

The Family Practice Western College Patient Participation Group

Resume of the meeting held via Zoom 24/5/2021

Present:

David Shelton (DS)	
Jill White (JW) (Chair)	
Ann Nichols (AN)	
Adrian Longstaffe (AL)	
Catherine Eva (CE)	
Penny Dobson (PD) (Minutes)	
Keith Dawes (KD)	
Ian Goodenough (IG)	
Kathy Turner (KT) (Business Manager)	
Dr Mark Rush (MR) (GP)	
Ann Hannay (AH)	
Nicholas Benson (NB)	

Apologies:

Catherine Flint	

- 1) Apologies from Katherine Flint and Operations Manager, Kelly Williams, who is on holiday.

- 2) The minutes of the last meeting 1/3/2021 were agreed. KD said that he hadn't received the minutes, although they were sent out to all. JW to resend to KD. Agreed that good idea to send past minutes out with each agenda. KD also said that they weren't on the website. KT to check.
Action KT to upload the last (and current) minutes on the Practice website.

- 3) **Matters Arising/Updates: a)** Re item 3 on the last minutes, the Prescribing Hub. No feedback yet from Dr Salkeld about his meeting with pharmacists on the question of better policy communication with patients about repeat prescription home deliveries.
Action: KT to follow-up
DS commented that the Practice's Patient Access App for prescriptions worked well for him.

b) Integration of Clinical and Social Care (CE) CE raised the issue of slow government planning and the need for 10 year plan for social care, parallel with that of NHS 10 Year Plan. All agreed that this was an important area to address (but of course outside our control). KT said that under the new NHS structure Clinical Commissioning Groups (CCGs) will change to *Integrated Care Systems (ICSs)* – and Primary Care Networks (PCNs – of which GP Practices are a part) - will become part of *Integrated Care Partnerships (ICPs)*. The GPs will also have a voice at ICP level through the *General Practice Collaborative Board (GPCB)*.

NB Integrated Care Systems are new partnerships that bring together providers and commissioners of NHS services with local authorities and voluntary organisations to meet health and care needs across an area, to coordinate services and plan for the future. Integrated Care Partnerships are alliances of NHS providers that work together to deliver care.

c) **Private Practice “creep”** JW was concerned about the news that some GP Practices were being funded by companies such as Virgin HealthCare. MR reassured the meeting that The Family Practice was not considering such an alliance. He also said that the NHS was not considering a hybrid system (part NHS and part private) as is the case with dental services.

4) Operational Manager’s Report

Patient numbers: the list size on 1.4.21 was 16,568

Staffing: Sally Ellis (Health Care Assistant – HCA) has left but is doing bank work for the Practice. She will be replaced by Beatrice Hunt mid-June.

Will Shipp, our social prescriber who came to us one day a week, has now moved to Pembroke Road and we have Leyla D’Aguilera who is now working for us 2 days a week

We have 2 First Contact Physios covering 4 days a week - Dan Griffin and Sean Lewis. They will carry out musculo-skeletal assessments, then initiate self-help or refer to secondary care if necessary. They are not doing ongoing treatment. This service will help the GPs. AH asked whether a patient can refer themselves directly to the physio service. KF replied that they can, but via the reception team.

In terms of numbers of patients per GP session, we are in the best position since records show in 2015. The current issue is the demand and instant access created by the eConsult service.

News:

GetUBetter app - >55 GP practices are using it with over 1800 patients registered and managing their own condition with it. This promotes self-care

Vaccine passports can be downloaded from your NHS App.

5) GP Report

a) MR reported that demands on GPs are currently very high, much higher than in previous years. This is partly due to the effects of Covid 19, with, for example, an increase in mental health problems. Also patients can now consult via the e-Consult model. This requires a GP response within 42-72 hours. The good thing

about this is that people are presenting earlier with concerns and symptoms, but it is an additional workload for GPs – and there is no additional funding for this service to increase GP time. AH said that she will try out the e-Consult service and share with PPG members

- b) JW raised the issue of podiatry services – had there been any reduction in the access to NHS podiatry? MR replied that access has always been limited. The criteria are strict ie patients who are visually impaired or diabetic. It also includes some neurological conditions.
 - c) DS asked whether there will be a return to face to face GP consultations? MR said that advice on this from the Department of Health is not clear. The Practice will continue to provide everyone who needs it with a face to face consultation following a telephone call with a GP or via the Practice’s RX system for visual electronic consultations. AL queried what happens when a patient needs to carry on the communication with a specific GP? MR said that the e-Consult service would be a way of doing this. KT added that with the constraints of the building and the increased number of extra staff there will always be a place for the new ways of consulting.
 - d) There was agreement that there were challenges for the Practice to communicate with patients who were not using computers – the Practice is working to try to find good ways round this. One of these is refining the telephone appointments system. KT explained that there are 4 receptionists working at any one time to answer phone queries. There is a further receptionist standing by (who does coding and scanning), but can be called in to assist. There is a high demand for appointments; the Practice has benefited from the extra 4 sessions carried out by Dr Gleeson, as well as extra nursing hours.
 - e) DNA (Did Not Attend) levels. These remain high (306 from Jan 2021 until present); this includes GP and nurse appointments. JW has asked PPG members to think of ways we can help to “spread the word” and reduce this.
 - f) AH asked about expectations that you will see your “own” GP. AL said that it has been proved for continuity of care that health outcomes are better if you see the same GP. KT explained that when a new person registers with the Practice, it is a national NHS requirement that they have a named GP. However, thereafter the Practice GPs work as a team. JW said that in her experience the Duty Doctor system works well.
- 6) Coronavirus update:** KT reported that the Primary Care Network has carried out 22,000 vaccinations to date (500,000 have been carried out within BNSSG). They have called in all within cohort 1-9 (those over the age of 50 and those with certain underlying health conditions) for the 8 week second inoculation. Members expressed their thanks and appreciation for all the hard work of the Practice team – as well as others within the Primary Care Network.

- 7) AOB** JW reported that Tony Lumbar, Chair of Whiteladies GP Practice, has put his name forward for consideration as chair of the new Pan Bristol, North Somerset, S. Glos (BNSSG) PPG Forum, which it is hoped will go forward facilitated by Healthwatch. JW, DS,AL,AH attended the first (virtual) meeting of this initiative on May 18th.

Succession/Election of new PPG chair. JW said that she would like to step down after the next meeting. She asked whether members could think about who might be willing to be nominated for this role.

8) Date of next meeting

6/9/21 plus proposed dates:

13/12/21

14/03/22

16/05/22

12/09/22

PD 27/5/2021