not been as good as hoped. Reasons were discussed , reference to this could be mentioned in the newsletter. BCo suggested the Shingles vaccine should be explained as well and give reasons for it, such as long term post

shingles nerve pain. Timing of the talk was discussed and first week in April was decided. (poss 2nd or 3rd April ?)

LD asked about running videos of the talks on the big screen in the surgery, but there are some practical problems such as timing that prevent this, and it was noted that personal recommendation by a known nurse is a positive way of encouraging vaccinations.

Action Beacon Coffee shop volunteers. CL to check , and JM to raise this issue at the forthcoming joint meeting with CSP. Result is the WI will run the coffee shop at the Beacon event.

Action Boots Prescription: CL to check the resolution with Robin Somers and respond.

Completed Boots staff will assist patients to use the NHS app to order prescriptions.

Action AL to contact Healthwatch and explore DORA further;

Completed, Healthwatch knew nothing of DORA, (which is an AI system under test to pre-screen Cataract Op patients amongst other things) and Ufonia, the suppliers of DORA responded to me via one Lisette Bijma, who said the GP practices should have information leaflets, (check with NSP and CSP?) and she also offered to talk to the PPG about the AI System. It is apparent DORA currently lacks some geographical and functional communication truths in dealing with patients.

There is not a clear narrative yet for this to be in the current newsletter, but the topic merits being on our radar as it can affect several types of patients being referred for hospital treatment, not just cataracts.

4/ Practice Update

CL introduced Dr Jaysal Patel (JPL) a new partner at the Practice

CL gave the monthly update, welcomed JPL to the meeting, and reported Dr Broomfield is on sick leave, some locum support to cover this.

No news from CQC on next assessment .

Paperless prescriptions seems to have settled down as patients find out how it works and adapt to it.

Total Triage has worked well and patients are using it as advised (270 last Monday) generally people are happy with it. One issue is the Admin queries tool which now runs overnight is being used for medical queries/requests, despite the warning not to do this.

Need to emphasise the advice not to use Admin requests in this way, as otherwise they may have to remove the overnight/weekend functionality. This is being examined currently.

Integrated Neighbourhood Team (INT) : A new, funded pilot project to look at people with **long term conditions** that do not respond to both of the Practices approaches to address issues

with their health ; this starts with identifying men in the 40-60 yr age group, with hypertension (high blood pressure) and a BMI over 35, who do not attend for their blood pressure checks. They are trying to engage with this group **before** they have their stroke or heart attack; Over the next 2 months the care coordinators will contact 6 patients per practice per week to try and engage with them and try improve health before a critical event occurs. The project also aims to establish via the care coordinator why engagement proves difficult, to see if the process can be amended in some way. Appropriate Medical tests (BP, ECG) will be given and finally there is GP face to face appointment.

After 2 months the results will be reviewed to see if there is a measurable reduction in the blood pressure, BMI and other clinical warning signals, and improve their understanding on why they should respond to messages from the Practices. If the results are positive, then the scheme may be extended to other non-responders or non-responders with other conditions. Social workers, district nurses and community therapy team will be involved as well.

LD asked about targeting such groups at specific work places, and CL pointed to the NHS Health check clinic route for assessment of health for those who don't yet know they have such symptoms.

CL noted there were about 3000 patients on the NSP register with hypertension. CL offered to share relevant documents with the committee.

INTs are being trialled in other parts of Oxfordshire but not all addressing the same issues.

The Facebook topic was discussed and the Practice policy was repeated that they do not engage with the comments; this recent one named a specific member of staff , however the timing of the incident was when the staff member named was not on her shift. Damage has been done to the individual. When there is a complaint it should be sent to the Practice via the complaints section on the web site.

See <https://www.newburystreetpractice.co.uk/feedback-suggestions--complaints>

All phone calls are recorded and so issues via telephone conversations can be investigated. A longer wide ranging discussion ensued.

Recent Friends and Family responses were circulated for Nov /Dec 2024, showing the vast majority of feedback being positive from hundreds of patients.

JSP advised that an AI trial is being run at the NSP, for note taking during consultations. An automatic speech to text transcriber will be trialled to reduce the time GPs have to spend typing notes during a conversation with a patient and so focus on the patient rather than a keyboard and screen, and prepare patient notes. This can be used both with Face to Face and telephone appointments. After the consultation GPs will check the notes created are appropriate and complete. The system data is stored locally not off site. The system can even help fill in forms to streamline referrals for other clinical investigations (such as X-rays). The trial is in its early stages, and the extent to which it reduces work after a consultation will be

assessed. CL mention an LMC survey that found that 80% of the GP work was carried out after the consultation, including arranging tests and referrals for patients.

