

## Ivel Medical Centre

### Minutes of Patient Participation Group Meeting

Tuesday 26<sup>th</sup> November 2024

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#### **Present:**

David Wheeler, Rita Andrews, Charlotte Jackson, Chris Day, Christine Taylor, Gillian Gordon-Mackintosh, Gwyneth Lawton, Harold Ross, Jane Payne, John Palmer, Joy Cooper, Joyce Bilcock, Keith Coxon, May Ross, Olive Maunder, Peter Davies, Richard Philp

#### **Practice Members:**

Dr Kirti Singh, Paul Lindars

#### **Apologies:**

Alan Porter, Helen Higgins, Jane Payne, Julia Ainsworth, Trudy Emery

#### **“Pharmacy First” - Talk by Daisy Dzora, Pharmacist – Boots Pharmacy – Biggleswade**

From 26 January 2024 the NHS allowed pharmacists to see patients, give advice and issue them with antibiotics for 7 conditions –

1. Impetigo (aged 1 years and over)
2. Infected insect bites (aged 1 year and over)
3. Earache (aged 1 to 17 years)
4. Sore throat (aged 5 years and older)
5. Sinusitis (aged 12 and over)
6. Urinary Tract Infections (UTIs) (women aged 16 to 64 year)
7. Shingles (aged 18 years and over)

NICE (National Institute for Health and Care Excellence) guidelines are being used. Patients can get an appointment with a pharmacist. They can use an Ultrascope to check ears for children under the age of 17 and throats for over 5-year-olds. They have been trained to see what a sore throat looks like. Pharmacists can only treat what they can see and not what they are being told. This is an exciting new development for the pharmacists.

Pharmacy First has been in place for approximately 10 months now but it is not yet being very well used, with a slow uptake. Patients are not aware that they can go to “Pharmacy First”. In England there are only 7 conditions that can be dealt with at Pharmacy level, in Wales is it 20 plus. The age groups for each condition are selected based on clinician scope of practice and the prevalence of the condition.

IMC have started training their receptionists on PharmFirst System so they can refer patients directly to the Pharmacy. They have worked with BLMK ICB on this. Currently there are 2 receptionists who can refer patients.

Daisy said that it was not too much extra work, but it was a change in how they work. Prescriptions are now issued, and they have accuracy checkers now in place. This releases time for the Pharmacist to do "Pharmacy First" work. It is a change in mind set. They have seen a gradual increase in people being seen and this will only grow. Referrals sent from GPs to the pharmacy have extra information in them as opposed to patients walking in themselves.

5 or 10- patients were seen at the beginning. This has crept up to approximately 20 per month now and numbers are expected to increase next year. Pharmacy First information is also on IMC website. Reception staff need further training.

Daisy was thanked for attending the meeting and her input.

**ACTION: KS to speak to Daisy regarding talking to IMC staff re Pharmacy First on a training day.**

## 1. Update on Current Issues:

- a. Appointments System – currently appointments for doctors are on the system 4-6 weeks in advance. Appointments for nurses are 8-12 weeks in advance. Patient direct bookable online appointments are now all defaulted as Face-to-Face. Some patients are not online, and these can book an appointment via telephone "on the day" if it is urgent but not in advance for non-acute issues. Appointments data has been audited and DNAs (Did Not Attend) have gone up massively. Reminder texts for 20- or 30-minute appointments are being sent to patients. Dr Singh has now set up a DNA Policy. A text can be populated to be sent to patients who DNA (20-30 min appointments). If 3 appointments are DNA-d in a 1-year period they are at risk of being struck off the practice list. If patients call surgery to say why they DNA-d with a valid reason, this may be accepted and the DNA code removed from their notes. Patients are also DNAing phlebotomy and long-term condition appointments. This is unacceptable.

There are plenty of appointments available on the day especially if you are a vulnerable patient or have long term health conditions. Dr Singh trialled sending appointments to Diabetics so their HBA1C results could be discussed. 10 out of 12 appointments were DNA-d.

