

## **Patient Participation Group Meeting – Mon 25<sup>th</sup> April 2022 – 6pm via MS Teams**

Attendees:- Rowena Sutcliffe, Pat Foster, Alan Pound, David Rowe, John Lawrence, Sue Lewis, Monica Grizzle, Sarah Monteith & Sarah McKay

Apologies:— Cheryl Benson and Pawel Capick

1. **Welcome all** – David Rowe joined us for his first meeting as a group member.

### **2. Terms of reference of the Group**

The terms of reference are there to help us identify the aims of the group and how it will be governed. It also suggests terms of office for the board members and lays down what is and is not appropriate for the group to deal with.

Sarah Mon asked if the group had any appetite to review the Terms of Reference in case they need changing and also to look at whether it may be time to consult on re-election for some of the Board positions. David advised he is a retired accountant so may be interested in the treasurer role, but would like to understand more about finances for the group. Sarah Monteith gave a brief history of the group prior to covid and how flu clinics raised money by providing refreshments which patients then made voluntary donations for and how this was then donated to whatever charities the group had identified to support. Turnover each year would not be more than a few hundred pounds. Our current treasurer, Sylvia Rae, had been doing an excellent job prior to covid and as we have not had any fund raising event since Autumn 2019 there is not much happening with patient group income presently. There was no other expression of interest from any of the members present to change their current roles.

### **3. Update on Wider PPG Forums**

Pat is involved in the One Care wider Bristol PPG forum – representatives of lots of individual PPG's come together to share experiences and hear about local and national developments and good practice across other Bristol GP Practices.

Some PPG's advised they are revisiting their communication strategy – this could mean going back to face to face meetings and some have reintroduced PPG communication paperwork in waiting rooms. We have a dedicated PPG noticeboard in the waiting room. **Action – Check noticeboard is up-to-date**

It was interesting to hear how different some of the PPGs are – one thing that was discussed was the GP taking a role in talking to Consultants on the patient's behalf and then feeding back information to the patients. This is not something we are aware of here, and MG wondered if patients would be happy speaking to a GP rather than their consultant, especially if the GP was then unable to answer any further specialist questions when talking to the patient. SM also wondered how the GPs managed to speak to a consultant in a timely manner whilst fitting this in between their current booked appointments. We will see if we can find out more about how this might work.

PF also suggested giving more information to our wider patient population about services that are no longer funded, eg varicose veins and tonsilectomies. We could share information around this via the website or on our patient screen in the waiting room. Might help patients to understand what is still accessible under the NHS and where they may need to make enquiries privately. Sometimes procedures are no longer routinely funded but if you meet certain referral criteria they may still be delivered under the NHS service.

The group had discussed the new NHS & Care integrated system called ICB integrated Care Boards – they were considering whether PPG's have a role to play in helping to communicate this new system to patients. SM advised we are currently displaying information on our patient information screen in the waiting room area and on our website about the new healthcare structure. Our new Integrated Care System is called "Healthier Together" and more information about this can be found at [Home - Healthier Together \(bnssghealthiertogether.org.uk\)](https://bnssghealthiertogether.org.uk)

**ACTION – add link to minutes for link to ICB information /chart**

  
ICS info  
poster\_final version.

Sarah Mon asked how the group thought patients would prefer to be communicated with now.

David advised as most are not coming into waiting room much now boards in waiting room is probably not the best – thinks a link on website would be good.

David also asked how many people were at the wider PPG meeting – Pat advised there were about 14 people present. Sarah Mon explained BNSSG is about 80 practices and practices have joined together as Primary Care Networks (PCN's). David also asked do other practices have Terms of Reference they would share so we could see what is covered in their Terms of Reference? – Pat said she would ask at the next meeting 8<sup>th</sup> June.

**Action PF – ask about ToR from other groups**

#### **4. Practice Updates**

Managing patient enquiries about referrals and waiting lists is taking up a lot of time – There are talks presently about setting up a BNSSG helpline for pts to ring, would be managed by the Bristol referral centre. PF gave an example when she was trying to find out about a procedure appnt and eventually managed to get information back from hospital Patient Liaison Service. She recommended getting in touch with the PLS at the Trusts if you need help with an enquiry but have not been able to get a response.

SM explained that we have never had a closed door policy throughout the pandemic and although we used some telephone triage systems at the start we are back to seeing a majority of patients face to face now. We have actually found that a number of patients will now ask for a telephone call for preference and where this is a suitable option we will be happy to offer this. Our reception team will still ask questions and signpost to most relevant clinician based on what you have told them.

SM asked whether the group felt ready to return to meeting in person, on site. General feeling was that all on this Teams call would be happy to come back on site for the next meeting. Sarah queried about day of meeting and time of meeting too. Agreed that we will do a face-to-face meeting next time and discuss again then the format for future meetings.

We will be reintroducing patient feedback reports as these were paused during the pandemic. Patient opinion is generally gathered through the friends and family app or through the national patient survey which was previously sent out nationally to random eligible patients who had visited the practice. This information is then published in the public domain and used by NHSE and CQC to monitor patient satisfaction with individual services.

RS advised of a recent experience of ringing in, to position one in queue and then the phone went dead – several of the patient group said they have experienced this. SM advised we will look into this – we are planning to have conversations with our phone suppliers over coming weeks about renewal of contract and this may have a bearing on discussions.

2021-22 was an incredibly challenging year for all the staff and GP partners, and morale has been really low at times. We have had more staff sickness absences, or absences due to isolation rules and this has been hugely disruptive and put more pressure on those who are in work. This has resulted in our biggest turnover in staff for years as people re-evaluate their life choices and some people have just not been able to cope with the continuing pressured environment.

We have been actively recruiting for a number of posts but we have found that the number of applicants for each job vacancy has been much reduced. It usually takes several months to train up a good receptionist as it is a very complex role.

Nonetheless, we have managed to successfully recruit several new team members including:

- Pip Rogers – a Paramedic with more than 20 years' experience, Pip manages acute, on the day ailments, home visits and supports complex frail elderly patients
- Grace Chui – new pharmacist -working with Caroline Riddle, our other pharmacist – They help with medication reviews, patient discharges from hospital, detailed health reviews and both are completing conversion courses into general practice which will lead onto prescribing qualifications.
- Just recruited 2 more receptionists and a 4<sup>th</sup> year medical student to help with admin
- Dr Ingram and Dr Bate, previously salaried GPs, have joined the partnership – so we have a strong partnership model here. We now have 8 GP Partners.
- We are currently advertising for another salaried GP too to help with changes in the current GP's working week and to cover for a planned maternity leave.

On line booking of appts – we do still have some on line booking of appts (Smears /bloods/vaccines) but we need to ensure that the appts available are used for what they are intended and so these are quite limited at present. E.g we do not put nurse appts on-line as some nurses do some procedures, but not others, and different procedures take different times, so it is actually a quite skilled process to decide which nurse a patient should be booked with and for how long.

AP told us about his recent experience of trying to get carers in to help his wife whilst he had to go into hospital for a few days. He found that many providers did not have capacity to help as they were short staffed and wanted to know what he might be able to do if this situation arises again. We would suggest calling the Carers Support Centre on Tel: 0117 965 2200 or looking at their website: [www.carerssupportcentre.org.uk/](http://www.carerssupportcentre.org.uk/)

**Date and Time of Next Meeting** – Tuesday 26<sup>th</sup> July at 6pm in the Seminar Room at Fishponds Primary Care Centre.