

## Friends of Rosebank Health Patient Participation Group

Tuesday 12<sup>th</sup> March 2024

18:00 – 20:00

### Minutes

**Chair:** Rita Leach (RL)

**Present:** Christine Barnett (CB), Jenny Brooker (JBr), Jan Brookes (JB), Michaela Davies (MD), Susie Graham (SG), Kelly Grinter (KG), Dr Kandimalla (VK), Sandra Matthews (SM), John Matthews (JM), Charles Morgan (CM), Liz Mudway (LM), Perry Poole (PP), Melissa Reed (MR), Celia Ricaud (CR), Nelly Rochester (NR), Christine Rousseau (Cro), Jackie Swankie (JS), Dave Walker (DW), Sue Williams (SW), Sybille Wood (SW), Bob Wood (BW),

**Apols:** Hajra Sidat (HS)

#### AGM

- Elections:
  - Chair – Perry Poole
  - Vice-Chair – Rita Leach
  - Secretary – Christine Rousseau
  - Treasurer – N/A
  - Trustees – N/A

PP thanked RL on behalf of the RBH clinicians, staff and PPG members for her valuable input over the past 8 years and PP will continue to value RL's input in her role as Vice-Chair.

#### Chair's Report

In RLs last Chairs report she advised that she had attended a Gloucestershire PPG Network meeting on the 26<sup>th</sup> January. Topics covered were:

- Primary Care premises 5 year plan
- Primary Care strategy cross cutting themes
- Spotlight on working with different communities
- Post covid syndrome service

The next meeting is on the 22<sup>nd</sup> March which she would like to attend as there will be a presentation by Abi Griffith on Social Prescribing. RL suggested to the Network Group that this would be a very positive topic from the success of Rosebank prescribing.

On a personal note, RL advised everyone that although she is awaiting a course of radiotherapy and medication, her health outlook is extremely positive. RLs advice to everyone is to get a mammogram. In Gloucester, you can request one every 3 years after you reach the age of 70 when call ups stop.

RL thanked both staff and committee members for their support and wished PP all the very best as the new Chair.

## Practice Update

SG shared a slide presentation on new ways of working.

SG advised that the new GP contract which starts on the 1st April was only sent out two weeks ago. The new contract offers a 2% uplift for pay growth compared with a 10% increase in the minimum wage. QoF will be streamlined and we will be required to provide telephony data to NHS England. In addition, we must recognise the importance of continuity of care, provide online consultations between 08:00 and 18:30 and ensure that we have a consistent approach to navigation. Needless to say the BMA have rejected the new contract which may result in GP Practices taking industrial action in the autumn.

SG shared some messaging for other practices within Gloucestershire who are struggling, some of which have been shared nationally on social media. RBH are, however, in a good place, having recruited some excellent new GPs and have an amazing support team (reception, admin and medicines management). Being a PCN in our own right means we have more control over funding and staffing. We're also ahead of the game in that we already have our Hub/Clinical Assessment service with fantastic navigation and minor illness management.

SG shared some data from a recent staff survey specifically around Hub working, and overall the general feeling, both for staff and patients, was very positive. However, to remain successful and survive in these difficult times we have to continue to evolve and develop. For these reasons, we will be making some changes. We will:

- be introducing a new navigation/triage tool within Systm1 called Systmconnect.
- continue to develop how we navigate patients through our system - including patient admin requests and queries – using the MIDOS navigation tool.
- improve clinical support and supervision.
- be developing a new clinical structure.

The aim is to go live on the 1<sup>st</sup> May and to enable us to do this successfully during the transition period between 18<sup>th</sup> March until May 2024 we will need to:

- clear the appointment books, routine appointments will not be able to be booked for about a 6-8 week period.
- only deal with urgent illness or matters during the transition period.

We will send out patient communications from week commencing 18<sup>th</sup> March including text messages, website updates and Facebook posts

Benefits to the patients include:

- better navigation; the right clinician within the right timescale.
- a better online consultation platform for patients to use.
- the ability to cope with the increasing demand better.

