

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION
GROUP HELD ON 31st October 2024 AT 14.00pm

Present: LR (chair), ED (secretary), RB, MC, SI, JC, AV

Apologies: MB and KG

Item	Description	Action
1.	LR thanked everyone for attending and everyone introduced themselves due to ARRS staff in attendance.	
2.	Apologies – MB and KG	
3.	<p><u>Minutes and matters arising from previous meeting.</u></p> <p>LR briefly discussed actions from previous meeting and confirmed ED had reminded staff about the option for patients to use the private side room of reception. ED also displayed posters in the waiting area, reception and on the calling board.</p> <p>LR confirmed she feedback RB’s positive feedback to staff regarding the telephones.</p> <p>LR said staff are currently updating all letters to use Arial font as suggested by KG.</p> <p>MC said on her way out of the building from the last meeting, she checked if there were feedback forms on front desk and was told there wasn’t. ED will ensure there are some feedback forms around reception.</p> <p>RB mentioned there needs to be a correction to matter number three regarding previous surveys. RB said every question did include reviews about what patients’ opinions were, so the minutes are not accurate. ED will amend them.</p> <p>RB asked if he could receive a copy of minutes going forward that include full first names rather than initials. LR explained that two copies of minutes can be prepared, one without abbreviated names for PPG members and one with abbreviations for the surgery website as normal.</p>	
4.	<u>Primary Care Network Additional Roles Staff (ARRS) Presentations.</u>	
4.1.	<p><u>JC - Occupational Therapist (OT)</u></p> <p>JC explained that she is an Occupational Therapist and discussed the inclusion criteria for patients. JC explained she only works with employed people. The exclusion</p>	

criteria are that she doesn't work with unemployed patients, anyone under 18's, **JC** doesn't accept people who don't want to work and anyone recovering from long term issues.

JC explained the role of an occupational therapist and that they carry out assessments and observations of patients. They evaluate how individuals are managing their daily schedules, primarily at work, but they do look at things outside of work that might be impacting the patient. **JC** can do sick/fit notes also. **JC** also supports patients if they need to leave work well.

JC said she offers patients up to six therapy sessions which can be lengthy appointments depending on the patient's needs.

JC explained she can refer to government schemes such as the government's Back to Work Scheme. She can also refer to other ARRS staff such as the first contact practitioners etc. **JC** said she can liaise with patient's workplaces.

JC mentioned she had seen around 155 patients between January 2024 to September 2024.

JC mentioned that the service isn't currently being utilised as best as it could be by Lupset surgery and said she is here at the surgery every other Friday. **JC** said she is trying to promote work with Lupset. **ED** will promote this via calling board and social media and posters.

JC discussed a few case studies as examples of the work she carries out and how she helped the patients. **JC** discussed positive outcome and impact on patients working lives as well as home lives.

JC mentioned feedback she had receive from some patients. **JC** then asked if anyone had any questions.

MC asked how long a patient must be off work before someone is referred. **JC** explained it depends, but typically when patients have received their second sick note which is usually around 2 to 4 weeks.

LR asked if patients need to be made aware they are being referred. **JC** said Yes, it is better to have been discussed with the patient first.

MC asked if patients know about this service as she wasn't aware of it herself. **JC** said no there needs to be a wider

4.2.	<p>knowledge of the service and with that in mind she had brought posters to the meeting so staff at the surgery can promote the service.</p> <p>RB said the service reminds him of something similar that was started in the PPG in the past and said it was something SI had dealt with. RB asked SI how different this service is to what she used to do. SI explained that what she used to do was more of a social prescribing and supported people in a similar but different way.</p> <p>MC said to JC that her workload looks big and asked if anyone else is helping JC or if there are any plans to grow the service.</p> <p>JC explained the service is small as it was started as a pilot scheme meaning there is only her at the moment, but she is receiving great feedback so is hopeful the service will continue to grow.</p> <p>RB said the cost of the service must be tremendous. JC explained the cost of patients being out of work is huge so the benefit of having the service outweighs the cost of providing it. JC explained she doesn't work with unemployed patients and only works with those who are in employment. This is because those who are employed, but off work are more likely to become even more ill the more they are off sick.</p> <p>LR thanked JC for her time and confirmed she will continue to work with JC to help with promoting and any other support she may need.</p> <p><u>AV - First Contact Practitioner (FCP):</u> AV explained what his role is and that he is a physiotherapist but mainly called a First Contact Practitioner or Musculoskeletal (MSK) practitioner. AV also explained that all the FCP's have done undergraduate courses for advanced practice for their roles and that he himself has a master's degree. AV said the service is a one stop shop for acute MSK issues.</p> <p>AV explained that most patients usually get better by the 12th week mark of therapy. Those with long term MSK issues can be referred on to such as Novus or the hospital, or to specialists such as trauma and orthopaedics, or rheumatology etc. FCP's can also refer to other ARRS staff if required.</p>	
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AV explained the service operates the principles of 'right person, right place, first time'. Right person, meaning there are six people in the team that provide expert MSK diagnosis. Right place, meaning the GP practice. First time, meaning no referral required to be seen by the FCP's.

