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14 July 2020

**Minutes of Initial PPG Pre-Meeting**

Chair – Mr. S Andrews

GP – Dr H Grewal

**Agenda & Minutes;**

1. Evergreen Surgery – Start of contract 1 April 2020 – initially for 5 years with the option to extend

Background & Philosophy;

* Created Evergreen in 2011 following the merger of 5 surgeries at the Evergreen Centre
* Management team also oversee the running of Boundary and Chalfont Surgeries
* Combined patient list size of the 3 surgeries is 28,000
* With the addition of Ordnance Unity, this is now 38,000
* Philosophy is to work to address the challenges faced by patients in east Enfield
* Changing the health culture and behavior from one that is reactive – patients wishing to address immediate problems - to one that is pro-active – an emphasis on disease prevention, remaining well and maintaining good health for as long as possible. The aim is to narrow the health inequalities that blight Enfield. Patients in the west of Enfield live on average 7 years longer than those in the less affluent east of the borough
* To achieve this, the aim is to promote those interventions that genuinely make a difference such as;
	+ Immunisation in children and adults
	+ Participation in health screening programmes [cervical, bowel, breast]
	+ Promoting positive lifestyles – exercise, better diets and smoking cessation
	+ Active screening for early stage diseases – pre-diabetes, hypertension
	+ Aggressive management of long-term conditions to limit complications and extend lives – Diabetes, hypertension, chronic heart and lung disease, mental health
* To support this, any organisation requires good staff. Our emphasis is on moving from temporary to permanent staff, locally recruited, well trained and multi-skilled which are committed to our agenda
* Engaging with our patients and local community
* Engaging with our partners in health and social care and the third sector
* Using every resource we have available particularly the technologies that are changing how healthcare and self-care are provided
1. Staff – Review undertaken of staffing requirements at Ordnance Unity.
* GPs – Previously a reliance almost exclusively on locum GPs. We have recruited a number of permanent GPs and are seeking to recruit more so that we have a permanent medical staff with the use of locums kept to a minimum
* Nurses / Healthcare Assistants – The current staffing is sufficient for the surgery
* Pharmacist – The full-time Pharmacist is now supported by a large team based at Evergreen
* Paramedic – We have recruited an experienced Paramedic who can carry out home visits and support those who are housebound or in local care homes
* Reception & Administration – The current Practice Manager has chosen to leave and will be replaced by a team of senior Evergreen staff. We are upskilling the existing staff and seeking to recruit new additional members of staff
1. Processes – Significant changes have already been made and more improvements are planned. The changes reflect the feedback received from patients and staff and are the priorities identified by ourselves and NHS England.
* Telephony – A new telephone system was installed on 30 June. The new system has been introduced without any problems and is currently working as intended. Call volumes have already increased and we will monitor usage to ensure we manage the call volumes coming into the surgery
* Website – A new website has been introduced. The site is optimized for tablets and smartphones and offers patients the ability to message the practice, including GPs, Nurses and Pharmacist with questions, book appointments and request Fit notes, prescriptions and updates. It also provides access to a comprehensive list of local services and signposts patients to relevant websites that can support their care
* Appointments – The number of GP sessions and therefore appointments provided has been increased since April. The aim is to ensure the surgery provides appointment numbers commensurate with the size of the patient list and can address some of our key priorities. We are currently running surgeries twice daily and on Saturday mornings. Nurse clinics continue to run and offer childhood and adult immunisations, dressings, cervical smears and contraception. We will look to resume other services as part of the NHS Restart programme
* Technology – We have moved to a digital first triage model due to the current Covid-19 pandemic. Most consultations are now by telephone or video and supported by advances in text messaging that allow patients to share images securely with the surgery. While this has been accelerated by Covid-19, the NHS sees this being part of the longer-term offer for those patients that are suitable for it. Where needed, the surgery is seeing patients face to face for review and for routine care
* Blood testing – The surgery is offering blood tests to priority patients. These are those who require blood testing to monitor high risk medication and those with known or suspected long-term conditions that need to be monitored or confirmed. Ordnance Unity is one of the few surgeries in Enfield that currently offers this services on site
* Medicines –We are changing how medicines are managed to ensure safety and effectiveness. All patients are now asked to nominate a Pharmacy so medication can be sent digitally therefore minimizing footfall into the surgery and offering patients the convenience of collection medication directly from their local Pharmacy. Led by our team of Clinical Pharmacists, controlled medicines and high risk drugs have been reclassified to ensure we can closely monitor their use, avoid prescribing errors and reduce this risk of medicine related harm or drug dependency.
* Records – Our staff are currently engaged in reviewing patient records and ensuring all the key information is clearly stated or recorded
* Premises – New glass screens have been installed at Reception to protect staff given the current challenge of Covid-19. A new check in screen has also been installed and the self-check kiosk has been repaired and is now functioning
1. Priorities – We have identified a number of near-term priorities.
* Identifying patients with undiagnosed long-term conditions
* Ensuring up to date monitoring of high risk medication and controlled drugs
* Improving immunization rates in young children and smear rates in women
* Preparing for an unprecedented Flu campaign, one which will seek to immunize more patients than ever and do so safely

We plan to hold a wider PPG meeting in September with the aim of inviting as many current and new members as possible. We hope the meeting will also assist in helping to set the stage for delivering this year’s Flu campaign.

Dr H Grewal

GP