

Ivel Medical Centre

Notes of Patient Participation Group Meeting

Tuesday 26th March 2024

Present:

David Wheeler, Rita Andrews, Bhav Gadher, Britta Holland, Christine Taylor, Gwyneth Lawton, Harold Ross, Helen Higgins, Jean Gunton, John Palmer, Joyce Bilcock, Julia Ainsworth, May Ross, Oliver Maunder, Peter Davies, Richard Philp, Keith Coxon

Practice Members:

Dr Kirti Singh, Paul Lindars

Apologies:

Stephanie Bennett, Trudy Emery, Jane Payne, Chris Day

1. UPDATE ON APPOINTMENT SYSTEM (PL)

In February the surgery saw on average 210 patients per day. There was a conscious increase to 45% GP appointments (previously GP appointments have been less than 40% of all clinical activity). The breakdown for other clinician roles is as follows: 15% nurse appointments, 14% HCA, 14% Physician Associates (PA), plus Pharmacy and others. The contract expects on average 186 per day. Demand is very high and is unprecedented. Patients who have usually looked after themselves are requiring appointments for antibiotics etc.

Online appointments – these are available for advance appointments. Rotas were not being updated in a timely manner. This has been addressed and they are now on the system for 4-6 weeks in advance. IMC now have a dedicated person to deal with rotas to ensure they are added to the system.

Demand has risen nationally both in primary and secondary care. The Junior doctors' strikes have not helped. IMC has increased GP capacity by 10%. This cannot be increased further. They want to maintain this extra 10% as it means there is less pressure on all staff.

David was under the impression at the beginning of the contract, that if you couldn't get an appointment on the day, you would be offered one the next day. Dr Singh said that there is a proportion of appointments every day, that can be booked in advance. They recognised that there is some inconsistency with the messages from receptionists. If today's appointments have gone, if it is an emergency then an appointment the next day could be offered. The patient could also go to Sandy or Flitwick (Enhanced Health Services) or call 111. However, some patients cannot get to these locations.

General appointments cannot be booked at reception unless the patient has seen a clinician who has asked for a review appointment to be made.

Dr Singh witnessed a patient asking for a blood test in 2 weeks' time. The receptionist said that none were available and told patient to call back after 11 (she had not looked at the system). The patient was not happy. Dr Singh checked the system herself and there were appointments available. The management team are working with staff to ensure consistent approach and that staff are working in roles that best suit their strengths.

The practice had given this member of staff the fundamentals initially, but management team agreed this person should support with alternative practice functions.

Olive Maunder spoke about her husband receiving a text and asking him to speak to a doctor about his test results. Phoned several days in a row and told no appointments. Eventually spoke to a very helpful receptionist who got a GP to call him.

Harold Ross said reception was very good however his wife had been unwell for 5 days before deciding to come to see a doctor. When he pressed for a call back it did not happen. Potentially more receptionists to answer calls would be beneficial.

2. PRACTICE UPDATE

Currently IMC are meeting and exceeding their contract targets for appointments. However, with the increased local demand it is not enough. Pressure from social media is also not helping.

The practice is noticing an increase in younger adults requiring appointments that would not have needed them previously.

BLMK ICB are happy with the number of daily appointments. The numbers are better than IMC predecessors.

Hospital waiting lists are increasing and they are requesting repeat blood tests be done and lots of other requests. Patients on a 2-week pathway are not being dealt with in a timely manner at the hospital. Dr Singh is a Primary/Secondary care interface lead GP Link and is involved in discussing pathways and how to deal with the system pressures.

The practice is still accepting new patients. Currently there are 13,316 patients on the practice list. Contractually they cannot refuse patients or close the list. More patients mean more funding. In theory based on the size of the premises they could have 25-30K patients. Funding is set Nationally. The number of patients is based on a national GP target. There is no control locally. NHS England dictates that there are as a minimum 186 appointments per day based on IMC population and funding. Even if we had 400 appointments per day not convinced we'd meet current demand. Pharmacy First initiative will take some pressure off the demand.

Double appointments are available for some patients with e.g. cancer or mental health issues. Chronic disease clinics – patients can be seen by paramedics, advance nurse practitioners or pharmacists and can have double appointments if necessary.

Quality work is currently next priority for us as caretaker and could be improved. Better than it was but still not at a standard we'd be proud of eg, Diabetes, COPD, Asthma, (AF) Atrial Fibrillation, Heart Failure, Dementia and Mental Health. Going forwards these

patients will have a nominated clinician for each of these conditions and we/our patients will see the difference.

IMC care for patients in 2 x care homes (Potton House and Mantles Court) and these patients need constant input.

Receptionist training is taking place tomorrow afternoon (protected time) and is about “how to be pro-active around difficult conversations and empathy”. This is being delivered by external provider.

Website Update – the member of staff who was dealing with this is currently off work. The Website provider contract is coming to an end and will allow IMC to choose a better contract and an internal person to manage it.

Social media – Dr Singh has been following social media and feels that some comments are right, but lots are incorrect.

Complaints – Paul deals with all complaints coming in the correct route and these responses are very good. Some complaints dated pre-May 2023 have all been cleared also.