AV explained what an FCP is and that they see patients with suspected or diagnosed MSK issue. They also look at how things that may impact MSK health such as diabetes or thyroid conditions any many more. **AV** said if he thinks other factors are affecting the patient he will speak to duty doctor in the surgery, or to the admin team if an urgent appointment isn't needed.

AV explained that three of the FCP's are injection therapists and carry out joint injections for shoulders, knees, and soft tissue injections. No staff as of yet are independent prescribers but do liaise with the GP prior to the appointments.

AV gave examples of patients who came to see him, how he assessed them and the outcomes.

AV explained the reason why the FCP service is available is because 14% of all GP appointments historically have been MSK issues, and there is less GP capacity now. The FCP's were brought in to free up GP's time to deal with issues that they are better at managing. **AV** explained the FCP's were brought in to help reduce workload of GP's.

AV briefly discussed some statistics from a questionnaire given to patients who had been seen by an FCP in around 680 GP surgeries around the country. The feedback from the questionnaire showed the service is efficient and is reducing workload of GP's.

AV said he works at all five West Wakefield practices, as well as surgeries in the Brigantes area.

AV explained that patients can book directly with the reception/office staff, to see the FCP's. Patients who speak to GP's first can also be booked in with FCP's. **AV** explained the FCP service offers a mix of face to face and telephone appts.

AV mentioned the inclusion criteria to be seen by an FCP includes all soft tissue injuries, arthritis of any joint, ankle sprains, changes to walking and post-orthopaedic surgery. The exclusion criteria is, they don't do paediatrics (anyone under 16), anyone who is acutely unwell, they don't do

<p>4.3.</p>	<p>medical management of conditions, women’s health, housebound patients, med reviews, or neurological and respiratory conditions.</p> <p>MC gave an example of when she used the FCP service previously and said she was very impressed and feels the service is excellent.</p> <p>RB gave an example of a situation he has experienced where he wasn’t offered an FCP appointment. RB feels he can help the care-navigator in choosing the correct service if he needs to next time, now he is aware of the service.</p> <p>RB asked if the FCP’s can manage the demand on the service. LR explained that the demand is monitored constantly. AV explained the demand is managed better now they have rooms in all five of the West Wakefield GP practices.</p> <p>RB asked if the FCP’s had done a survey. LR confirmed there was one already done around 6 months ago which showed patients didn’t necessarily know too much about FCP’s but did know a little.</p> <p>LR thanks AV for his time and explained the surgery will be promoting the ARRS staff and the services they provide and will be doing a newsletter for all of the ARRS staff. ED will add promotions to the calling board and social media.</p> <p><u>SI – Health and Wellbeing Coach (H&W Coach)</u></p> <p>SI explained who the team are and the days they work, mentioning that most are full time, but SI works 30 hours a week. They cover all five practices in West Wakefield.</p> <p>SI explained what health coaching is, stating it’s a service to support people in making lifestyle changes. They help with motivation and goal setting and offer a person centre approach. They believe we all have the solutions to problems within ourselves and they support patients in making these changes. SI said they also help with weight issues and sleep issues, stress and anxiety, and pain support. They support patients getting back into physical activity. SI said they help with improving long term conditions too and can also help with motivation.</p> <p>SI explained that the service is a partnership between the service and patient. The H&W coaches build rapport and get to know them. They are open and honest with patients and advise making small changes.</p>	
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SI said they offer both telephone and face to face appointments, stating that the majority seem to be telephone appointments as patients do like anonymity.