If patients receive a text to say their test results are abnormal, they should be able to telephone and make an appointment.

The surgery is commissioned to provide 180 appointments per day. At our last meeting in August the surgery was seeing 200 patients per day. At

present they are seeing >200 per day on average. Appointments are split approx. 60% with GPs and 40% with other clinicians. The new digital phone system on some days is now showing 200 patients trying to call before 8am. At 8am there sometimes still 140+ on the line. 60% of appointments are available on the day and 40% are advance bookings . At present there are between 13K-14K patients on the list. Online appointments are released on a monthly basis. Some patients book consecutive appointments and therefore blocking slots for other patients. The system doesn't work well nationally. There is a need to prioritise. Numbers of appointments are there but are not being used properly. Vulnerable and complex patients are telephoned mid-day and clinicians therefore are being asked to bolt on extra patients.

From April 2025, a new National Appointment System will be mandatory and will be used by IMC. All practices need to be in a digital triage system. Patients are encouraged to go online, insert issues and information on forms. These will be reviewed to see if patient needs an appointment. As a safeguard, receptionists will still pick up calls for those without online facilities. This system needs to be carefully implemented. IMC has 6 months to set this up and train everyone. This will replace the 8am telephone rush. Depending on which platform is chosen (there are 4 potential systems identified to choose from), coding on priority and signposting etc needs to be done. The 4 providers will be providing IMC with demonstrations of their systems. The new system should be able to give the patient a rough idea of how long they can expect to receive a call/appointment. Saffron Health centre has a digital triage system but had to stop using it. This was not the perfect fit for them. IMC will choose the provider as soon as possible – early January. This is a very challenging piece of work for the practice. Six practices have gone live in Luton and IMC are working with them to see how it is working. The Smart phone system will allow them to know the number of patients calling per day. Once launched the system will filter out the first 200 forms received and then take a pause until these are finished. Answers on the forms could be dishonest just to get an appointment. Questionnaires can be amended by the practice. Nationally they have said that they will update questionnaires if needed.

- b. Reception Training - staff are being trained on (1) Pharmacy First (2) Social prescribing (3) care navigation (4) ICE forms (for laboratory tests) (5) ICE system. We are looking at who is best on front desk and back office and working on a skill mix. Complaints have gone down.
- c. Website Update – new website provider allows IMC to make changes themselves. This goes live first week in December. There will be one day of transitioning over. This should be clearer to navigate for patients. It is hoped that more people will use the website for feedback. There is a PPG page on the website with minutes from previous meetings. Information that would normally go in to Newsletters will also be put on here – dynamic news

updates. It can also be used for surveys, Family and Friends etc. Questionnaire can also be sent out to patients ad hoc.

- d. Staffing - A new photo board has been ordered for reception. Photos, names and job titles will be displayed. Staff who do not want their photos on display will only have name and job title on it. This should be in place in the next 3-4 weeks. Paul handed a list of staff details to PPG members. A copy of this will be sent separately with these minutes. There are numerous interviews taking place at present. IMC have made an offer to a pharmacist who has stated that they are interested. This is not a direct replacement for Harry Ho as he had an extended role regarding diabetic patients. IMC has a new Specialist Diabetic Nurse joining the practice and will work initially 2 days per week and will be starting soon. She can start patients on insulin if required. She has also agreed to do some training for other clinical staff. In the first couple of weeks in January IMC should have both the new pharmacist and specialist DM nurse. There are 1,100 DM patients on the practice register (DM = Diabetes Mellitus). There are currently 14 doctors at the surgery which equates to 5-6 WTE (whole time equivalent). There were previously 3 WTE doctors.

Abbie (Abigale Havis) IMC's Emergency Care Practitioner is helping support care homes.

There has been some noise in the press about PAs (Physician Associates) – we only have Ross Nakanda at IMC who is very good. The surgery has received a lot of good feedback about him and will be keeping him on.

Nurses – IMC has Ciaran who works 5 days/week, and the other nurses work 2-3 days each.

