

## The Family Practice Western College Patient Participation Group

### Resume of the meeting held 19.03.18

#### Present:

Keith Minty ( KM)	Jill White Chair ( JW)
Denise Williams (DN)	David Shelton
Ann Nicholls	Catherine Eva
Ilfra Jarman	John Plumb
Jim Jarman	
Georges Ware	
Ann Light	
Paul Roberts (PR)	
Ian Goodenough	

#### Apologies:

Fiona Mackenzie	
Penny Dobson	

#### Retirement of Keith Minty

Keith Minty confirmed that he would be retiring at the end of June 2018. The partners acknowledged that the role had grown substantially and had already appointed a part-time Operations Manager. The interviews for the new Business Manager will take place on 26.04.18.

#### Denise Williams- Operations Manager

Denise Williams confirmed that she had a career in Primary Care stretching back over 20 years. Initially this was as an assistant manager in a local practice and then moving into the Primary Care Support Agency based in central Bristol. The NHS then took the decision to outsource this role to Capita and Denise was made redundant in September 2016. Over the past 12 months she has worked as a "Patient Champion" for six practices in the Inner City and East. This role involved providing information to patients on what statutory and voluntary services were available to support their care. The role has recently ended as funding was withdrawn.

Denise will be responsible for the management of Western College; the co-ordination of GP appointments and the co-ordination of CQC evidence. Denise will be responsible for organising future PPG meetings.

#### Update on events since the last meeting.

- The new telephone system has been partly installed. We await the inclusion of various firewalls to enable it to fully integrate with emis the clinical system. This is disappointing as we were led to believe that this would occur concurrently. The queuing system is operational and we have seen some improvement in answering times. The demand on the

system remains high and we do struggle on occasions to have sufficient staff to answer as quickly as we would like.

- We have abandoned the refurbishment of the treatment room. Costs were escalating to in excess of £120K to move a wall by 1m. There were concerns over the flooring and the installation of portakabins would require cranes and the closure of the road. Instead all have agreed on a makeover to include a breast feeding area in the lobby; new units and sinks inside and more integrated use of GP rooms. It is clear that the longer term agenda is for seven day working which to some extent alleviates the problem.
- Dr O'Connell has been given a permanent contract for 4 sessions per week following the completion of maternity cover for Dr Boon.
- Dr Mears has been taken on for 2 sessions per week under the GP retainer scheme.
- The treatment room are now fully staffed following the appointment of Donna Dunkley who is already experienced in primary care.
- We provided 1900 flu vaccinations and were above average in all categories across Bristol. This represents a huge effort by the treatment room staff.
- Next year the DOH has requested that a trivalent vaccine is provided to all patients over 65. <https://www.england.nhs.uk/wp-content/uploads/2018/02/vaccine-ordering-18-19-influenza-season-gp-pharm.pdf>

There is currently only one manufacturer in the UK so we have some concerns over supply but have placed an order.

- The Reception team now use an appointment decision guidance chart to ascertain the urgency of an appointment. This has been written by the GP team to ensure that the patient is provided with an appropriate appointment type and clinician. This has been well received by patients. The team are also able to provide more signposting information for ancillary services.
- In order to improve appointment access we have created a number of appointments available within 72 hours for conditions which are not urgent but cannot wait for a routine appointment.
- We have experienced a substantial demand for GP appointments over the winter period to the extent where we are considering whether Mondays will be for urgent conditions only. This would however mean a reduction in pre bookable appointments later in the week and so remains under review. We currently provide 56 GP sessions per week which equates at 728 GP appointments
- The Locality Transformation Board for Bristol North and West has been established. Dr McGuinness is an elected GP member. This board has responsibility for undertaking the initial work of implementing the STP (Sustainability and Transformation Project) i.e. the integration of secondary, primary and social care.

### **GP Update**

Unfortunately no GP was available to attend the meeting on this occasion.

### **Feedback from the OneCare Patient Group.**

Paul Roberts and David Shelton had attended the recent OneCare patient group.

Paul expressed concern about the funding streams for OneCare and the fact that this was a private limited company. KM confirmed that this was correct but without One Care we would not have been able to access government funding.

David Shelton outlined the following initiatives:

- **GP teamnet Portal.** This comprises intranet software to improve communication between practices and to enable practices to store and share information.
- **Employment microsite.** This is an employment website promoting employment opportunities outside the area.

Both David and Paul confirmed that they were impressed by the efficiency of OneCare and the work which they were undertaking to support practices in a difficult and ever changing environment.

### **RSVP- Retired and Senior Volunteer Programme.**

[www.rsvp-west.org.uk](http://www.rsvp-west.org.uk)

Denise Williams gave an overview of the work undertaken by RSVP (Drivers and befrienders). It was agreed that we would ask the Co-ordinator to attend the next PPG meeting.

### **Requests for future speakers.**

Jill White had requested suggestions for external speakers to attend future meetings. John Plumb enquired whether anybody from the CCG would be available to explain the new structure. KM agreed to see if anyone was available in the future.

### **Toy Cleaning Rota.**

Catherine Eva confirmed that this was happening on a regular basis.

### **Confidentiality**

During discussions the issue of confidentiality was raised. Whilst specific patient details are not discussed, the practise protocols and processes sometimes are. It was agreed that members of the PPG should be asked to sign a confidentiality agreement. Denise confirmed that she had used this previously and would obtain a wording for discussion.