

Dr PAA Wood & Partners
Patient Participation Group Meeting
Minutes of Zoom meeting
Wednesday 6th October 2021
Park Farm Medical Centre, Allestree, Derby

Present: Dr Paul Woods, Geraldine Comery Practice Manager, Margot Keats, William Keats, Glenda Youde, Richard Smith, Teresa Kennedy, Andy, Carol Richardson, Lynn, Val Haylett Chair, Roger Haylett,

Apologies: Jackie Shaw

Val Haylett agreed to be Minute Secretary for this meeting

Meeting opened at 7pm.

Apologies from Jackie Shaw

Val Haylett welcomed everyone. The apologies from Jackie included a message to say she was currently using an excellent app with mini videos to help exercise her hand for carpal tunnel symptoms, provided by our Guest Speaker for the evening, Kevin Huffington, First Contact Physio (FCP)

Kevin Huffington explained that FCP is a relatively new role that has been rolled out across the country. Approximately up to about 30% of GP queries relate to Musculo skeletal (MSK) problems. This is a new progression for physios, many physios around the Derby area are involved in this service. The process is when you ring the Practice and you have an obvious MSK problem, neck pain, back pain elbow pain etc, the Reception team may well put you straight through to the FCP service instead of to the GP. Feedback shows that the service is well received by patients who like the service.

FCP contact is like a mini-GP role, but they are clinical based, not medical. They are all experienced physiotherapists, at least 3 years in practice, what is known as Band 7s. What they are trained to do is when they assess the patient if they do feel the problem is more medical based, they will pass you on to a GP. No contact gets lost, they are all very experienced clinicians, when the patient is assessed, if needed they will speak to the GP.

FCP conduct regular questionnaires to obtain feedback to check on the service. As this is a relatively new service, the FCPs must gather this information, there are no statistics currently but the feedback from various PCNs is good. The FCP role allows them to manage patients at source. If you speak to a FCP they will triage your condition, if there is a requirement to see you F2F they can book you in for about a 20-minute appointment, on the same day to analyse your condition and then manage from there. The FCP like the GPs can refer on, so they can, if required, refer you onto the Practice MSK physio just the same as the GP would for further investigation and whatever else may be indicated. This is processed by the admin team and approved by the GP. Nationally FCPs can't refer direct without the GP approval.

Typically, this is what FCP is about, this is still an evolving service but the feedback from the medical and the patient side is very positive, so it continues to be rolled-out. The FCPs go through training and there is currently a directory of FCPs being collated. As the service develops it may well go on to include steroid injections and basic prescribing such as Nurses are trained to do.

A PCN can vary between 6-11 Practices if not more. The Greater Derby PCN (which Park Farm Medical Centre is a member) is comprised of 11 Practices and have 4 FCPs full time. All these Practices feed in to the local FCP who is based in one of the Practice buildings. The FCP service does not treat, they will assess and diagnose and give you advice. If needed they will refer you into the physio service. They will give advice on exercise programmes, pacing strategies and information/educational sheets on how to manage as best you can. They arrange a follow up around 2 weeks later. They have the 2nd contact to find out how you have got on. If you have managed and things are improving then fine, if there is no improvement and you are struggling then you can be referred to the physio service. This is an overview of the FCP role.

There followed a lively Q&A session regarding the role.

Kevin then went on to explain that in general during Covid, people haven't moved around as much but they are now starting to go out more. Loss of some mobility has affected everyone of all age groups, including home working people. Generally, people have become much more sedentary, the advice is that all of us need to get out and move more often. Kevin said he would encourage everyone to just get out and walk. When in a sitting

position you should move at least every 60 minutes. The service works with people who are starting to feel some low back pain, hip pain, knee pain etc and if you can feel it building, the advice is to come out of that position and if you find that moving does help, try moving your hip or knee. If you can get out and walk then do so and move your joints, without irritating them too much.

Mobility is important. One top tip exercise for everyone everywhere, and especially for people as they get a little older and lose some mobility, is to do a double squat. A double squat is simply standing, making sure you are safe, hold on to the kitchen work surface or a solid chair back. Feet apart, nice straight back, stick your bottom out, feet flat on the floor and you simply bend your knees and squat. The importance of a double squat is function, particularly if you are getting in or out of a car, chair, or sofa, which is a double squatting movement. NICE guidelines recommend if you only do 1 exercise it should be the double squat. A single squat would replicate what you do on the stairs. These movements are much bigger than walking but if you can get out regularly once or twice a day for about 10 minutes, that would be the advice as to the best way to start.

