

BEECHWOOD MEDICAL PRACTICE PATIENT GROUP MEETING

Wednesday 6th September 2017 at 6pm

Attendees:- Rowena Sutcliffe, Rob Spensley, Denise Williams, Subhash Widge, Sue Thomas, Barbara Davies, Sylvia Rae, Pat Foster, John Lawrence, John Perry, Joy Etheridge, Cheryl Benson, Sarah Monteith, Sarah McKay, Deb Harris.

Agenda

1. Closed session for Patients (PPG members only)
2. Introductions & Apologies (Practice Reps join meeting) – apologies from Monica Grizzle, Alan Pound, Colin Benjamin and Brenda Benjamin
3. Matters arising from closed session
 - Blood test results (PF) – was advised nurse would be ringing to give results, however never got call and still does not know results. SMc looked into and called to discuss next day as patient specific item.
 - Results given by receptionists (ST) – told results were normal by receptionist, but still having problems – no contact with GP to advise this. SMon advised her take on this was if the patient is still having problems and results are normal would suggest coming to see GP again. We call patients to let them know outcome of results when some further action is needed, we do not routinely call to tell patients when their results are normal.
 - Thyroid/B12 help groups (JE) – expressed that thyroid care is a controversial issue and patients often have to treat themselves. She is a member of a group that are working with thyroid advocacy uk and would like to set up workshops/forum to provide awareness to GPs. SMon suggested JE send details of any confirmed meeting dates to her and she will highlight to the GPs to see if they are interested in attending.
 - ECG (RS) – felt the minutes from the last meeting didn't quite reflect the point he was trying to make in that he was suggesting it would be beneficial for all patients presenting with chest pain to be referred for an ECG as soon as possible. SMon responded that the GPs work to current NICE clinical guidelines and where appropriate do refer for ECGs which will be carried out immediately where necessary.
 - Diabetic reviews with HCA (RS) – felt the HCA did not understand what she was doing and recorded his height incorrectly, plus felt the foot check was not adequate and felt this should be done by the PN at the review. CB reported a very different experience in that she had been happy with her checks with the HCA. SMon suggested if RS had concern regarding his own treatment he should raise it with the practice at the time and we can then investigate immediately. SMon also confirmed that the HCA had been trained to carry out the pre-nurse appt diabetic checks and was signed off as being competent in this work. This concern will be fed back to her to check if there is a need for further support or training.

4. Notes of meeting held 1st March 2017* & any matters arising – approved as accurate record apart from clarification on point raised on ECG's – see above

5. Update from Denise Williams – Patient Champion

Locality PPG Meeting There will be a wider PPG meeting next week on 14th September, which is a group meeting where a few PPG members from several east Bristol practices will be meeting. We have 4 representatives from our practice attending. The group meeting is being held as many PPGs appear to be struggling with their sense of purpose and feel they are not achieving what they would like to achieve. The meeting will be here at FPCC at 6pm.

6. Update from Healthwatch representatives

Pat Foster advised that Nicola is the Healthwatch representative, but unfortunately was not able to be here today. Pat handed out some annual reports. She also handed out a flyer from the Health Foundation that informed us that as little as 10% of a population's health and wellbeing is linked to access to health care. Other major influences on health are work, education and skills, housing, food, transport, family & friends.

Pat also informed the group that you can go onto the Health Watch Bristol website and review/rate your experience of local health services, similar to NHS Choices.

7. Deb Harris, Lead Receptionist, Challenges and Rewards of the being a receptionist

Deb gave a talk on what it is like to be in our reception team. She informed the group we all attended customer service training with other practices in Bristol which looked at the full extent of what a receptionist does and answering the phone and booking appointment is a very small part of that role. Deb believes the receptionist doesn't have all the answers but can usually navigate the patient to someone or somewhere where they can get the answers.

The reception team here at Beechwood crosses over with the administration team, plus also links in with GPs/Practice Nurses and other outside agencies like midwives, dieticians, physios, drug support workers, care homes etc.

When we run out of routine appointments to book, we know it is hard for you as the patients to hear, it is also hard for the receptionists to have to tell you this too.

Daily post from the hospital, clinical organisations, patients etc is opened and sorted, scanned and coded onto the medical records then sent to the relevant clinician to review and action.

