

## **Patient Group Meeting**

### **Notes of Meeting Wednesday 1st March 2017 at 6pm**

**Present** Cheryl Benson (Chair), Colin Benjamin, Brenda Benjamin, Alan Pound, Pat Foster, John Lawrence, Robert Spensley, SubhashWidge, Susan Thomas, Barbara Davies. Sylvia Rae, Nicola Bowden Jones, Sarah McKay, Rosie Campbell (GP Registrar), Denise Williams (Patient Champion), Sarah Monteith

#### **1. Closed session for Patients (PPG Members only)** **No discussion items this evening.**

#### **2. Introductions and Apologies (Practice Reps join meeting)**

Apologies were received from John Perry, Ruth Randall, Ruth Baker, Vivyan Brake, Rowena Sutcliffe, and Monica Grizzell.

#### **3. Matters arising from closed session**

One item which will be brought up in AOB

#### **4. Notes of meeting held 7th December 2016**

SMon went through the items that were raised at the last meeting. All agreed ok and nothing further to raise. SR advised £120.00 mentioned in last meeting minutes has now been sent off to 2 charities (£240 in total) and letters have been added to the noticeboard in the waiting room to advise all patients which charities benefited from the donations.

#### **5. Dr Rosie Campbell, GP Registrar, the journey to become a GP and a day in the life of a GP**

RC explained she is here at the practice for a whole year - Aug 16 to Aug 17 and this is the final stage of her training to become a qualified GP.

Rosie described her journey to get here:-

Attended St Andrews medical school in 2003 for 3 years. St Andrews is unlike a lot of other universities in that they do a 3 year pre-med programme as opposed to 2 years. The training is more lecture based and practising on each other. Some universities send their medical students out on placements in GP practices or hospitals.

From St Andrews she went onto Edinburgh Medical School for 3 years - this consisted mainly of placements in hospital on rotation.

When someone leaves medical school they go now go into a 2 year foundation programme (this post is now referred to as junior doctor but used to be known as SHO - Senior house officer). RC stayed in Edinburgh for her Foundation years. She advised this can be very daunting as you are put on hospital wards not knowing how they work and are very reliant on the nursing staff helping with the transition into how that ward works. She did rotations in care of the elderly; psychiatry and paediatrics. It is very busy job and you have to learn quickly.

When you have finished your foundation years you then apply for a specialism. As RC had not yet decided what to specialise in she took a year out and went to Australia to experience the health care system there and worked in A & E a year. During this year she decided she would like to go on and specialise in General Practice, as she enjoyed seeing lots of different problems and also the continuity in getting to know the patient and their families.

To be accepted for the GP training programme she then had to pass a further written exam and a practical exam. She passed both of these and chose to settle in Bristol - which was a big change for her as she had always lived and studied in Scotland.

It is a further 3 years training to become a GP and everyone does their last year in a GP practice. The previous 2 years consist of 6 months in a GP practice and several different hospital departments on rotation.

As a GP registrar she continues to meet with other GP Registrars on a Wednesday afternoon for training. Dr Gwilliam is her supervisor at this practice and she has a weekly tutorial with him as part of her training too. During 2nd year of training you have to take more exams and then take a clinical skills assessment - which consists of meeting 14 pts (played by actors), getting 10 mins with each one and you are tested on your assessment of them.

Once a GP is qualified assessment still continues. Every year each GP is checked that they are continually learning and are assessed through portfolios which evidence learning undertaken and reflection on consultations, continuing education and new experiences. This is discussed as part of the professional appraisal process and the appraisal is carried out by another GP from outside of the practice that the appraisee works in. GPs also now have to go through a professional revalidation process every 5 years.

**RC also gave the group an idea of what her typical day here at the practice consists of:-**

- Arrive at work around 7.45 and start doing some admin work –review lab results that have returned overnight and preview what patients might be coming in that morning. It is helpful to have an idea of what the consultation is about, hence why the receptionists ask for the reason for the appointment.
- 8.30 - start seeing patients for the next 2.5 hrs (she currently has 15 mins per appointment)
- Deal with booked phone calls - these are normally for advice; medication or following up on test results.
- Home visits - these are divided up amongst all the GP's in that day and generally go on at least one home visit maybe 2 - It can take approx 40 minutes per home visit.
- Grab a quick lunch - either during a meeting or with a colleague, chance to discuss difficult cases provide support and perhaps a different perspective.
- Catch up on notes taken by receptionists and deal with prescription requests.
- Focus back on admin - do referrals/ answer letters received from hospital or community health services and order tests or change medication as requested in letters.
- Mid afternoon (3pm) - start seeing patients for the next 2 hours
- Finally deal with any outstanding admin, referrals that are needed for patient seen that afternoon etc., before leaving for the day.

## **6 . Denise Williams - Patient Champion**

This is a new role for Denise and also a new role for the practice. It is a new initiative first introduced by a group of four practices in south Bristol. Individual practice may have a receptionist carrying out the role but we wanted a dedicated person who can be a source of information and support across several local practices. There are many tasks that each practice carries out individually but that could be done once and then shared across local practices, eg information contained in a practice newsletter.

Her role is about trying to help patients engage with services other than services that GP's offer i.e. help people find information to support them with benefits applications and financial entitlements; signposting who are lonely or bereaved; have drug or alcohol problems and to promote healthy lifestyles services.

Denise, covers 6 local practices in her role (Beechwood; Fishponds Family Practice; Old School; Lodgeside; Air Balloon and St George).

Part of her role will be to review information and as each GP practice has a core of information that would be the same, her covering 6 practices will mean we are not reinventing the wheel in each practice, plus means she can take best practice from each practice and share with the others. Things she will be reviewing are: Newsletters; Practice Leaflets; Noticeboards in waiting rooms; Information on the TV screens; Websites and get involved in Patient participation groups.

#### **7. Update from Healthwatch representatives**

PF updated us on the work Healthwatch does for patients and also outlined the challenges they were facing following a 28% cut in funding. Pat referred to an initiative to help patients understand the various choices they have when wanting to access health care services and circulated a copy of the leaflet entitled "Right Care First Time" - See Attached. She explained how the organisation works closely with CQC to ensure services are safe and also how they are involved in the recommissioning of many essential health services such as substance misuse.

#### **8. Any other Business**

RS raised question regarding if GP requires a patient to have an ECG how long the delay is to have one. His past experience in a previous practice was to wait 2 weeks for an appointment to have one and this is too long when probably needed sooner than this. SMC and SMon reassured the group that if the GP feels a pt should have an ECG done immediately they will generally walk the patient to the treatment rooms and ask a nurse to do an ECG asap. If GP does not feel needed immediately then the patient would be asked to book in for one at reception and reception will book one in as soon as they can - very unlike to have to wait 2 weeks for one.

NJ offered that she is available to talk to patients within the community so if there is something we would like her to talk to the community about then please let her know.

#### **9. Date and Time of next meeting - ~~Wednesday 7th June 2017 - 6pm~~Cancelled**

Next date: Wednesday 6<sup>th</sup> September 2017 at 6pm.