

MINUTES OF CROSS KEYS SURGERY PATIENTS' PARTICIPATION GROUP (PPG)
ZOOM MEETING HELD ON FRIDAY 18 JUNE 2021 AT 11.00 AM

In attendance: Denys Williams Chair. Peter Yoxall. (Practice Manager (PM)). Dr, Ally Wilson (Partner). Judith Young. Nick Oakley. Anita Templar. Stephen Reading. Marian Purdy. Rose Williams. Maggie Kaye. Shelley Jennings

Apologies. John Speller. Jane Padwick, The Chair welcomed 3 new members who were unable to attend: Sue Ashdown, Linda Cannon-Clegg. Mary Hutton.

1. **Minutes of last meeting.** Agreed with a correction in that Shelley Jennings was in attendance but had problem with her ZOOM set up.

2. **Matters Arising.**

- a. The PM had passed on our thanks and wished Richard Burkimsher all the best in his new job in Cornwall. Marian noted that his name still appears on the information board.
- b. The new website is now online after being down for almost a year. PPG members had passed back comments and further tweaking is needed.
- c. The Chair had visited the Lloyds Pharmacies in Princes Risborough and Chinnor and thanked the managers for their hard work supporting their clients over the past 18 Months. He had also emailed their line managers asking them to note their excellent work. Nick commented that the service from them had completely turned around. He also mentioned the Lloyds Echo prescription service and its benefits, particularly if an item was out of stock. Further information is available from the website [NHS prescriptions without the hassle – Echo by LloydsPharmacy](#).
- d. Shelley asked about cancelling on line appointments as she could not find away to do it without ringing up. The PM said he thought you could.
Action. PM to clarify procedure for cancelling on line appointments.
- e. Anita asked if Dr Anwar Shahed was staying. PM responded that he had only just joined and was staying. Anita and Stephen commented how good he was. Marion asked if he was coming to Chinnor and PM said no but Dr.Michael Keane would be covering Chinnor.
- f. Rose commented that when on line she could only get an appointment with her designated Doctor – Dr. Wilson. She asked why she couldn't have another choice when Dr. Wilson not available? The PM explained this was a decision made by the Partners so that you could only book with your designated doctor. If your designated doctor was not available you had to ring the surgery to be booked into the duty doctor. The PPG were unaware that this was the reason for the change to online bookings, thinking it was because of the appointment change directed by NHSE. Nick asked that our disquiet be fed back to the Partners.

3. **Routine Practice Matters.**

- a. **Staff Changes.** Dr Amy George is now a partner. Dr Stephaine Cumberworth has returned from maternity leave and Dr Anwar Shahed has joined the Practice. Sandra Hall and Judy Clowes have left along with a

summarizer. Presently recruiting for another nurse, receptionist and summarizer. Two new phlebotomists will be starting soon, this will help to reduce the nurse workload so they can concentrate on more disease group needs. They are looking to improve the nursing team. As from 1 June 2021 the Practice has stopped doing any travel vaccinations etc. Patients can make arrangement with a local MASTA Clinic(www.masta-travel-health.com).

4. **Appointments.** We had hoped that Dr Wilson would tell the PPG about the new proposed appointment system. The PM said that they had hoped to have it ready but it required further work. In the short term they will be looking to have more on line appointments some of which will be pre-bookable. The appointments will be am and pm and they were looking to ring fence appointments for the under 2s and over 80s. However, when they looked into the numbers it wasn't worth the effort. They propose to keep the present system until August before any major changes. The PM suggested that it would be useful for the PPG to feedback what we thought the patients needed from an appointment system. In the short term he said the number of on-line bookable appointments would increase to 8 with 6 being on the day and 2 pre-bookable. The Chair summarised to say that the present system would remain until September when it is hoped to have a revised system in place. Shelley asked if the appointments would still be initially on the phone. The PM confirmed this to be the case. Shelley highlighted that, although she had good experiences with the present arrangements, there were a couple of instances where she thought the patient would have benefitted from a face-to-face consultation. Dr Ally confirmed that when a patient, after the telephone consultation, asked to have a face-to-face appointment this would normally be agreed. She commented was useful to have an indication of the problem from the telephone conversation before the face to face. If needed tests such as bloods, ECG etc could be arranged before the face-to face appointment. Saving both clinician and patient time. Stephen commented that his experience of the telephone triage system had been good. Shelley said she wasn't questioning the use of telephone consultations but highlighted when a patient asked for a face -to face had problems getting such an appointment. The Chair re-iterated what Dr Ally had said that when a patient asked for a face to face it would be granted. Both Stephen and Marion asked about the possibility of a time slot for a call back. It was suggested that, in the past, you got a text confirming your appointment time. Could not a similar service be offered so that you get a text with an expected time slot for a call back rather than waiting around all day and worrying if you had missed your call back? PM commented that previous to COVID, there were about 1250-1300 patients attending the surgeries for consultation with 200-300 phone consultations, this figure has been reversed with a benefit in reducing carbon footprint. The Chair said that it was clear further work was needed and undertook to follow up this item. **Action. Chair to canvass opinion from the PPG and patients on what they expect from appointments and write back to Dr. Ally. If need be, he would arrange a further meeting.**

5. Chinnor Matters

- a. There were comments about the gate being locked to the Chinnor Surgery when someone is working alone. This was particularly so in an afternoon. We wanted to know if this was the case when patients are being treated. Marion asked what about dropping samples etc and could a notice be put up. PM responded this had been discussed and patients should be asked to bring samples the next day or at a time when the surgery was manned.

