

The Family Practice Western College Patient Participation Group

Minutes of the meeting held via Zoom 13/3/2023

Present:

Jill White (JW) (Chair)	
Ann Nichols (AN)	
Adrian Longstaffe (AL)	
Mina Malpass (MP)	
Penny Dobson (PD) (Minutes)	
Ian Goodenough (IG)	
John Plumb (JP)	
Dr Mark Rush (MR) GP	
Kathy Turner (KT) (Business Manager)	

1. Apologies:

Nick Benson	Anna Goodenough
Keith Dawes	

- 2.** Mina Malpass was welcomed to the meeting as a potential new member; in an observing capacity today. Mina is the Chair of Age UK Bristol and has been a patient of The Family Practice (TFP) for over 30years; she had heard that some patients were having difficulty accessing their GP and wanted to learn more about TFP. The minutes of the last meeting 5/12/2022 were agreed and have been uploaded on to TFP website.

3. Matters Arising. Re: Item 3

The relative roles of “e-consult” and “contact us” has been clarified on the TFP website.

Item 4 There were no nominations for the post of Chair of the PPG and members did not like the idea of a rotating Chair. JW to continue for the moment.

Item 5 Energisers' Group (a new initiative from NHS England to help patient involvement/links between PPGs). JP represents our Practice PPG. JP reported from the meeting on 8 Feb. This was attended by Shane Devlin, CEO of our Integrated Care Board (ICC: a Board that has taken over from the Clinical Commissioning Group) and Nisa Mansen, Director of Performance. They are keen to set up new systems that help the partnership with patients; one proposal is a “Lived Experience Group”. They are also putting together a Primary Care Review Plan and a Workforce Recovery Plan.

Action: JP will bring details of these plans to the next meeting

4,5 Operation Manager/General Manager's Reports (KT)

Staffing

Dr Burrows will be leaving 29/3/2. We have 2 GPs who will be going on Maternity Leave (not at the same time). We are trying to recruit GPs but the market is very sparse and very competitive

Receptionists

One has left and the person who was recruited didn't work out so we are advertising again. Whilst the market isn't as bad as it was before, it is tricky. Many apply for jobs and say they'll turn up for interview and do not (no communications as to why not!). There are some long standing members of the reception team and inevitably some who are younger and more transient. The Practice has looked at pay rates – and pays reception staff more than many Practices. AL said that he has had very good recent experience of receptionists. JW said that the new answerphone message gives a much clearer message.

Clinical Pharmacists

Two new clinical pharmacists are starting with the Practice – Yin Wong and Adyta Mis. They will help with pharmacy scripts and medicine reviews.

Do Not Attends (DNAs)

GP DNAs Jan 2022 – Dec 2022 = 107

Nurse DNAs same period = 199

We discussed the message that is being left for patients on occasions when the GP is delayed with an arranged phone call; just saying that they will call back at another given time. Members feel that there should be a more courteous message, with an apology and a hope that the new time will be convenient. Patients often re-arrange their lives for the timing of a telephone call – and it must not be assumed that a revised time will be convenient.

6. Pharmacy Hub (KD) KD gave his apologies, but will forward his query (see below as an addendum)

7. Energisers' Group (JP) (see Matters Arising above)

8. Cryotherapy /Skin Care Clinics.

JP raised again (raised Jan 2022, with the following minute); the Practice does not seem to have a skin freezing (cryotherapy) service. JP was not able to find any such service on the NHS in Bristol, so had to go privately. MR said that, following a central NHS review, this service was no longer being funded; the vast majority of skin problems that had previously used this service can be well addressed through self-management. However the Practice has reinstated its minor surgery service, led by Dr Rush. Dr Rush will carry out minor surgery on request from colleagues on “non suspicious” lesions (lesions of concern will of course be referred for a dermatology opinion).

ACTION: JP to draft a note for the website for patients who have a range of problems that are no longer funded by the ICC eg finger warts, ear wax removal, varicose veins treatment and explaining the role of local pharmacists for self care.

9. Continuity of Care (JW,PD,KT)

The issue is how easy it might be for TFP to adopt some of the “continuity of care” procedures that have been identified at the Horfield Practice – and have been investigated further by KT. This was discussed at a Family Practice Management Meeting. Despite full agreement that the principles were very good, it was felt that these could not be easily transferred to TFP as the patient demographic is very different from Horfield ie relatively fewer families and a less stable population; also a far higher proportion of mental health issues. JW thought that a continuity of care model would particularly suit the older population in the Practice – and this would be cost effective she thought. MR said that they had looked in all ways to achieve more continuity of care – and each GP has 2 follow-up slots for each session (4 a day), which did partly meet this need. New cancer diagnoses are automatically slotted in a follow-up appointments.

MR said that the Practice had, pre pandemic, recruited a Mental Health Nurse Practitioner, with funding from the One Care Commission, on a pilot basis. This had been successful, but funding has not continued. PD raised whether there could be a lobby for funding to be re-instated, given the success of the programme – and the high need in this Practice? JW asked whether there had been a report on the pilot.

10. GP report (MR)

MR reported that there are 2,000 fewer GPs than 8 years ago, but a 17% increase in patients per GP over this period (in England). Everyone is doing their best to meet the increase in demand. He is keen to make sure that the GP workload is evenly distributed, so that the longer serving GPs do not get all the serious conditions. He said that the move towards more “joined up” work with secondary care will result in less duplication over the next 5-10 years. MM said that Age UK has been

given money to improve self - help and keep older people active, something JW reported was being given time to debate at government level.

AN asked whether there had been any indication of a follow-up Covid vaccination programme, but the Practice had heard nothing.

MR reported that the Practice is outgrowing its premises, with now a constant challenge to find space for new members of staff.

ACTION: IG offered to have another look at the architectural plans and advise.

11. AOB None

12. Dates of next meetings

5/6/2023

11/9/2023

11/12/2023

Addendum: Pharmacy Hub

KD raised the issue of lack of information on the TFP website about the role of the Pharmacy Hub and details of the Hub team, ideally with photos. His concerns came about as a result of some recent texts asking for details of his height and another text asking whether he would be willing to change to a cheaper anticoagulant.

PD 16/3/2023