

Minutes of Benhill and Belmont GP Centre – Patient Participation Group Meeting
Thursday 3rd December 2020 at 12.30pm via Microsoft Teams

Present

Marian Wingrove (MW), Pam Goodwin (PG), John Mitchell (JM), Stephenie Shvern (SS), Dr Adnan Malik (AM), Dr Jeff Croucher (JJC), Dawn Dennis (DDA) – Practice Manager, Jillian Slade-Thornett (JST) – Administrator/note taker

1. Welcome, Round Table Introductions and Apologies

Apologies: Sheila Cullum (SC)*, Pam Goodwin (PG), Alan Murray (AMu), Evelyn Varrow (EV), Angela Maskell (AMas)* Note: * see Item 4.

Dr Croucher welcomed all to the meeting and said in such important times it is essential to continue to connect with patient representatives not just around Covid but also about services offered by/via general practice, any changes, different ways patients can access these and to gather feedback.

2. Group Consultations

JJC gave an overview of a new initiative for Group Consultations. There is a strong national steer for general practices, as a provider in primary care, to consider how things can be done differently both to benefit patients and practitioners. Also, many clinicians have a specialist clinical role. The more this wide range of experience can be shared, the better patients can benefit, for example with diabetic education clinics in a group setting.

Key messages:

- Strong practice leadership and an identified practice team is supportive of new approach;
- Dr Indrakumar and Dr Ataullah to work as team together to provide clinical leadership;
- Simple invitation process for patients;
- Effective planning if altering the way some consultations are offered, incorporated into organisation in a strong, effective and reliable way;
- Clinicians have attended national training and networking with local clinicians with experience of implementing this model;
- Group clinic models that address the priorities for our patients, looking at areas of greatest need and looking for ideas. Considering chronic disease work such as asthma, COPD, diabetes. Use group models to implement both an educational and clinical benefit process.
- Make good use of time and resources;
- There are IT issues to resolve to ensure robust connection for virtual sessions.

Discussion/Q&A:

- In response to JM, JJC said further value of group settings can be linking to a wider part of our patient group, developing social prescribing model, group education re chronic disease that can be refined to a relevant part of the year. Also to get wider engagement through minor surgery clinic and use nursing expertise.
- Group sessions will begin online/virtual and when safe to do so will open up to a Face-to-Face (F2F) environment. It was noted the groups would be entirely voluntary.
- It was recognised that for some technology would be more difficult and also some patients may be reluctant to talk about personal medical matters in a group setting.
JJC said it was important to manage the dynamics of a group through learning. JM recommended training as a key element to get group to work effectively.
- MW highlighted groups for specific conditions. JJC acknowledged this although enough numbers would be needed to support those groups focusing on a smaller area. It is proposed to start with a clinical

area to benefit a larger part of the population such as certain chronic diseases, mental health, asthma and also to reach out to patients who are harder to engage. Also, to gather the widest feedback to continue to improve the service.

- SS highlighted the advantages of people learning from each other, e.g. re chronic asthma.
- JJC agreed the patient is the expert and patient experience helps clinicians. Important for advice to be correct and that clinician trained to a level to recognise this. Getting the right balance is a key objective.
- AM said Face-to-Face (F2F) would always be an option, when safe to do so.
- Feedback on group work at Sutton Uplift focusing on mental health and psychological difficulties has shown benefits even for patients reluctant to participate in group sessions.

3. **Belmont - update**

- JJC reported a slight delay due to legal work with the developer legal teams over the last few months. There is now agreement on the document that leads to the lease being signed. The agreement to lease is signed once built. The project is now secure and expected to start early next year.
- It is important to consider how the internal building is set up i.e. colour (creating most appropriate environment visually), signage and infection control. An Operational Team including a clinician, management, nurse, admin has been set up to work with the developer's operational team to work at pace and understand user experience.
- Patient input would be invaluable in the team and PPG members were invited to volunteer. **Action:** Members invited to email Dawn at dawn.dennis@nhs.net and Jillian at jillian.slade-thornett@nhs.net. SS would be happy to help from a carer and learning disability perspective.

Discussion/Q&A:

- Completion timeline for Belmont new site - in operation summer 2022.
- Transport issues - Sutton hospital. JJC reported that the Sutton site is option 1 for development for the Improving Healthcare Together (IHT) programme. Proposed specialist urgent care on Sutton site with start build date in 2025-26. There will be a transport plan with contributions invited from a wide audience so everyone can benefit from improved services.
- DDA highlighted a slight delay as Covid and social distancing have now been incorporated into the design to ensure communal areas can be separated and there are two separate entrances. The building design is now stronger and built on adaptations made by other Covid compliant sites.

4. **Minutes of last meeting – 17th September 2020**

*Note from Item 1: DDA said the NHS has approved Microsoft Teams as the conduit to enable virtual meetings instead of Zoom. Teams provides security for privacy and governance. Unfortunately, some members encountered IT issues trying to link with Microsoft Teams.

Action: To resolve issue for PPG members before next meeting in March 2021.

- Seeking a test for Covid slide (item 4) – Jillian chasing.
- Engaging in PPG (item 7): Virtual meetings will be the way forward for six months or more. Used noticeboards in waiting room to share information - now look at developing other mechanisms.
Action: DDA to send email invitation out to increase membership.
- JM said that his experience of combined meetings of people in room, up to six, together with others joining online had worked well. DDA thanked JM and will bear in mind for the future as the 1st floor meeting room at Benhill is now an office for social distancing of staff. Good news - there will be a large meeting room at the new Belmont site!

The minutes were agreed as correct.

