

THE SIDINGS
PATIENT PARTICIPATION GROUP
MINUTES OF MEETING 7th SEPTEMBER 2022

Present: Phillip Bosworth, Chair,
Sue Fidler Secretary,
Jane Bacon, Chief Operating Officer, Omnes HealthCare Ltd.
Lauren Hunt, Practice Manager
Trudy Van Haren, Deputy Practice Manager,
Sarah Hyde, Practice nurse

Attendees: Tricia Broughton, Elizabeth Brocklesby ,
Alan Pickering, Gordon Allen, Roy Humby, Susan
Humby, Lisa Clay

Absent: Tim Boardman, Gillian Brown, Alan Brown, Mike Forbes,
Judith Wortley

Apologies: Pat Bowles, Rebecca Gardner, Ann Martin, Janet Barton

Minutes Approved re: August Meeting.

Matters Arising: none

Chair confirmed Terms of Reference have not been completed yet due to problems with desktop PC and Printer..

Chair to put together a questionnaire to the group about an age restriction question re: adult 18

Introduction re: Jane Bacon, Chief Operating Officer, Omnes Healthcare

Jane briefly introduced herself outlining her strategy to learn, engage, hearing the patient voice and work with the group stressing feedback as crucial and welcomed. There being a full program to hand, including Flu and Covid winter Vaccination etc. along with the introduction of Contractual changes over the coming weeks and months. It was hoped at future meetings Contract changes would be discussed.

Jane expressed her appreciation of PPG s and their efforts to improve service in General Practice, and wishes to improve their involvement in PPGs and improve the representation from Patients of all sectors on the Patient List.

Jane wishes to help to improve the service to Patients at the Sidings and she also wishes to support initiatives to gain an overview of health inequality, support groups and feedback/thoughts, all of which will be gratefully received.

JB briefly outlined her background and Omnes Healthcare re: General Practice being 17 years as Director of Primary Care Operations, and explained normally Kevin Murphy would have been in attendance today, Kevin being credited with

forming GP Omnes. She would share the KPI's (key performance indicators) of the contract, with the group next time.

JB confirmed TUPE undertaken re: The Sidings GPs and Staff now employed by Omnes. It was hoped staff numbers would increase and in particular GPs.

Formed in 2006 Omnes has only two main divisions General Practice/ Primary Care with nine GP Practice Sites. Then Omnes has a secondary care division with some similarities to LCHS like: Dermatology Services, Ear Nose and Throat and Cardiology. All work is on the NHS Contract and no Private Services.

The Sidings senior management and clinical lead have support provided by Omnes Human Resource Department and a Finance Department including the running of payroll and paying bills consequently relieving GP staff to undertake more appropriate work.

A short discussion took place explaining the type of Contract now in place. Omnes have 16/17 years experience (and founded by GPs) with GP Practices. A GP Contract has a tariff per patient registered with the practice, known as a global sum – a national tariff given annually by NHS. Omnes wish to recruit locally for clinical staff but some admin can be done remotely. JB mentioned that part of the back office services may include prescriptions. There was some discussion speaking of the Sidings staff, with a local multi-disciplinary team to be enhanced by the PCN “enhanced services” which come with funding only by being a part of the PCN.

Views were expressed that services needed to improve and as Lincolnshire is a massive rural county and local services are very important as 30 per cent of the population are without cars. JB said they need to reactivate and relaunch a number of enhanced services which ceased during Covid as detailed in the contract. The services to restart were minor surgery, “lumps and bumps” and Barometry (with training first) plans were to be drawn up by Lauren, a copy of which would be given to the PPG /PB within the next few weeks. There is a Flu and Covid campaign.

It was reported that there was a challenging document re: the recovery from Covid also, of 600 pages. A short discussion took place. JB said the needs would be divided up into bite-sized chunks to action.

It was brought up that the letter advising patients of the change to Omnes could have been worded more clearly as certain patients have interpreted it as the Practice was being “privatized” and patients would have to pay.

JB suggested perhaps Posters in the Surgery could be made to provide reassurance with regard to the new management being no different to any other GP practice, working solely on an NHS contract.