Then consider a gentle routine where you do something like a double squat once or twice a day maybe with 5-10 repetitions. It just keeps things ticking over, to keep your strength and your mobility and importantly your function. Balance is also very important, especially as we get older when it becomes more important and is associated with falls and the damage that can be caused by falls. Leg strength and balance are very important. Simply, if you are waiting for the kettle to boil you can practise squats or you can practice balancing by standing on one leg whilst holding on to the worktop. You can do this for 3 or 5 seconds and then build the time up. If you feel safe you could try taking your hand off the work top. If you do this once or twice a day, you'll be surprised how quickly some of these exercises do help. These are the techniques that are taught in falls clinics. The real basic thing is to get out and walk once or twice a day, get your heart rate up if you can, push yourself a little bit, that's always good. Doing the double squat and the balance work is important and the older we get the more challenging activities become. Any age group can start with these simple exercises, whether up to 90-95 years, if they can do a double squat in a safe way, we would encourage it.

There followed an interesting Q&A session.

Val thanked Kevin for an interesting and informative talk and confirmed that details of the FCP service is on the Practice website.

Geraldine Comery, Practice Manager, then gave an update on the GP National Survey which is sent out and organised by NHS England not the Practice. The Practice receives the results every year. 287 surveys were sent out for the Practice, 129 were completed, that represents 1.01% of the Practice population which now stands at 12,700 patients. The Practice was very pleased to say that the percentage for the overall patient experience is up at 86% which is excellent because that exceeds the local CCG target, and it also exceeds the National average. Other areas where the Practice was above the CCG and National average were 'Easy to get through to the Practice', 'Experience of making an appointment' and 'Treating patients with care and concern'. The results which were about the same as the National average were things like the 'Receptionists being helpful' 'Satisfied with appointment times' 'Offered choice of appointment' 'Enough time given during an appointment' 'Confidence and trust in the Health Professional'. Slightly down was 'Support from local services' and 'Satisfied with the appointment that was actually offered'. Due to low number of respondents those 2 results could be down to just one patient's result. The Practice feel they are doing well and are really pleased with these results, a couple of similar size Practices in the Derby area were overall at 70% and 80%. The National Survey results are all online, to find search for GP patients survey and all the results for any Practice are available.

An individual Practice survey regarding the telephone triage service was carried out in June/July 2021, where approximately 140 patients responded. This was conducted over 1 week during which we asked some simple questions, how quickly did we respond and resolve the problem. 60% of patients said it was either within 3 hours or 4-10 hours. 24% said it was the next working day. It was felt this was an excellent result that most of the patients contacting us through the telephone triage are getting responded to during the same day which again was felt to be very good. 82% of patients said the service was better than expected during the pandemic so again that was an excellent result as well as we had all struggled during Covid, not just patients but members of staff as well. We have had staff absent with Covid or having to isolate due to family members affected by Covid. Resourcing within the Practice over the last 2 years has been very changeable so the results from our patients are really encouraging. People said they found what was most convenient about the triage system was that the team helped them get the correct care they needed; they were called back promptly, and the majority were happy with a telephone call back in future as well. That again was very encouraging as we really appreciate that this is new to a lot of patients. It is going well; this is the 2nd survey we have done on the telephone triage service and the results are just as high as when we first introduced it. We did ask if people had used 'Ask a question' on the website. The majority of patients said if they had used it, it was extremely easy to use; they liked that it was easier than phoning; a clinician contacted them back if it was needed; they were able to write lots of

information for the GP and they were able to make queries outside the Practice opening time. Again, the majority said they were happy to use that route into the Practice. So those are 2 surveys we have had and we are really encouraged by them - thank you to anyone who participated in either of the surveys.

