The Family Practice Western College
Patient Participation Group

Resume of the meeting held 23.05.16

Present:

Keith Minty	
Darren Smyk	
Jill White	
Georges Ware	
Jim Jarman	
Ilfra Jarman	
John Plumb	
Catherine Hutton	
Anne Light	

Apologies:

Ruth Baker	
Catherine Eva	
Penny Dobson	
Ian Goodenough	

Feedback from the CQC visit

- Overall the day went well.
- The rating and final report will not be received for 6 weeks.
- We received good feedback from patient cards: the PPG representatives and thank you letters.
- The Inspector raised some concerns about the building which have now been resolved.
- KM thanked those PPG members who were able to attend on the day.
- As a practice we felt that it was a useful and constructive process overall.

Feedback from the One Care 7 Day working workshop

- See attached resume.

What has happened in the practice since we last met?

- The specialist mental health nurse has been appointed and is being well used. She will see patients suffering from anxiety and depression for initial diagnosis and follow up. She is currently seconded from One Care Consortium and employed by

Avon and Wilts Mental Health Partnership. If successful we may employ a nurse across the Federation group in the future.

- The practice has joined the One Care Consortium physiotherapy pilot which enables patients with musculoskeletal problems to receive same day telephone triage or next day consultation. This is considerably quicker than a referral to physiotherapy.
- Dr Bailey left the practice on 11.05.16 by mutual agreement. An advert for a replacement has been placed with a closing date of 31.05.16. We are aware of a national shortage of GP's and have had minimal interest in the post to date. Details available on our website http://www.fpwc.nhs.uk/info.aspx?p=13

- Dr Freudenstein officially leaves on 03.06.16 to join his wife in Australia. Due to delays in transferring his medical certificates he will be undertaking some locum work until the end of July.
- The project to text blood test results will go live on 06.06.16. Further details will be made available in due course.

Update on the PMS Review

- Our funding has been cut by £53K in the current financial year increasing to £269K by 2020.
- We have the opportunity to "earn back" some £29.7K per year (increasing to £148.5K by 2020) by providing specified non-core activities (see attached list).
- In order to offset the reduction in income the practice will continue to reduce costs by working in different ways and not replacing staff that leave. Inevitably this may lead to a reduction in service levels and waiting times.

Launch of Federation to practice staff

- The concept of the Federation was launched to the staff of the three practices on May 12th 2016. Further information will be made available to patients in due course.

Update on the building extension

- The funding application is still being considered by the CCG.
- The Planning application is currently being considered by Bristol City Council Planning Department. Issues requiring further discussion include the impact upon neighbouring trees: a requirement for solar panels on the extension roof and the retention of the original door to room 4. The decision has been delayed until these issues are resolved.

Possible topics for discussion at future meetings:

- The role of the Nurse Practitioner.
- The transfer of work from Secondary Care to primary Care.

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Date of next meeting: Monday July 11th – 7.00pm at Western College.

One Care Seven day working Pilot reference Group Resume:

The outcome of the meeting was for the 7 Day Access project team to take the views and comments of the Reference Group members back to the pilot sites for their consideration. This is still being actioned but I can provide a summary of the comments we received:

- Attendees felt really positively that there was a variety among the pilots with different models being tested. They were pleased that at least one would be able to measure the demand on a Sunday. The differences would allow us to measure what worked well, what was effective and we can consider why things did/didn't work based on services delivered and local needs. They felt there was also an opportunity for collaboration between the pilots as they could learn from each other and swap ideas.
- Patients asked, 'How do we make sure that patients understand what data sharing means?' The different stages of consent and sharing was explained; that it would be a demographic upload only and that the full patient record will only be viewed when the patient provides consent at point of contact. James explained that there would be a communications campaign with new patient leaflets.
- Online access was discussed. Patients identified that some people fear that web access may replace telephone access and that this may impact elderly patients. The project team reassured them that web-access would be an additional route of access, not a replacement.
- Patients suggested that pilots could consider how hubs could support/ease hospital discharge
- Patients suggested that pilots could consider how they might help GPs to visit patients in care homes
- It was agreed that there would be a follow-up meeting in October. We will also provide an update on this input from patients at the next OCC Reference Group meeting in July.

Supplementary Services

2. In year 1 practices are required, where it is appropriate for the needs of their patients, to undertake or plan to undertake the following:

A. Specified Non-Core Contract Work

It is recognised both nationally and locally, that since the introduction of the GMS contract in 2004, there has been an increase in the quantity and range of activity that primary care is requested to undertake, sometimes on behalf of other organisations. Examples of areas of additional workload that is included within this activity includes:

- Phlebotomy initiated by primary care only, and not where it is part of an acute contract (to be subject to review, including for under 16s))
- Removal of post op stitches, dressings and wound checks (if staples removal equipment is provided by the hospitals)
- Dressings (including 3 and 4 layer bandaging where appropriate) and wound care for non-housebound patients (to be subject to review)
- Follow-up of patients and ongoing monitoring where patients have been stabilised
- Primary Care requested ECGs, spirometry, nebulising, pulse oximetry
- Glucose tolerance testing (antenatal) – however interpretation and follow up remain the responsibility of the requesting clinician (to be subject to review)

- Doppler scanning for compression bandaging
- Delivery of Gonadotrophin-releasing hormone antagonist (GnRH analogues/ LHRH) treatment (e;g Triptorelin, Goserelin once stabilised with a practice agreed protocol)
- 24 hour BPs or offer home BP monitoring
- Depo injections related to stable mental health patients (to be subject to review)
- Denosumab treatment for osteoporosis (needs review by the CCG to provide more clarification/improvements)
- Prescribing to midwifery services where not initiated by the consultant (pathway needs review by CCG to provide more clarification/improvements)
- Processing referrals for Interventions not normally funded (INNF) where initiated by General Practice
- Tests and procedures required under agreed referral pathways
- Use of Bristol CCG Referral Service and/or e-referrals where appropriate
- Managing post-natal checks (excludes immediate baby checks from rapid discharge patients)
- Responding to requests from agreed 3rd party service providers for verifying up to date patient call up lists e.g. screening service such as breast, bowel and retinopathy

B. Best practice Primary Care

These reflect best practice for activities in the core contract and should be applied as appropriate

- Involvement and communication towards the management of complex patients using wider community service providers to ensure the provision of holistic care
- Adherence to local clinical pathways that have been agreed and made available to GP practices for implementation
- Patient education regarding primary care services in and out of hours, and other NHS services using website, electronic message boards e.g. JX boards, patient notice boards
- Utilising the standard NHS 111 phone message for out of hours
- A well maintained practice website in addition to NHS choices
- Timely medical records summarising
- Signing data sharing agreements where this supports CCG and practice objectives as appropriate
- Supporting the development of demand and capacity metrics for primary care

3. Most practices will already be undertaking this work and should now continue to deliver this work at current or reasonable levels for the practice as part of this enhanced service. Where individual practices are not providing a particular element of this work already it is expected they will develop a plan if necessary with other nearby practices to either provide this activity themselves for their patients or to subcontract this work to a nearby provider for the benefit of their patients. Where specialised skill sets are required, practices will be expected to work together to provide this service at a reasonable location for their patient if not at their own practice over the next 5 years.

4. As and when there are pathway developments to do more work in primary care towards the care closer to home/out of hospital care agenda then it is expected these will need to be commissioned appropriately with funding apportioned accordingly. The CCG is working towards outcome based commissioning where payment will in future be linked to measurable patient outcomes.