Text Messages – some were sent out over the weekend. First name on text went to the wrong number. The practice checked with the Data Protection Officer if this was a breach that needed to be reported to the ICO and received confirmation that it didn't. The assumption is that when the manager was putting messages out, there was a glitch in the system which could not cope. This is being investigated by external IT team.

Physicians Associates - they have catch up slots with GPs to discuss patients, referrals etc. Our PAs have a tight governance process. Other places are not the same. Professional regulations are going to be put in place nationally. Luton Federation is heavily based on PAs – GPs monitor them and mentor them.

Access to your own health records and test results – Some patients are interpreting their own results. *This is not advised and they should not do this.* All results are checked before being filed. If one test is abnormal it may not mean you need treatment. Results are interpreted with your medical conditions in mind. Results are dealt with on the day they arrive at the surgery if they come in before lunch. If they come in the afternoon they are reviewed the next day.

Newsletter – it is very important to let patients know the good news and positive changes. It should be very friendly. It was felt that this needs to be resurrected.

3. STAFFING UPDATE

Recruitment is continuing. A non-GP clinician (Paramedic) is starting next week. Nursing adverts have been live for 6 weeks but with no applicants. There is an issue with recruiting at present.

Tracey Whitby started back at the surgery 2 weeks ago. She is supporting Dr Singh to ensure all appropriate nursing and HCA team governance is in place. She is currently updating SOPs, policies and admin and will support new recruits with a view to ensuring competencies are signed-off.

Adverts for nurses - we are moving to a new strategy promoting "hospital nurses to train as practice nurses". Some nurse interviews were carried out today. One person started a few weeks ago and is currently working on a Monday.

Currently IMC have **8** regular doctors (9 including Dr Singh). Most have been at IMC for over 3 months.

Current recruitments - salaried GP starting next week. Advance Nurse Practitioner and Nurses also recruited.

Leavers – Vicky Brettle has retired. Bryony (nurse) has also left. Susan Hunter is also retiring in April.

Dr Button is reducing normal patient facing activity but will be continuing with menopause clinics and possibly baby clinics.

4. FUTURE PLANS FOR THE PRACTICE

Currently 10 months into an 18-month caretaker contract. Dr Singh is working on Chronic Disease registers, building on care home care and developing the management structure. Now Susan Hunter has stated she is retiring in April, IMC management will be looking at how to develop the management team. The Practice Manager role is too large for one person. They need more resilience in the system and will not be replacing like for like.

Nurses – Laura, Maria and 2 x nurses on rota for childhood imms and vaccs.

Recruitment from today's interviews – 1 nurse will require primary care training.

Klinik Triage type system – IMC could look at this but not during this caretaker period. This could be set up as a project after the caretaker period has come to an end if they are successful at getting the practice contract permanently.

5. ELECTION OF OFFICERS

We have not voted on the election of David Wheeler as PPG Chair and Rita Andrews as PPG Secretary since 2019. The meeting was asked if they wished to nominate both David and Rita for these roles. They were both voted in by the meeting participants.

6. RECENT DEVELOPMENTS IN CANCER SCREENING TESTS (David)

In 2013 David had been unable to go out without running to the loo. He had PSA tests. There are only 3 national screening programmes:

- (1) Breast screening – 16000 mammograms per year. 1200 patients are missed due to having dense breast tissue.
- (2) Cervical screening. Number has decreased by 87% since 2014 due to HPV vaccinations.
- (3) Bowel screening – new test which has a 68% uptake.

Lung cancer – patients who are at high risks will be targeted for screening. A new liquid biopsy test for suspected lung cancer patients is being trialled by NHS England. It will enable more targeted treatment to be given.

Prostate cancer for men – 52k cases per year. 12K deaths per year. More men die than women of cancer. PSA tests can give false positive or false negative results.

David's PSA was 4.7 and increased to 7.2. He had an mpMRI scan which showed an enlarged prostate. He then underwent laser treatment. We need a good test that shows if the cancer is aggressive like a tiger or one you can live with (like a pussycat).

The Transform trial (£42M) is looking at the best way to test for prostate cancer.

Multiple cancer early detection (MCED) – 1 x test that can identify 50+ cancers with one test. This is a liquid biopsy test.

The NHS-Galleri Trial has 140k patients who are asked to take tests over a 2-year period. Galleri Trial results are expected in 2026.

David also had thyroid cancer in 2020. This is the 20th most common cancer affecting 4000 patients per year. Please all be vigilant and check out any lumps or bumps.

Abdominal Aortic Aneurism (AAA) test. This is an ultrasound scan and men over 65 can self-refer. AAA scans can be done at the surgery as well as Bedford Hospital. Patients will be kept on annual review if results are abnormal. *The AAA Screening contact number is 01234 792207.* David will circulate his speaking notes after the meeting.

7. TOPICS FOR FUTURE MEETINGS

First Aid (CPR)
Pharmacy First
Breath Easy
Dementia – living with somebody who has it

To note – St Johns Ambulance have a website where you can do various online training courses – free of charge. <https://www.sja.org.uk/course-information/online-learning>

If you have any ideas for meeting topics please contact David or Rita.

8. DATE OF NEXT MEETING - June 2024 - date to be confirmed.