

The Family Practice Western College Patient Participation Group

Resume of the meeting held 15.05.17

Present:

Keith Minty (KM)	Penny Dobson
Dr N McGuinness (NM)	Ann Nichols
Jill White (JW) Chair	Ian Goodenough
Georges Ware	Paul Roberts
Jim Jarman	Sue Sopol (SS)
Ilfra Jarman	Jane Redman
John Plumb	Catherine Hutton
David Shelton	Joseph Hutton
Ann Light	

Apologies:

Ruth Baker	Jane Ward
R Barot	
S Brazendale	
Catherine Eva	

1.0 JW welcomed new members Joseph Hutton and David Shelton, plus Sue Sopol, Reception Supervisor at the Practice

The Action points from the previous meeting were read and confirmed as accurate.

2.0 Meeting with Reception Supervisor, Sue Sopol.

Sue Sopol gave a presentation about her role and that of her staff. JW when introducing Sue emphasised that this was not an opportunity to put forward complaints but for the group to better understand the workload and pressures the department deals with - and for us to learn how better to help her and her colleagues and to share that info..

Sue raised the issue of patient expectations and touched on some difficult issues relating to phoned-in appointment requests, with some patients wanting to see their named doctor. This was mostly senior patients, but there were others. The older patients were brought up on 'old traditions' of seeing the same GP each visit. Her staff are trained to handle difficult callers, which are the minority.

The issue of receptionists asking why the patient wished to see the GP was causing minimal problems and was of great assistance to the GP.

A Duty Doctor is always available for urgent cases - phone in at 8 a.m. for morning availability and 11.30 for Duty Doctor afternoon appointments. The process is:- 1) Duty Doctor for that morning or afternoon for urgent cases 2) **Wait time of 1-3 weeks to see GP of choice for non-urgent matters.**

The Online Booking was touched upon - about 20% book on line.

The group was concerned for Receptionists' welfare but Sue was very confident that they were well protected and trained to handle demanding patients. Morale was good. There is a CCTV pointing on the receptionists' area at the desk.

Receptionists interchange between front and back office duties on 2 hourly shifts and everyone answers the phone wherever they are sitting.

Back room staff deal with prescriptions, follow-through letters and keeping files up-to-date etc.

All Agency Receptionists are inducted to understand Practice Procedures before starting.

There is a language service for overseas patients.

NM said that Primary Care is changing – with a gradual move towards more use of phone, skype and email.

Sue concluded by reassuring the meeting that she had good reliable, enthusiastic staff who, like herself, enjoyed their work.

The consensus of the meeting agreed that we the Practice patients were very well served

JW warmly thanked Sue, who had agreed to give the presentation at fairly short notice.

3.0 Update on Practice Issues - KM

- Additional telephone lines were installed 12.04.17. We now have 8 lines in and 4 lines out. Currently reviewing demand to see if this is enough but limited by number of staff available to answer the phones. There is the possibility of additional funding via One Care to replace the phone system completely which could provide wireless headsets, call recording etc.
- The CCG replaced 19 PC's and provided larger monitors for key staff- reception desk and document handling staff now have two per PC which helps switching between programmes.
- Our core income per patient has been confirmed by NHSE to include the additions mentioned in the press. Unfortunately due to the impact of the PMS review our income is marginally less than in 2015-16 despite servicing additional 1400 patients.
- We continue to generate as much additional revenue from enhanced services and QOF. This year following a lot of hard work on prevalence we managed to avoid this dropping due to changes in national prevalence figures.
- Hotwells surgery closed on 31.03.17. It had been expected that the Pioneer Group (Bradgate/ Lawrence Weston and Avonmouth). A deal with rented premises in Hotwells fell through at the last minute and Pioneer withdrew. This mean NHS England had to find a home for 3200 patients amongst local practices here and in South Bristol. We have registered 101. Pembroke Rd have registered in excess of 800 and Whiteladies in between. This is inevitably impacting on service and appointment availability.

- On Friday we undertook a staff feedback session with all staff discussing items- Appointment access/ Communication with patients/ Internal communication/ Premises and staff welfare. A very positive session held with items being fed into the partner strategic planning day on 16.06.17.
- We are considering phasing out the voicemail facility for prescriptions. This is outdated and prescriptions can be ordered on line, eps or via the chemist. Welcome any feedback on that.
- Premises- stalled somewhat- Head Honcho from Historic England and the Chief conservation officer have been and do not like the plan to cover up the TR fireplace to enable separate rooms to be created. On hold until after strategic planning day 16.06.17

DS suggested that the PPG could usefully feed into the Practice's Strategy Planning – if this was felt to be helpful. This could include input from patients generally.

ACTION: KM to bring back ideas from the Strategy Day on how the PPG could help.

KM pointed out the PPGs Terms of Reference (on the reverse of the agenda)

ACTION: KM to update staff photos in the reception area and put these and the PPG Terms of Reference on the website

4.0 GP Update

NM outlined that the Practice is in a better place than a year ago – when there was a workforce crisis. The Practice is delighted to welcome a new Partner, Dr Sachdeva – who qualified 3 years ago, is keen, has a broad experience and is business minded. Dr Rodriguez will be leaving at the end of this month to go to Canada with her husband (we hope that she returns to us!); Dr Powell will soon be back from maternity leave and **Dr Boon** will be back in January. In short the political situation remains appalling – but the team is in good shape. The coffee morning meet-ups are proving successful.

5.0 One Care Consortium Update (JW)

The new and revised One Care programme started on April 1st. It began 3 years ago with 100 attendees at the first planning meeting, including patient representatives. JW no longer has to attend meetings as in the start-up phase – but still provides input by email eg recently on the wording of One Care's Vision and Plans.

NM said that One Care was a positive force for the Bristol practices – particularly providing resources to aid Practice functioning (eg provision of statistics) and promoting ways for inter-practice work.

PD asked whether there was a volunteer programme to bring patients who needed help to Practice appointments. KM said that there is a programme – but the problem is finding volunteers. JW asked if PPG members could volunteer. **Two members volunteered.**

6.0 Future Plans

There was a discussion about the value of speakers. It was felt to be a good idea. IJ suggested a speaker to help us to understand how the Practice deals with patients with mental health problems. This was felt to be a positive idea – possibly with a member of the mental health team giving a brief outline. NM encouraged us to accommodate contributions from the team. There was also the possibility, mentioned at the previous meeting, of a representative from the One Care Consortium giving a presentation on their work. It was agreed that we could invite both speakers for the next meeting.

ACTION: KM to invite a member of the Practice's mental health team to the next meeting

JMW to ask a representative from One Care Consortium to this meeting.

It was agreed that there would not be a formal practice update at this meeting.

Date of next meeting: 17 July 2017 7pm