6. **COVID.** Chair reported that there were 2 more clinics before the Community Centre Vaccination Centre closed. The whole operation had gone extremely well and we are

grateful to all the staff from Unity Health and Cross Keys and volunteers for running a local centre. Future vaccinations will be carried out at the mass vaccination centres. When they finish, they will have given over 30,000 vaccinations there and more into the local care homes and at home patients. Shelley asked if the centre would reopen for a booster programme. PM said they had no information but they booster jabs can be stored at fridge temperature for 4 weeks and likely that the NHS or GP s booking system be used. PM mentioned that the flu clinic would take place at the end of Sept and a big day on Sat 2 Oct with 1500 patients. The phlebotomists would do the bulk of the jabbing. It would be booked appointments. Shelley mentioned the use of volunteers to help ‘marshal’ patients and volunteered her services. PM welcomed her suggestion

7. **Primary Care Network (PCN) Update.** The Chair updated the group on the increasing size and roles being provided by the PCN with over 20 staff to support the 3 Practices within the PCN. He had forwarded the latest changes by email and they are attached. There were wo items we were asked to follow up on. Firstly, there is a desire to change the name from Aylesbury Vale South (AVS) to something better. Secondly, drawing on our experience of using volunteers to support the COVID clinic, can volunteers play a part in supporting the PCN?

8. **AOB.**

- a. Marion raised a couple of matters. She asked about the NHS data opt out. PM said there was a link on the web site and the data is fully anonymized. You can follow the link to opt out and manage your data. Marion also noted that the front of the prescription form gave details about the 2020 Flu Clinics – good spot! Action. **PM to get prescription form message amended**
- b. Sadly, our ZOOM meeting ended before we could hold further discussion.

9. **Date for next meeting.** Friday 10 Sept 2021.

Attachment.

PCN UPDATE.

PCN UPDATE2021

Dear Patients

What is the future of local healthcare ? Well, the government have set out a new direction of travel by developing 'primary care networks'

What are they?

Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. As doctors and nurses we would describe this as a change from reactively providing appointments to proactively care for the people and communities we serve. Where emerging primary care networks are in place in parts of the country, there are clear benefits for patients and clinicians.

Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. In other words they should be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

What does this mean for you?

Locally your primary care network is composed of three practices working together – Haddenham Medical centre, Unity Health (Brill, Long Crendon, Thame, Princes Risborough and Chinnor) and Cross Keys Surgery (Princes Risborough and Chinnor).

What difference will this make for me?

The network has so far recruited a number of new staff

Clinical pharmacists – so you can now discuss your medicines with our in-house pharmacy team and they are managing many of our patients to achieve better blood pressure control, ensure medicines are safe and stop any medicines not beneficial.

Social Prescribers and Health and Wellbeing coaches – We recognise that many of the issues we see in practice are not always medical but composed of social problems – related to say loneliness, unemployment, isolation, financial or care issues or are related to struggling to motivate to improve your own health and wellbeing – be it good sleep, physical exercise, and good diet. This team will have more time to spend supporting patient with these issues

Care home and complex patient team – We are developing a new team to deal with our care homes and complex or frail patients in our community, providing more rapid assessment and preventing admissions to hospital for those who are unwell or vulnerable.

Physiotherapists – we now have a team of direct access physiotherapists for all musculoskeletal problems.

Over the next 2 years the team will grow to about 20 clinicians including paramedics, physiotherapists, care co-ordinators, physician associates and many more.

How can you help?

Part 1

Well to start with we need a new name – we have been set up for 18 months and due to speed we called ourselves AVS PCN – not very inspiring, we need your support by developing a new name – ideally something catchy to rally and get the message out there about our new team and what they can do

We have asked our patient groups to lead on getting us a new name – have you got any ideas?

Perhaps think of our Geography or what we can do or any other inspirational ideas you may have – please email them to barrylynch@gmail.com

Part 2

On the back of our highly successful covid vaccination programmes in Princes Risborough and Stoke Mandeville – we have seen a lot of willing volunteers, we would really like to capture this enthusiasm for those keen to do more to help – we are keen to explore new groups – eg gardening groups, knit and knatter, cooking, art etc. In addition, we would like to build ‘community connector’ teams who are in our local community able to signpost the vulnerable and frail to our services -in essence we want and need to build our team. Do let us know if you are interested

Best wishes

Dr Martin Thornton

GP Partner Unity Health and Clinical Director AVS primary care network