A general discussion took place re the size of the PPG and facilities and practicalities with support offered by Omnes.

PB felt the younger generation should be better represented within the Practice for example Carers, Younger Generation, and Patient Ambassadors perhaps and many ideas presented. Suggestion made to set up a patient mailing list [with permission obtained to use their email] to send out information, surveys and obtain (improved) feedback from many of the 17,500 patient list who are able to access email.

JB explained that for the next meeting she would inform the PPG of some of the initiatives used at their other GP practices – for under 18s, Carers and unrecognized Carers etc. Also suggest inviting guests to the PPG, e.g. to speak about illnesses some of the patients may have.

JB mentioned that previously to Omnes the practice under LCHS contractual management was illegal as they did not offer the required digital services.

At this juncture Mark Hindle of Evergreen was introduced via video updating the group on the first month's run.

Mark reported some difficulties with access by patients, but patient engagement was positive. Heavy engagement via phone re registration/requests; additional support given by Evergreen Help Desk 30/50 patients daily. To date around 2,800 patients are online confirmed. Phone waits are down but it is anticipated demand will increase as winter approaches.

Staff experience.

It was confirmed support work was in progress due to mixed messages given to patients and continues to be a work in progress. All demand is visible on the new system from 8 am {as people are trained to call in at 8 am} enabling true demand to be seen as all requests are visible. There are approximately 5,000 who have used the Sidings online system so as approx. <3,000 are registered as using the App at the moment, leaving approximately >2,000 yet to connect. That leaves around 12,500 patients who will be potentially at some point calling in to reception unless more can be persuaded to use the App, but that means information and dissemination to people who so far have not used the Sidings online web-site services, since pre-Covid and post-Covid.

PB expressed concerns re: the Blind Society in particular, asking if Sue Swinburn, Chief Executive of the Blind Society has been contacted? Sue posed some questions to PB to present.

Q.1 How does the Practice contact people experiencing sight loss under the new system?

Q.2 The Service Provider has a legal duty not to discriminate re: access to services digitally. So can the practice evidence how they have complied?

Q3. How are patients with learning difficulties going to be supported to access digital services?

It was confirmed by MH that 89 people were registered with site impairment and 500 with related conditions.

It was confirmed that Lauren would follow up with ICB who act on behalf of these groups re: work in progress. The default position is that clinics will be open for business as normal and training will continue for digital awareness, and at weekends. Discussion was held around proxy access to the APP and using social media etc to raise awareness. Also to use monitors in the reception using sub-titles and elsewhere where appropriate.

A question was asked as to who sets APP access and how?

Access is set by the Practice, some inconsistencies noted, e.g. boxes being ticked incorrectly. Full medical record access should be set from the date you request it.

ACTION: It was anticipated a demonstration be given by Mark Hindle at the next PPG meeting.

It was agreed navigation needed improvement from feedback. Also from the 1st September at the end of the contract, the Sidings Website changed and the APP has been pointing to it.

From the 1st November using the NHS APP patients will have full access to NHS records, (unless opted out). It is anticipated that full access to the NHS records re: the Evergreen App will be on 1st November 2022.

Safe guarding concerns were expressed by members and it was felt that Patients needed to be made aware of this when accessing records. Mark explained that depending on the NHS codes that access to certain records may be restricted for various reasons. One member expressed difficulty re: access. It was also confirmed that access to medical records would be confined to only GP records. Work on the App continues.

GP recruitment and “multi-skilled” training of Reception Staff will be ongoing in order to improve communication and enhance retention and it was confirmed that Communications will be discussed further at the next meeting along with feedback re Ask my GP, just four days into the Contract, with GP training in practice.

ACTION: Communications on agenda

NAPP update:

The payment was confirmed and a Certificate received accordingly. It was suggested that the certificate be mounted on the PPG Notice Board.

Flu Clinics:

A general discussion revolved around Flu Clinics and a possible survey undertaken. Request for written suggestions made. **ACTION:** agenda item

A brief discussion re: flu clinic dates along with a request for volunteers to cover the four Saturdays was the final topic.

Meeting ended at 6.30 pm.