Registrations –we deal with 50 – 70 new registrations per month and a similar amount of deductions (patient s registering elsewhere). Each registration takes about 15 minutes

and involves checking details and ID to ensure the correct person is registered and their records transferred successfully.

Phone calls – so far today we had received 210 calls, 3 of which were abandoned (where person hung up before the receptionist answered the call), probably 80 to 100 of which will have been between 8am and 9.00am – we average 250 to 270 phone calls on a normal day. We have phone monitoring software so we can review how quickly calls are being answered and plan for the workload each day. We are however limited to 10 incoming lines for our practice within the premises phone system.

Deb shared that the most rewarding aspect of the job for all the team is positive feedback and feeling they have helped a patient.

A question was asked if communication can cause difficulties, as we have a diverse patient population. Deb replied that we do have a number of patients where English is not their first language or where communication is difficult and it can mean we are on the phone a bit longer. However we do not usually find that this is a problem and we have adopted ways of ensuring that we obtain the correct information to enable us to help all our patients effectively. We can also use the British Sign Language service for patients who are deaf and “Big Word” an NHS commissioned service for translation, if necessary.

8. Practice Update & Flu campaign

Dr Natalie Ray, a GP Registrar, Joined us in Aug and will be with us for at least a year.

Dr Jenny Whateley – joined us in Aug and will be with us until Dec 17.

Dr Kirsty Murdoch will be joining us in Oct – this GP is being employed under the GP retainer scheme. Dr Murdoch will be working with us for two sessions a week for the foreseeable future.

Patient list size was discussed and SMon gave some information on historic list size of the practice and informed the group our list size has not changed much over the last 14 years and we currently have approx. 10,700 patients. SMon also explained a bit about the funding we receive per patient – currently core funding of £85.16 per patient per year and how we then contract to provide other enhanced services outside of our main GMS contract to bring income into practice. This might be things like: flu vaccinations, diagnosis of DVT, converting diabetic patients onto insulin in the community, testing INR for patients taking warfarin, etc.

We also discussed how patients can be allowed to stay with the practice if they move outside of the practice area in agreement with their usual GP. If a patient is likely to need involvement of the wider community nursing services, or lives a long way from the surgery and will need frequent home visits, then it is advisable to be registered with a practice close to where you live.

JE asked if there was scope to leave books in reception for patients to help themselves. SMon thanked JE for the offer but explained that we do not currently have space in our waiting room and so it is unlikely we can adopt this at present.

Patient Survey – we conduct a survey of patients regularly to check how satisfied you are with the practice and our clinicians. This information is then used to review areas for improvement and also to inform discussion regarding areas for continuing professional development as part of the annual GP appraisal process. We will bring the results to the

patient group for review once collated data is available. We will be handing out the survey papers 2nd to 13th Oct – If any PPG members are interested in helping hand these out in our waiting room please let SMon know.

Flu Clinics – small supply of vaccines arrived today with bulk coming in next week. Clinics are set up to happen on 16/23/30 Sept and 14 & 28th Oct. – If PPG members would be happy to help with serving refreshments, as they have in previous years, it would be greatly appreciated, especially for the clinics on 23/30 sept or 14/28 Oct. Also if you have not already booked in for your flu vaccination and you are eligible, please do. Plenty of appointments are now available.

9. Any other business

ST – Pharmacy 2U leaflet – SM to feed back the misleading nature of this leaflet. The practice does not recommend any pharmacy service to patients as we must be impartial in this respect.

A shingles invite letter recently sent out to patients was not easy to read and some of the FAQs content was missing. Needs to be reviewed. Smon will look into this.

An invitation email from Denise, our patient champion, came out to the patient group with other member email addresses visible. Denise apologised for this mistake and confirmed she would send any future email communications in BCC format.

RS-- asked how the “hub” appointments were going – Smon explained what it is, local practices are offering additional routine appointments outside of our core (8am -6.30pm hrs, Mon- Fri) that we are putting on with monies currently provided through “increased access” funds. This means we may be able to offer you a routine weekend appointment here or possibly you would attend at another local practice. The patient must consent to share their medical record with the service to be able to book an appointment. It is likely that this project will continue until end of March 2017 and then it is likely to be relaunched in some new format. Possibly from a central location rather than at an individual practice. No further information is available at present.

10. Date & Time of next meeting - Wednesday 6th December 2017, 6pm in the Seminar Room at Fishponds Primary Care Centre.