

The Family Practice PPG Meeting

9 December 2019

Chair: Dr Jill White

PPG Members: David Shelton (Deputy Chair), Ann Nicholls, Catherine Eva, Ian Goodenough, Katharine Flint, Maisie Bennett, Olivia Lewis, Nick Benson

Practice Project Lead: Kelly Williams

Practice GP: Dr Mark Rush

The Health Foundation Continuity of Care Project

Presenter: Julia Martineau, Project Manager

1. Presentation slides together with copy of patient leaflet and Dr Anna Graham's view
2. Group Discussion on when continuity of care is important
 - Patients with particular conditions – Mental Health, Long Term Conditions would probably benefit
 - If you see a GP for a particular condition, it can be useful to keep seeing that same GP while the condition persists. This would be case if the patient was seeing a GP with a special interest. This type of continuity of care is referred to episodic continuity.
 - It was suggested that it could be beneficial for a family to all see the same GP. Dr Rush agreed but added there were instances when seeing all members of the same family may not be advantageous for all concerned and the example he gave was in cases of domestic abuse.
 - Dr Rush believes continuity of care is key for some patients because when a patient and a GP get to know one another, the GP understands what the 'norm' is for that patient. The assessment of a patient begins with the GP watching how the patient moves from the waiting room into the consultation room
3. How does it work?
 - The ability to book with your Usual GP was raised. Currently patients are able to book 2 weeks ahead although sometimes the GP asks you have a further consultation in 4 weeks. It was noted this for routine appointments, patients are able to access Duty Doctor for urgent.

4. Family Practice Project

- The Family Continuity of Care project went live on Monday, 2 December
- The focus is on a cohort of 30 patients.
- The cohort is a mix of patients
 - Range of demographics including a young child
 - Range of conditions – mental health patients, chronic health patients, complex need patients and patients who attend the practice significantly more often than other patients
- Dr Rush shared that some patients in the cohort utilise significantly more appointments than other patients at the practice. The GPs have reviewed these patients and found many cycle through all the GPs at the practice. Research suggests these patients would benefit from continuity of care eg the patients will have less investigations/tests as they will have a GP who knows what is the 'norm' for them.
- It is anticipated the Cohort will respond positively to continuity of care and assuming that's the case the Practice will look at how to expand continuity of care
- Each patient in the cohort has received a letter setting out key information including
 - The anticipated benefits of continuity of care
 - Their named Usual GP and the GP Buddy

5. GP & Buddy:

The PPG recognise the challenges facing general practice in delivering continuity of care and that the 1948 family doctor model was no longer possible. The Group agreed testing the GP & GP Buddy model was a good idea as this could offer part of the solution.

6. Preferential Treatment?

Will these patients in the cohort receive preferential treatment? The short answer is no and this is explained in the letter to the patient. This is a pilot and providing a preferential service would invalidate the project. The focus is on routine appointments and urgent appointments will be directed to the Duty Doctor.

7. Unintended consequence?

Is it possible that putting continuity of care in place will encourage a patient to see their Usual GP more because they have built up a relationship? The research does not support this outcome but it will be monitored as part of the project.

8. Update to PPG

Provide a progress update next year – perhaps 21 September?