SG advised that we get over 2,500 GP type appointment requests per week as well as nurse, HCA and phlebotomy appointments. Typically on a Monday we receive 1,300 contacts. Staff sickness has an impact, in the last few weeks we've lost the over 20 clinical sessions, which equates to 10 whole days of appointments due to staff sickness. Our aim is to try to make ourselves as efficient as we can be, increase our resilience and become more robust whilst changing with the times. Hopefully you will support us and come along with us.

PP thought the plans were brilliant and emphasised the importance of highlighting the benefits of the changes to patients.

JB and PP agreed to write to their local MP. CR will circulate a template to all PPG members so that anyone who would like to send a letter can do so.

SG advised that she has also written to our local MP. She also advised that 4 local MPs will be meeting to discuss their concerns.

Anyone wishing to share our Facebook posts can do so.

PP offered the help and support of the PPG should it be needed for the 1<sup>st</sup> May launch.

### **Occupational Therapist**

RL invited Melissa Reed from Gloucestershire Health & Care NHS Trust to talk to the PPG about Occupational Therapy.

MR advised that RBH has received some Quality Improvement (QI) funding to run a 12 month pilot Occupational Therapy service, the first in a primary care network across Gloucestershire. The aim of an Occupational Therapist (OT) is to provide appointments to patients to discuss getting them back to work and reduce the number of Med 3s (sick notes). A part time OT has been recruited, working 3 days per week, across all 4 surgeries. This role will take the pressure off GPs, freeing up appointments.

If the service is successful, other funding may become available to look at other groups i.e. frailty, trips and falls, etc.

### **NHS App messages**

PP raised a concern regarding NHS app messages that are sent out re Chatty Cafe and other interesting items and that there is no differentiation between 'news' items and 'personal' items and was there a better way of communicating.

SG advised that if you don't read the message from the NHS app, you'll automatically receive a text message. Messages from the NHS app are free, which is often why it is used.

It was agreed that with the current system 'news' texts will be sent via SystemOne. Patient specific messaging will continue to be to the NHS app. However, when the new system is in place, this will inevitably change.

It was noted that you can either opt out fully, or opt in fully, there was no option to opt out of some messaging and not others.

### **AOB**

SW raised a concern re the numbers at the Chatty Café on Monday. Three thousand texts were sent out advising patients they could have their blood pressure taken this week, and as such the Chatty Café was over run, so much so, they had to turn some people away. As this is clearly very popular, it was agreed that less texts will be sent out prior to the next blood pressure sessions.

SG advised that work had started on the Health and Wellbeing hub in the old Pharmacy at RB, and this may be a suitable place to hold more regular BP clinics. The hub should be up and running by the end of April.

JB raised a concern that the Practice website's instructions for making contact for travel vaccinations and advice says '6 weeks' prior to travel which doesn't align with the eConsult messaging which says 8 weeks. KG advised that as the Health A-Z actually links to the NHS website, we cannot make any amendments to it. What we will do, however, once our new system is in place, is align our messaging with the website to avoid any confusion.

#### **Pharmacy First scheme**

KG advised that under the new national Pharmacy First scheme, patients can be referred to any local pharmacy for a consultation for treatment for throat infections, UTIs in women of a specific age, shingles, ear infections, etc. and can be prescribed antibiotics if required. The service has been very successful, although Lindon Road are apparently not providing the service and KG agreed to look into this. There are strict criteria and red flags. Patients can also self-refer. The service is being monitored by the ICB.

It was noted that pharmacists won't test urine, but if a patient has 3 of the most common symptoms, the patient will be treated for a UTI. Charges apply as per normal prescriptions. Patients will be referred back to the GP if symptoms persist and further medication is required.

**Date of next meeting**  
**Tuesday 11<sup>th</sup> June 2024**  
**18:00 – 20:00**