The NSP allows specific time per day to carry out such follow up work.

5 /Health and Well being event

CL explained briefly to JPL about the Health and Wellbeing event. There will be more rooms for talks and the back pain talk may be run twice. All the function rooms have been booked. Beacon have renamed all the rooms, Lockinge is the long room, Hanney has the AV presentation kit, and the Challow room has screens.

Challow room for mobility limited groups, with Care homes to have a pitch for £50 per sq m. Lockinge will host the dancing, yoga, choir etc.

Hanney for talks and presentation. There are 7 presentations to fit in.

JM is planning an NHS App presentation but using the surgery screen presentation rather than risk using the Beacons flaky WiFi.

6/ Systems

AL had circulated a short note on systems prior to the meeting, and asked for any questions; AL Even noted that if you don't need to use the app very often, you should log in at least once or twice per year; NHS have indicated online they plan to "cull" dormant accounts after 2 years of not being accessed (at P0 and P5 authentication levels)

Next web site review planned for mid February. **Action AL**

7/ SOPA

The TORs were approved and Shelagh Garvey was re-elected as Chair.

Dr Michelle Brennan provided information about the ICB.

GPs are to be paid £20 for giving advice and Guidance. There should be appointments within 18 weeks for appointments in several fields such as cardiology and ENT. Other fields will be looked at!

A diagnostic centre is proposed, maybe in Oxford.

Dr. Brennan welcomes feedback.

Rheumatology will use remote monitoring will be used to manage care.

Consultants and GPs to meet to improve care.

PPGs report concern re online booking. Can we give information about vaccine take up. GPs are buying in doses and having too many doses left because patients are going to pharmacies. BOB ICB also want this information.

Practices are being affected by the increased “living wage” and the rise in National Insurance costs.

Sarah Odare (ICB) is working with Healthwatch.

Communication from the bottom up is not satisfactory. Links from other parts of Oxfordshire are to be followed up. Shaun Barrington from ICB is to be involved in meetings. “ Action Plus” is to improve relationships with the “Careboard” to deal with health inequalities. In some places in Oxfordshire life expectancy is ten years less than the average.

We are to add to the TORS for improved and effective relationships with the Careboard.

It was said that patients do not know how healthcare works. Veronica from “Healthwatch” has the information.

Areas needed include prevention. Frail integrated care, the menopause and mental health support will be included. “Digital services” is also needed.

The next SOPA meeting will be on April 9th at 2:30.

8/ Hospital Progress/Health and Oversight Scrutiny committee.

Planning another public meeting about the Wantage Hospital but the timing of it will be guided by whether there are County Council elections this year, as if there are, a period of purdah may mean the meeting is postponed until after the May elections.

AL and BC noted it is clearly and publicly visible that no new building work has yet commenced at the Hospital site, and as such we can deduce the timescales have slipped by 4-5 months at least.

9/ Wantage town Council Health Sub committee.

Town Council sub-committee meeting took place but no minutes available; no Town council staff present at meeting.

10 /Communications

Newsletter going to print on Monday 27th Jan, but the delivery date will not be known until the order is placed. John (CSP PPG) will be distributing by deliverer and final destination, with destinations and numbers applicable marked on each bundle in the delivered pack. Our aim is to get the right numbers of newsletters to the right places in a timely manner.

For the next meeting with CSP we need to check we have the right sort of communications for the Retirement homes and Care homes, using the newsletters for current news and separate “Handout” sheets for supplementary information such as info that does not changes very often. CL asked if HC has an exit plan for Outreach, but it is viewed currently as an ongoing function.

For the next two visits the retirement community involved is doing the printing of any required handouts in “big print”, so costs don’t fall on the Practices.

The situation with Boots (which is nationwide, not just Wantage) remains the same but patients seem to have sorted themselves out either changing chemists getting help to use the NHS app.

12 Treasurers report.

Wantage town Council have paid in £500 to our account so balance is now £785.33

In total about £2000 has been pledged for Health and well-Being, but about another £500 to be raised from various sources.

13 AOB.

Hippolabs in use at CSP to call patients in for some medical checks , but NSP use an in-house database with specific reports to search for patients meeting certain criteria, e.g calling in for vaccines or hyper tension tests, via texts ,emails, phone calls and letters.

14 A summary of Actions arising from This meeting:

Action JM to chase Olly Glover’s assistant Emily for a response.

Action AL send precis notes to NSP for posting on web site.

Action CL offered to share relevant INT documents with the committee. Committee to respond with any comments

14 Date and Time of next Meeting Thursday 6th Feb 2025 at 2:30 pm

Next Joint meeting 4th March at 14:30 pm by zoom. **END**