

BEECHWOOD MEDICAL PRACTICE

PATIENT GROUP MEETING

Notes of meeting Wednesday 8th June 2016 at 6pm

Present: Rowena Sutcliffe (Chair), Roland Jempson, Sue Lucas, Barbara Davies, Sylvia Rae, Monica Grizzle, Brenda & Colin Benjamin, Vivyan Brake, John Lawrence, Robert Spensley, Ruth Baker, Pat Foster, Ruth Randall, Sarah Monteith, Sarah McKay, Eleanor Turner-Moss.

1. **Closed session for Patients** (PPG members only)
2. **Introductions & Apologies** (Practice Reps join meeting)

Dr Eleanor Turner-Moss was introduced to the group, she is working as an F2 doctor on a 4 month placement at the practice. Apologies were received from Cheryl Benson & Alan Pound.

3. **Matters arising from closed session**

One item was raised in the closed meeting regarding e-consultation - one group member had submitted an e-consult at the end of May and still has not had a response. Action Point - SMon to investigate what happened.

SMon gave a brief explanation on the e-consultation pilot scheme and how it is used and explained we are trialling it until the end of this year. We are trialling this service to see if it will give patients extra tools and confidence to try options other than requesting a GP appointment as the first line of action. Where appropriate the patient can contact a GP at the practice for an online consultation for a specific range of conditions. The patient needs to answer questions about their condition and the e-consultation is then sent to the practice for a GP to respond by the end of the next working day. If, whilst inputting information, the patient answers any questions with a response that may indicate a more urgent clinical need, the service advises the patient to contact the practice by the more usual methods.

Post meeting note. SM has tested service as a test patient we can confirm that you should get a printable page and email saying:

Thank you "Patient name". The answers to your consultation have been securely sent to our GPs at Beechwood Medical Practice. And then gives timeframe for response. Next line says "What if I don't hear back from you?" There is generally no need for you to contact the practice before 6.30pm on day following submission. However if we are unable to reach you by then, please let us know by using the link in your confirmation email or by calling us on 0117 90823260.

4. **Notes of meeting held 9th March 2015**

Agreed as an accurate record, only action point was to confirm preferences for charities to benefit from any funds raised this year. - Post meeting note, charities mentioned in minutes from Dec 15 were Blood Bikes and Carers Support Centre, Young Carers Group. These two charities were discussed again tonight and met with the approval of those present.

5. **Who should I see for this condition? – Dr Eleanor Turner Moss**

Dr Turner Moss, gave a presentation on a list of common ailments she was reviewing with an aim to putting a self-help tool on our website to guide patients as to where they might seek support for particular conditions.

We talked through potentially having a checklist for receptionists that might highlight alternative sources of support for common minor ailments. ETM asked the group how they would feel about receptionists asking what their problem was that day. SMO explained that we do this already to an extent to try and signpost the patient to the most appropriate person and to ensure that all the clinicians time is used to best effect. If an appt is for a cervical smear it needs to be booked with a nurse and not a GP. We have asked brief questions about the nature of the patient's problem for some time and most patients now seem accepting of this.

RS queried if receptionists can see the patient's medical record when they answer the phone, so that if a patient has a chronic problem then it might be relevant to see a GP as opposed to being signposted elsewhere. Smon explained when you call up receptionists are in appointment screen only and cannot see patients detailed consultations / problems etc. at the same time. - She also explained that Major Alerts can be set on patient record which will pop up when the receptionist is on the phone and these can be used for things such as important warnings or alerts the receptionist needs to be aware of when booking an appointment.

We talked about where we might best advertise some of this information about self management and other choices for patients to manage simple ailments. SM explained that she had put information on the telephone system about the e-consultation service as a way of giving patients this option before they have booked a GP appointment. If we only advertise the service in the waiting room the chances are the patient already has a booked GP appointment by then. However it may be that by advertising in the waiting room patients are encouraged to try alternatives in the future.

BD suggested that we could put some of this guidance on the patient TV screen in the waiting room. However she also pointed out that sometimes the text is very small and the time between slides not long enough to enable the patient to read or take notes of phone numbers etc. SM advised that sometimes it is not possible to alter the font size of the slides but it is possible to alter the amount of time the slide is displayed.

Action point: SM will review the slides and increase the time the smaller print slides are displayed.

6. One Care Consortium Reference Group & Healthwatch Bristol Patient Participation Group (PPG) Event – Pat Foster

PF explained that she attended a recent One Care meeting in her role working with Healthwatch and also as a representative of our PPG. 24 practices are currently working with One Care Consortium. The consortium was set up by Brisdoc, GPCare and local practices who bid for Prime Ministers Challenge funds to look at innovative ways to improve access to primary care services for patients. Initial funding allocations are due to cease in March 2017. It was set up to provide practices with the resources, time and support to look at new ways of working and to give us the opportunity to try working collaboratively. Some of the work streams One Care has worked on are:

- Same day access to a Physiotherapist assessment
- Funding to support the set up costs of employing an in-house Pharmacist
- Notes summarising pilot - SMon explained this is for medical records as people join the practice and their notes from previous practice come into the practice. There are three ways of working being explored. Standardising the process and data entry of in-house summarising, having local pool of summarisers for Bristol practices to use and access to a national company who can outsource the job of summarising.
- Looking at providing extended GP services across 7 days. Already have introduced weekend reviews for patients recently discharged from hospital. Now starting to look at routine appointments at weekends. Challenges with this are sourcing enough staff/GPs.