SI said they don't give out diet plans or deal with mental health. They don't offer help with alcohol and smoking other than helping to support if they are wanting to reduce their consumption, but don't support people with more complex habits such as alcoholics.

SI explained the pathway and said they don't do self-referral the moment. **SI** said patients don't have to be referred by GP, they can just ask reception to refer them.

SI explained the service will offer initial assessments where they explain the service and ask the patients what they want from it. **SI** said they do reject patients if they are not suitable for service. **SI** explained they build 'emotional toolkits' and offer up to 12 sessions, although they will offer more sessions on a case-by-case basis if needed. **SI** said they can refer to other ARRS staff if required.

SI discussed a case study as a positive example and gave examples of some weight loss and diabetes figures.

SI mentioned some of the projects she had been involved in previously, such as supporting patients with Cardiovascular issues, severe mental illnesses, and pain management service. **SI** explained the current projects she is working on is a menopause group in two surgeries (Lupset and Ossett). **SI** is also supporting patients with pre-diabetes.

RB spoke about a singing group he attends which is beneficial to many people for many things. **RB** thinks it is important for people to have company etc.

MC mentioned people wanting telephone appts and thinks that offering both face to face and telephone appts is a great thing for confidence building. **MC** feels if a patient is struggling with confidence and they speak to **SI** on the phone first, they may want to see **SI** face to face in the future due to getting to know her voice etc.

RB asked if **SI** see's people with Alzheimer's etc. **SI** said no, that's more social prescribing. **LR** said there are the care co-ordinators that see and support those patients.

LR thanked ARRS staff for attending the meeting.

5.

Autumn newsletter

LR explained she has briefly put together an Autumn newsletter and wanted to discuss what was going to be included in the newsletter and wanted to ask everyone's thoughts.

LR said she has included the following:

- Staff training days when the surgery is closed.
- Information regarding repeat medications and how to order them.
- Information regarding medication queries via Patches. (**LR** explained we will be moving towards having no prescription queries via telephone, they will all be submitted online, apart from those who are unable to use online).
- SMS booking links.
- Flu vaccines - vaccinated around 1300 patients over two days.
- Covid vaccines
- Information regarding evening and weekend appts at GP care at Trinity medical centre.
- Information regarding the surgery's new website.
- Promotion of the stop smoking service, menopause group and Pharmacy first.
- PPG promotion.

RB said he thinks it's already restrictive that patients can only speak to the prescriptions clerk between certain times of the day. **LR** explained this is restricted to ensure the prescriptions clerk has some protected time away from the phones to concentrate on the prescriptions.

LR said in the future we will be moving towards test results queries being submitted online, as many patients can see their results via online systems. Staff also ring patients for results.

LR explained the SMS booking links need to be promoted as we are using this option quite a lot now. **MC** asked what that was. **LR** explained what can be booked via booking links, such as blood pressure appointments and flu vaccination appointments and many more. **LR** explained how the SMS links are sent out to patients and mentioned that patients can also cancel appointments via these links.

	<p>RB said the newsletter should include messages which say 'good news' to bring attention to certain topics.</p> <p>LR said there will be a newsletter in future that will be dedicated to the ARRS staff and what services they offer.</p> <p>LR explained that links to the newsletter will be sent to patients via SMS and there will be paper copies in the surgery. The newsletter will also be added to social media and the website.</p> <p>LR asked if PPG members were happy with the contents of the newsletter. RB said he was and said he would advise mentioned wording it, so it shows the benefits for the patients. MC said she was also happy with the newsletter but would advise to show the benefits for the patients first and to make it colourful, so it catches the eye.</p> <p>LR said she is hoping to get newsletter out by end of next week.</p> <p>LR explained she will be looking at the winter newsletter next and said if there is anything anyone wants to add, to let her know.</p> <p>LR said she thought about doing a survey asking patients what they want in the newsletters, if they like it, if they don't like it, how often they want it etc, and said that feedback is appreciated.</p> <p>RB mentioned Friends and Family minutes from a previous meeting which said each GP surgeries surveys are bespoke to that surgery. RB said he doesn't understand what the title Friends and Family means. LR said it means, would you recommend the service to your friends and family.</p> <p>LR said she will send all PPG members a copy of the autumn newsletter with the meeting minutes and thanked everyone for attending.</p>	
6.	<p>Next meeting - 27th Jan 2025</p> <p>RB gave his apologies for the next meeting.</p>	