Val raised a question regarding patients' comments about trying to ring in and find they are perhaps caller number 8 or more. Val said she had responded to the queries by saying that you do not need to ring at 8am in the morning. Personally, she had left ringing until 3.30pm 2 weeks previously and had received a call back before 4pm. Val asked the question regarding what times should or could you call the Practice regarding a problem hoping to get a call back? Dr Wood responded that the Practice does accept calls until about 5.30pm however, after that certain time it becomes difficult to fit in a face-to-face appointment if needed before the end of the day. Probably the latest time to call practically would be about 4.30pm. The later in the day it goes then the more likelihood that if it was urgent then the patient may end up calling 111. There are usually 2 colleagues working the Duty calls throughout the day. He explained he understood the discomfort about access, and they are trying to navigate the right balance of utilisation of the staff. Whilst GPs are manning the on-the-day triage calls and managing patients on that list either face to face or putting them into other slots there are less people to do the routine ongoing work, there are follow-ups and other work that also must continue. Things that are quite helpful are like the FCP physio service we discussed tonight, simply because a percentage of patients can be safely moved to associate professionals who can expertly support, advice and assess patients in a way that can be quite rapid. These aligned services are very useful, and I think there will be an increasing amount of ensuring that when the person contacts the Practice, they are seen by the right person the first time to support whatever the problem or condition is. We will continue taking on the day queries about medical issues until about 5.30pm by which time the GPs are completing whatever has happened through the day and any undue queries that have come through as the day has progressed.

Val then said on behalf of the PPG she would like to congratulate the Practice for the way the Flu jab clinics were being organised. The previous Saturday just over a thousand patients had been 'jabbed' in a very safe and professional way. A big thank you to all the staff who were supporting the efforts. Geraldine responded to say thank you. The Practice is only doing Flu Jab clinics currently, the Guidelines weren't clear on using Flu and covid together, so the Flu clinics had gone ahead and been booked. Regarding Covid boosters there are still quite a few unknowns about delivery and the operating procedures that would be required. The Practice is working through the regulations to see what can be done in the Practice, there is a potential for the Practice to use a site in Derby. The rules have changed recently to say you can have a Flu jab and a Covid booster at the same time, the two vaccines, one in each arm. Flu jabs we allow 2 minutes per person, whereas Covid involves a lot of questions and assessment and then there is a 15-minute wait afterwards that must be done on site. The details of the Covid booster came out so late we did not wish to delay our Flu clinics, so we got those booked. The Practice building does not easily cater for the timings of the Booster as only so many people can be in the building at a time, we would not have enough space for all patients booked in for flu vaccines to wait the 15 minutes. The Practice has arranged text messages for patients with mobiles and for others there is a letter being posted.

Under any other business it was asked whether in view of the Practice now having 12,700 patients was there a cut-off point when new patients would not be accepted? Dr Wood explained that that would not be seen positively by the local or national health authority. The view is that if you close your list, the services you can offer are limited. The general approach is that you must maintain an open list and then try and find the staff to support and service that list. We have maintained, despite difficulties, a decent level of GP and Nurse support at the Practice. It does get increasingly difficult, there is very limited Practice Nurse training services available and obtaining GPs is far from straightforward in the current climate. We are very mindful about our capacity, the number of patients and the number of admin staff. We try and push for additional colleagues when required or take on board a new trainee who is very helpful and has learnt well whilst being posted with the Practice. One of the reasons we have been a training Practice for several years is partly to maintain our sustainability in providing GPs and trying to get quality GPs through the door, so there is a rational for that route, even though at times it may be difficult for patients if they think 'Oh I'm seeing a trainee or a registrar GP rather than a Practice GP'

Geraldine then said there was to be some resourcing changes at the Practice, Dr Lenehan is leaving at the end of December. You may have seen or spoken to Dr Islam who was our Registrar in training. He has now completed his training totally and we are very pleased to say he is remaining with the Practice. We are also in the process of appointing another GP as well, we interviewed this afternoon. We are trying to increase our clinical capacity as well.

Geraldine added that there was to be a press release the following week as there is a meeting regarding strategic outline paper for primary estates within Mickleover and Mackworth, it will be a public meeting. The Practice is involved in that Primary Care estates review.

Val thanked everyone for attending and requested if anyone had an idea for a future speaker to please let her know. The meeting closed at 8.15pm

Future Meeting Dates: 5th January 2022 via Zoom

6th April 2022 via Zoom