

The Family Practice Western College Patient Participation Group

Resume of the meeting held via Zoom 17/1/2022

Present:

Ann Hannay (AH)	
Jill White (JW)	
Ann Nichols (AN)	
Adrian Longstaffe (AL)	
Catherine Eva (CE)	
Penny Dobson (PD) (Minutes)	
Keith Dawes (KD)	
David Shelton (Chair)	
John Plumb (JP)	
Dr Nicola McGuinness (NM) GP	
Kathy Turner (KT) (Business Manager)	

1. Apologies:

Nick Benson	

- 2.** The minutes of the last meeting 5/9/2021 were agreed.

Matters Arising. Re: **Item 5** KT said that there are some reservations about being too prescriptive about when to use E-consult versus the telephone - as E-consult can be easily used by patients. KD reported that his query – which was about getting a particular prescription from the Practice as requested by the hospital consultant – did not fit easily with the E-consult process. There was a discussion about the best way to signpost this type of query. NM said that there was a pathway for this – but if this did not work (as in KD’s case) the GP pharmacist can be accessed via Reception.

Action NM and KT to investigate whether there is a better way for this type of query and whether this could be highlighted on the website.

CE asked whether the Practice had had feedback from patients who are not on the internet on access to the Practice. NM said that the Reception team can help people to complete E-consult. They have not had any feedback on this issue.

AH raised the point that it is much easier to get through to Reception by telephone outside “peak” hours – mostly early mornings. KT said that they have just recorded a new message on the Practice landline – but could add a short sentence “if not urgent then do ring back ...” **Action: KT to investigate adding additional wording to the recorded message**

3. Skin Care Clinics.

JP raised that the Practice does not seem to have a skin freezing (cryotherapy) service. He was not able to find any such service on the NHS in Bristol, so had to go privately. NM said that, following a central NHS review, this service was no longer being funded; the vast majority of skin problems that had previously used this service can be well addressed through self-management. However the Practice will shortly be re-instating its minor surgery service, led by Dr Rush. Dr Rush will carry out minor surgery on request from colleagues on “non suspicious” lesions (lesions of concern will of course be referred for a dermatology opinion).

4. COVID – 19

NM reported that on Wed 26th January the Practice hoped to return to normal sessions, which will improve continuity of care. Of course, the Practice has to remain flexible, given ongoing problems of staff sickness (Covid and non-Covid)/holidays/working remotely. There will be no change to the system of GP phone consultations, with a proportion (currently just below 50%) of patients being invited in for a face to face consultation. There are no plans to set up formal video consults – but this can be set up by the GP if appropriate.

In relation to the vaccination programme NM reported that BNSSG completed its Booster programme before Christmas, with 700 vaccines administered (85% over 50’s now have had the Booster). This is the highest rate in the SW region, which, in turn, has the highest vaccination rate in England. From next Saturday, all 12-15 year olds will be invited to have a Booster. It is possible that the older age groups will be invited to have a fourth Booster during March.

The Practice is now using St Christopher’s School, Westbury Park for vaccinations, which is working well.

JW asked what the current arrangements are in relation to people with active Covid infections entering the building. NM said that they use the car park area, but if there is a problem inside, the room is closed for cleaning.

DS commended all Practice staff for their success with the vaccination programme – what they have achieved is outstanding. This was endorsed by all members of the

PPG. NM said that they are very lucky to have such a team of volunteers, which includes DS, AH, AN, AL from the PPG. She thanked them for their hard work too. DS said that he enjoyed being a volunteer vaccination steward – and it was reiterated that 4 hour sessions can be split into 2x2 hours.

5. Business Manager Report

Staff movement:

GPs: Dr Ruth Mears left in November and Dr Chloe Gleeson in January 22. Dr Gleeson was an addition to help us with COVID-related difficulties. Dr Mear’s sessions are being covered by locums until the vacancy can be filled

There are 3 new members of the care navigator team:

Margaret

Nyasha

Gurmeet (Gee)

Blood tube shortage is not an issue at the moment; however we are prioritising those who need reviews done as part of their on-going care. We have been putting on extra phlebotomy sessions to try to accommodate the backlog.

Omicron has meant that we have to be very flexible at the moment and we were asked to participate in the booster vaccination programme and only prioritise urgent care. Staff isolation and sickness does have an effect on service levels sometimes.

DNAs

Pt age	Sept (nurse+GP)	Oct (nurse+GP)	Nov (nurse+GP)	Dec (nurse+GP)
0-17	12 (3+9)	35(21+14)	19 (8+11)	20 (13+7)
18-39	43 (26+17)	50 (26+24)	61(28+33)	49 (33+16)
40-64	22 (16+6)	38 (23+15)	31(16+15)	34 (23+11)
65+	33 (25+8)	28 (12+16)	22 (5+17)	24 (18+6)
Total	110 (70+	151(82+69)	133 (57+76)	127 (87+40)

6

GP Report

NM continued by saying that Practice “leads” meet weekly to address any problems that have come to light during the week – and to plan ahead. For example, the Practice looks at patient demand and whether there have been access problems. It tries to work out ways to address each issue – thereby helping the Practice to be

efficient and flexible in an ever-changing climate. It is important to identify those who seriously need care. The Practice has also worked hard to maintain the mental health and wellbeing of the staff team – it is a happy workforce at the moment. PD asked about the current Do Not Attend (DNA) levels. KT said that the general DNA level has come down since October – it is lower relating to GP compared to nurse appointments.

AOB

Position of Chair. JW said that she wishes to finally step down as Chair, but will remain a member of the PPG. In the absence of any volunteers, DS said that he is happy to continue to do the agenda and run the meetings, if others can support with other tasks. For example, JW said that, given her accumulated knowledge (over 11 years with the PPG/as Chair), she will be happy to liaise with the Chairs of “linked” Practices.

DS gave a vote of thanks to JW for her commitment and all her hard work over her many years as Chair – she has played a vital role in keeping the PPG up to date with initiatives such as Healthwatch and the One Care Consortium and bringing relevant people in as speakers. JW said that she had found the role very satisfying and was pleased to be able to contribute – as indeed she hope to continue to do.

PD said that she was happy to continue to do the Minutes and will keep an eye on the Practice website.

Prescribing Hub KD asked how the Prescribing Hub for the 4 Practices, was going. NM said that it took a bit of time to settle in, but is now working very well.

Dates of next meeting

14/03/22

16/05/22

12/09/22

NB The above are the dates suggested at the PPG meeting 24/5/2021

PD 19/1/2022