

Patient Participation Group (PPG) Network Meeting
8 June 2023 | 2pm – 4.30pm | Leicester Racecourse

<p>Representation from: Barwell and Hollycroft Medical Centres Castle Donington Surgery Castle Medical Group Desford Medical Centre Drs Virmani & Bedi, Whitwick Health Centre Grobby Road Medical Centre Highfields Medical Centre Markfield Medical Centre Northfield Medical Centre South Leicestershire Medical Group The Anstey Surgery The Central Surgery The Croft Medical Centre The Limes Medical Centre Uppingham Surgery Vale Medical Group</p>	<p>Integrated Care Board (ICB) representation from: Jacob Brown, Children and Young People Engagement Officer Alice McGee, Chief People Officer Birju Vaja, Insights and Experience Officer Jo Ryder, Experience and Relationships Manager Kirstie Swinfield, Partner Insight Senior Assistant Jit Parekh, Community and Stakeholder Management Officer</p> <p>External speakers: Rhonda Pickering, Deputy Director of Nursing and Quality, DHU Healthcare Judith Brown, Patient Engagement, Experience and Inclusion Lead and Accessible Information Standard Champion, DHU Healthcare</p>
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Welcome and introductions
Hosted by Jo Ryder

DHU Healthcare C.I.C (community interest company)– the future strategy
Presented by Rhonda Pickering, Deputy Director of Nursing and Quality; and Judith Brown, Patient Engagement, Experience and Inclusion Lead and Accessible Information Standard Champion (DHU Healthcare).

[Slides presented, which describe the services DHU Healthcare provide]

Question: What does DHU being a community interest company mean?
Answer: All profits are invested back into the company. Community interest companies benefit the community rather than private shareholders.

Question: On the third slide, under West Leicestershire Integrated Urgent Care Services, what are tier 1 and tier 3 services?
Answer: Tier 1 services are provided within hospitals, whereas tier 3 are provided out of hospital, such as your GP surgery or the home visiting service.

Comments:
The public do not realise that, when they contact NHS 111, they are not initially speaking to a clinician. DHU need to be clear with patients, as the job title ‘health advisor’ is misleading. Patients do not understand what ‘triage’ or ‘signposting’ means.

Comment: NHS 111 are not always able to make appointments for patients, as IT systems are not joined up.
Response: The decision was taken to remove access for non-clinical staff to book appointments, as many of the patients who appointments were booked for could have been more appropriately seen elsewhere, such as their local pharmacy.

Question: How closely does DHU work with the mental health central access points?

Answer: DHU does not have direct links to the Leicester, Leicestershire and Rutland (LLR) Central Access Point (CAP), but is building relationships with key stakeholders, particularly as it develops a better understanding of the demand for its services. Most of DHUs referrals come through GP services.

Question: Why has there not been an over 75s Covid vaccine centre in Coalville?

Answer: Query picked up outside of Network meeting.

Question: Does the Home Visiting Service operate during normal GP hours, as well as out of hours?

Answer: Linked with the Clinical Navigation Hub, the Home Visiting Service (HVS) provides a rapid response to illness and injury 24 hours per day. The service is provided by skilled and experienced health professionals, such as General Practitioners, Emergency Care Practitioners, Advanced Nurse Practitioners, Clinical Practitioners and, in addition during the overnight period, Community Nurses.

DHU deliver a rapid response, targeting patients who are at risk of admission or attendance at the hospital, reducing unnecessary Emergency Department attendance and acute admission.

The service also carries out visits to patients in community hospitals as part of the weekend admissions clerking service.

Round table discussion: PPG members were asked to work in groups to discuss their experiences of DHU Healthcare services and consider what they thought DHU Healthcare's top five priorities should be. Feedback will be used to help DHU to develop their future strategy and will be shared with the PPG network once collated.

LLR ICB – the future of our workforce

[Slides presented]

*WTE: Acronym for Whole Time Equivalent (full time hours)

Question: On the Primary Care (PC) View (*WTE) slide, why is Direct Patient Care roles (ARRS funded) listed twice?

Answer: This is based on where the funding comes from.

Question: Are exit interviews completed in Primary Care and if not, why?

Answer: There are 130 employers across Primary Care in LLR. They all work differently, some may conduct exit interviews and others may not, but they are not obligated to share that information with the ICB. We do have data for bigger organisations, such as University Hospitals of Leicester NHS Trust (UHL). The mechanism for the ICB to obtain this data from Primary Care will be to influence and support primary care colleagues to see the benefits of collecting it. There is a retention programme, which includes looking at data. We are looking how best to understand what the retention challenge is and what data we need to do that.

Question: The ARRS (additional roles reimbursement scheme) has been a big improvement for Primary Care; however, they are all short-term contracts, which affects retention. Also, the pool of applicants has not increased, for example, the practice pharmacists have left jobs in community pharmacies, creating vacancies and staffing issues in the community.

Answer: Professional leads are coming together to create a consistent offer. Honest conversations are taking place across the system and we know that we need to work together to avoid these retention and recruitment issues.