Some GPs move between IMC and Malzeard Road Surgery. This allows the costs of some staff to be shared along with their skills.

IMC has 2 pharmacists that work remotely. One is a PCN (Primary Care Network) resource and works 3 days/week to work on prescriptions and DM patient reviews.

Once IMC is given the permanent contract, they plan to be part of PCN and receive all the resources available.

Enhanced Services at Sandy and Flitwick – these are being reviewed at present. Watch this space.

- e. Blood testing availability – IMC now has 1 extra person to do bloods. They have added 1 x extra morning clinic, but not increasing it further until DNA rates come down.

There is also a Long Acting Reversible Contraceptive (LARC) clinic which started 3 months ago. We can now take away some of the work and pressure from iCash the local contraceptive provider in Bedfordshire.

Additional resource and funding enabled by e.g the LARC clinic has allowed IMC to invest more time and effort on chronic diseases - Heart Failure, COPD, Asthma, Severe Mental Health, Learning Disabilities, Dementia, Cardiovascular etc.

Blood tests are available at Bedford and Stevenage hospitals. Patients who are very elderly or with some long-term conditions can have blood tests at the practice.

- f. Flu & RSV vaccination progress – number of flu vaccines ordered was reduced this year, but this was utilised very well. IMC messed up sending invites before they were allowed by NHS to give them. Currently IMC has 160 under 65 vaccines left and 70 for over 70s. RSV is issued in 3 risk categories. 160 patients in Risk 1 vaccinated and only 3 waiting. Risk 2 there are 527 patients – this has started today. Risk 3 group has not started yet. Nurses have to do these vaccinations. The preparation is a powder which needs to be mixed. These will be prepared in advance on the day going forwards. RSV highest risk are patients with respiratory conditions aged 75-79.

2. **Plans for the Practice for the next 6 Months** - three areas of work to concentrate on. (1) Digital Triage system (2) increase best utilisation and number of appointments available (3) focus on quality work. All quality work should be GREEN.
3. **Contract Update** – BLMK ICB are reviewing all KPI information at present and working through a Direct Award process. If they can justify it, they will award the new contract to IMC. Currently the caretaker contract has been extended until 31<sup>st</sup> May 2025. It is hoped the new contract could be for a minimum of 5 years with additional years added. Once IMC are made aware of this award there will be a 10 day “stand still” process until it can be made public.

#### 4. **Any Other Business**

- a. Dopler test and stocking measuring – vascular dopler is not a general practice commissioned service. This is usually done by a vascular specialist. The practice has a machine that they use on diabetic patients to check foot pulses only. IMC does not have a specialist nurse qualified to do this for any other purpose. Without trained staff this would be unsafe.

Patients are being referred to vascular specialist for Dopler tests. There are no plans to introduce this service at IMC.

- b. Hearing aid repairs – Bedford Audiology hearing advisory services now run a clinic at Sandy Library once per month. IMC could make a space at the surgery if they wanted but it would only be for IMC patients. Dr Singh was given cards with details on.

**ACTION: KS to contact hearing aid service to see if it can be brought into IMC.**

- c. Solar Keratosis and Private Referrals in general - there is a long NHS waiting list for treatment. If patients want to go privately for this and any other medical condition they can request a private referral from the practice. There is no charge for this. If private medical insurance send forms to be completed by GP, e.g. approximately 6-8 pages long, then there is a charge for this.
  - d. BIGG Council Healthcare Review – people are asked to complete the online forms and give their views.
  - e. Sir Chris Hoy Programme – Chris has been diagnosed with stage 4 prostate cancer at the age of 48. His father and grandfather also had this condition, but he was not tested. There is a push to try and reduce the screening age to 45 from 50. Prostate cancer has been given £40M to research the best test for a national screening programme. Having cancer can reduce risk of dementia and vice versa.
5. **Date of Next Meeting** - date to be confirmed – February/March 2025 depending on the capacity of IMC to attend.