- -Technical - introduce a primary care intranet to be used as a central resource for all practices – save us all reinventing the wheel. If one practice has a good idea share it. Also central resource for standard information such as hospital referral documents which often change frequently.
- Process improvement – Looking at repeat prescription and online patient access services to see where we might be able to improve or streamline.
- Trialling innovative new methods to access primary care such as e-consultations.

One care is working to stay in place after funding has finished. It was felt that practices are keen for the consortium to stay in place. If support is there from practices One Care are also hoping to develop as the organisation that can represent and support practices in local contract negotiations.

Healthwatch had held a PPG event on Monday 6th June. The aim was to bring groups together to share experiences and to encourage PPGs to take ownership and influence changes. SMon reminded this group that the practice would be happy for them to have more involvement in the setting of agendas and discussion topics.

PF explained about the role of community resource lead and that each practice was supposed to have one. It was recommended that they would be ideal people to have attend PPG meetings. SMon advised that she had met a community resource lead, funded by 4 practices in south Bristol. This person works a set number of hours a week in each practice carrying out an enhanced community resource/health champion role. We plan to discuss the feasibility of something similar with our neighbouring practices.

PF suggested a future topic for our PPG meeting could be around how PPG/CCG and Healthwatch can all work together.

PF also advertised the Healthwatch quarterly open meeting which will be held on 13th June - 6pm to 8pm at the Vassall Centre. They will be covering topics of Men's health; Lesbian, Gay, Bisexual and Transgender (LGBT) issues; representatives from Public Health England will be speaking on women's health and the CCG will be explaining the Better Care system. All welcome to attend.

7. Flu Campaign – suggestions for community event

SMon advised we are planning for our autumn flu campaign and the dates we have highlighted for Saturday morning flu vaccinations are 24th September and 1st, 8th & 29th October.

SMon suggested that 1st Oct clinic be highlighted as the day we target for a community event. We would like to invite representatives from some of the support groups such as Age UK, Cancer UK, Diabetes UK and also use this day as the main fundraising day for the Patient Group. Perhaps we could have a cake sale or raffle as the group has previously suggested they would like to do.

SMon explained any money donated from tea and coffee on these days has previously been donated to charities suggested by the group. See also Item 4 above.

Action Point: Agenda item September

8. Update on Practice News

Dr Ojo is due to be back at work from Monday 4th July. Dr MacIntosh is going on maternity leave on 17th June and will be covered by Dr Jon Wordsworth until February 2017. Dr Dodoo is due to go on Maternity leave on 11th September and will be covered by Dr Elizabeth Ormerod until March 2017(Has worked here previously).

We are pleased to welcome two new nurses to the practice Claire Hayes and Rebecca Jarvis. Practice Nurse, Lucy Shearer, is currently on maternity leave and has recently given birth to a baby boy.

SM provided copies of the most recent practice newsletter and asked that we be given feedback on the content. Is it pitched at the right level? Is it of interest, or could it be improved? She welcomed the contribution of any ideas for articles or indeed written articles for consideration.

It was noted that the lead article in the Summer newsletter mentioned the loss of our lead nurse Kerena O'Brien. The patients expressed their sadness at this news.

9. Any other business

- RJ queried why the patient information screen calls patients into treatment room, but the screen is nowhere near treatment room. SMC explained this was done based on feedback we had where some treatment room patients sit at the telescreen end of waiting room and missed their appointments as they had not heard nurses calling them.

- RJ also mentioned that his wife has trouble seeing the information screen and asked why she could not be called in for appointments using the Tannoy system. SMC advised we could add a major alert to JJ's record asking the clinician to call her in using the Tannoy system.

Action Point: add major alert to JJ record

-RS raised that a recall letter he had received was dated 23rd May but was not received until 6th June - SMon suspects the template letter has a fixed date in it, rather than a merge field which should update on the day the patient letters are produced. SMon also explained how the recall system works based on patient being called on their birthday month.

Action point- SMon to check template for this letter

- SL explained that she had not had a recall for blood test. When she did have a blood test her medication needed changing. Had phone call to tell her this, but was then told needed to ring the next day to speak to a GP. SL called the next day to book a routine phone call but the doctor did not call her back. Also the patient had received 6 phone calls telling her the same thing (SMC advised this was due to a training issue with newer member of the team, forwarding the task onto every receptionist in the team, as opposed to just passing onto the person on the next shift). She also raised concern that during one call, no one spoke, but she could hear it was a GP and that therefore she might have been able to hear confidential patient details.

Action point SMon to investigate and respond to SL

- RJ asked if a future meeting we could have someone come to talk to us about diabetes and the signs to look out for. SMon explained about the pre diabetes education session Julie Davidson and Karen Dyer are running and how invites are based on blood results advising pt's could be at risk of getting diabetes if they do not do anything. SM will ask Julie Davidson if she could attend a meeting later this year to talk about diagnoses of diabetes and how patients can sometimes help to delay the onset if they are at risk.

Action point – SM invite JD to future meeting

10. Date & Time of next meeting - Wednesday 7th September 2016