Matters Arising from Minutes of Previous Meeting

- Appointment changes (page 2, item 3) –JM asked about the ear syringing service as this is no longer being provided by the practice and it is not classed as an Aerosol Generating Procedure (AGP). It is available privately and at Boots Chemist, although at a cost. DDA responded that ear syringing is not part of our Standard Operating Procedure (SOP) and has been withdrawn due to:
 1. Amount of cleaning required, due to Covid, between appointments. Appointments now reduced to 20 minutes to increase nurse capacity (from 30m per appointment).
 2. Water injected in to the ear can often cause patient to cough and a virus/Covid could be spread. Even with a face covering, a virus element could be in the room. Also causing issue with cleaning.
 3. It is not an NHS service. Service is provided if practice opts-in to Local Enhanced Service (LES). Limited clinical indication that ear syringing is beneficial.

It is more important to manage chronic disease and nursing care and not expose staff or patients due to coughing and Covid. **Action:** DDA to brief receptionists re reason ear syringing service not available - not just because of Covid.

- DDA confirmed there are no other services not being undertaken by the practice.

5. Flu update

- Made decision to move to Benhill site as Belmont only has one entrance door so not possible to social distance.
- 20% DNA rate. 78% Over 65s, 48% under 65s with Long Term Conditions (LTC). Benhill and Belmont GP practice has largest number of learning disabilities homes and nursing homes. 50 to 64 cohort is more difficult to engage.
- Will not have capacity to run flu clinics and manage Covid vaccinations but nursing slot would be available.
- It has been a really positive experience – SS agreed. Two members of staff checking social distancing as patients arrive/leave. Plan if back to 'new' normal to do through booking.

Discussion/Q&A:

- JM also had a good experience but asked if the DNAs were the normal rate and what was deterrent? DDA responded all DNAs pre-booked. GPs are visiting all housebound patients, 80 had flu vaccine and yearly review at the same time. Mobile vulnerable patients have been booked into first nurse appointment slot of the day for quieter environment.
- JM asked if there are any figures re the flu vaccination strain this year and how effective it is. DDA not aware of any NHS update yet. However, clinicians say having vaccine far outweighs no uptake. Sutton has the highest flu jab uptake across London. Support from CCG and SWL.

6. Covid-19 update

- BBGPC practice view if go back to any form of normality everyone who fits the criteria is recommended to be vaccinated.
- No GP practice can deal with the Pfizer/BioNTech vaccine storage requirements at -70c. Local storage facilities at St George's Hospital and Croydon Hospital.
- SWL looking to allocate some central sites. Identified three sites - Thomas Wall Community Centre in Sutton, Trinity Church in Wallington, and Nonsuch Mansion in Cheam.
- The Hub and Extended Access can recognise patient details for IT so for Covid patient details can be shared unless patient opted-out. There will be marshals directing people at the sites. DDA said everyone at BBGPC is committed to doing everything possible for patients to receive Covid vaccination for those that want it.

- A Directed Enhanced Service (DES) laid down by NHS England has been offered to practices. BBGPC will be signing up to this and all GP Partners are on board. BBGPC is part of Cheam and South Sutton (CASS) PCN. If only one practice were to sign up they take sole responsibility.

Discussion/Q/A:

- JM asked if possible to elaborate on why certain practices not subscribing or signing up to DES? DDA said it was not possible to comment on decisions made by other practices but if a practice were to opt-out their patients would still be offered vaccine by an opted-in practice or by the CCG / SWL.
- General practice business and service delivery needs to continue as normal i.e. F2F and referrals as well as managing delivery of Covid vaccinations to a range of patient cohorts. The CCG and SWL have a responsibility to ensure patients in their cohort are invited for a Covid vaccine.

7. Patient Reference Group - update

- MW reported that Pam Howe, Healthwatch Sutton Engagement Officer, is due to retire. DDA commented she will be a big loss both to Sutton and Healthwatch.
- Under new PCNs there will be new medical professionals located at the practice, and sometimes shared with other practices, for example, podiatrist. Patients with diabetes entitled to a foot check. This service was cut in 2010.
DDA said individual practices decide how to spend Additional Roles Reimbursement Scheme (AARS) funds allocated to them. BBGPC will be running a pilot for First Contact Practitioner with a physiotherapist - telephone assessment first and F2F if required.
- Report from Nadine Wyatt re new services provided in New Year – community and wellbeing hub at St. Helier and District Community Association, Hill House and also a Crisis Café for people with mental health problems. DDA said this is really positive news to support a wide range of local people.
- PRG notes attached for further reading.

8. Any Other Business

- Re dates for PPG meetings in 2021 – rotate between Tuesday/Wednesday/Thursday to encourage more engagement. Schedule meeting in February/March 2021 on a Tuesday. Date to follow.
- Age UK – Annual Review – MW reported that a talk was given on the social prescribing project and Dr Mawani contributed to the discussion to improve awareness of this initiative to support patients with non-medical issues.
DDA said Reception staff member Aimee Duffy has skilled up into this role for the practice and is currently contacting 8-10 patients on a fortnightly basis. Working closely with Rachel Jenkins, Social Prescribing link worker for CASS PCN. Some setbacks and delays due to Covid but an excellent resource going forward.
- Re Item 6 - in response to JM re Covid sites situated a long way from south Sutton, DDA said Borough has been trawled and visited for suitable sites which need to be utilised for at least six months.

DDA thanked members for their valuable time and contributions and wished everyone a safe and peaceful Christmas/festive season and a Happy New Year 2021.

Action: Minutes agreed from last meeting, draft minutes of today's meeting, actions and meeting dates in 2021 to be circulated by Jillian. Post meeting note: Draft minutes circulated on 11/12/20 and 2021 meeting dates circulated on 22/01/21 – revised list circulated with agenda for PPG on Tues 30th March 2021.