The PC City/County View (WTE) slide demonstrates a difference in people leaving or being attracted to jobs in particular geographical areas. The data shows that the communities of practice actions: bringing people together regardless of where they work, doing recruitment fairs and training together (so that people have access to the same development across LLR), appears to have helped to reduce the gap, meaning the percentage of primary care staff growth in the city versus the county is beginning to level out.

Question: Are the terms and conditions for GP surgeries all different?

Answer: Yes, as they are private organisations. Some practices see the benefits of consistent terms and conditions or using national terms and conditions, such as a reduced burden on HR and management, but not all surgeries are at that stage.

Question: On the PC Workforce Data ARRS and Non ARRS Workforce slide, why has the number reduced for some of the roles from 2022 to 2023.

Answer: For some of the roles, it is because we have been unable to recruit or retain staff and for others it is because we have changed the way we do things. When we recruited ARRS paramedics, we create staffing issues for East Midlands Ambulance Service (EMAS), so we changed the way we have paramedics in our practices by working with EMAS and developing a rota.

Question: Is there a problem with recruiting physiotherapists?

Answer: Yes – we're starting to have conversations with Leicestershire Partnership NHS Trust (LPT) and the local authorities about their physiotherapists, but the number of physiotherapists is low in all sectors. There is some work to do to attract physiotherapists and ensure there are enough training places.

Question: What is a general practice assistant? We had none last year and now we have 38.

Answer: General practice assistants provide a support role, carrying out administrative tasks, combined with basic clinical duties. They can help to free up GPs time and contribute to the smooth running of appointments, improving patients experience in the surgery.

Question: What monitoring is in place for online, phone and video consulting and what is the feedback?

Answer: A variety of feedback mechanisms are used, including patient satisfaction surveys, informal feedback via the PPG Network, quality visits. The feedback has been mixed, but also helps to determine if further training is required.

Question: How do practices establish appropriate salary and benefit packages for recruitment?

Answer: In LLR, GP surgeries can approach their PCN, the training hub or the ICB for support or job description templates.

Question: Where are we with staffing in regard to the development of community diagnostic centres (CDCs)?

Answer: When we write a business case for a CDC, we start with calculating the number of staff we would need, as well as considering our history for recruiting that number of people and the pipeline for education. We then complete a risk assessment to identify whether we are confident we will have the staff. We are relatively confident that we have the right pipeline for the CDC. It is about attracting staff, but also ensuring existing staff are in the right place.

Question: How does LLR compare to other areas of the country?

Answer: I (Alice) am also the Chief People Office in Northamptonshire. LLR and Northamptonshire are similar in terms of figures. Nationally, LLR is in the middle for retention, attraction and turnover.

Question: How does LLR share good practice?

Answer: Innovation involves learning from others and bringing in great practice, as well as spreading great practice in a systematic way. There are some good examples in the acute sector, but there is some work to do in terms of demonstrating this in primary care.

Question: How closely do you work in partnership with University Hospitals of Leicester NHS Trust (UHL)?

Answer: We work very closely together; I (Alice) speak to my equivalents at UHL and LPT most days.

Question: What role do you have in technology and artificial intelligence and what impact do you think it will have on workforce planning?

Answer: I (Alice) am the executive lead for digital and I have a team looking at what we need and what the future is. There is a national work underway, which we can learn from and utilise.

We must embrace technology to ensure we have enough workforce. Technology frees up time to deliver care, operations and recovery more quickly, e.g. shared care records save, on average, 30 hours a week.

PPG sharing knowledge platform

Presented by Birju Vaja, Insights and Experience Officer

Following the March PPG Network meeting, where several PPGs showcased their great work, it was evident that the PPGs would appreciate and benefit from a tool to share knowledge. At the April PPG Network meeting, we demonstrated the FutureNHS platform. Feedback was positive, so we have since created a workspace on FutureNHS called **LLR PPG Network Knowledge Hub**.

This is an online space for PPG members to share documents, knowledge and good practice. It includes a forum where you can start or get involved in discussions. There are also tools such as a countdown until the next PPG Network meeting and a handy search engine.

We can pass the insights that you share via the Hub onto our colleagues and partners across the local health system.

We have already added some resources and will continue to add things that may be of use to you, such as the PPG toolkit, campaign materials, vaccine clinic information or notes, slides and recordings from PPG Network meetings.

Once you have registered and joined the Hub, you will be able to add your own documents, such as newsletters or PPG meeting notes – any documents that you would like to showcase, may be useful to your peers, and you are comfortable with sharing.

We will email you all an invitation to join to workspace (Hub). You will need to register on the FutureNHS website to gain access.

You can personalise your notification settings, which we encourage you to do, as the default is to email you every time somebody posts on the forum. We will share a guide on how to change your notification settings.

[A slide has been added to the PPG Network meeting presentation post-meeting, to provide details of the Hub.]

Comment: It would be useful if the face-to-face Network meeting presentations were recorded.

Final questions/comments

Comment: It would be useful to understand more about the changes to the pharmacy, optometry and dentistry contracts and how patients may be affected.

Please email and suggestions for future agenda items to: birju.vaja1@nhs.net.

The next meeting will be held on Thursday 27 July 2023 at 11am online via Zoom.