Patient Group Meeting Minute – Wednesday 5th June – 6pm

Attendees Barbara Davies; Sue Lucas; Monica Grizzle; John Lawrence; Robert Spensley; Rowena Sutcliffe; Alan Pound; Subhash Widge; Kate Turkentine; Sarah McKay & Sarah Monteith

Apologies: Ruth Baker; Sylvia Rae; Cheryl Benson

1. **No closed meeting took place today**

2. **Introductions and apologies**

3. **Notes from last meeting were reviewed** – no actions to follow up and all present agreed they were happy with minutes from last meeting.

4. **Patient discussion items –** nothing raised not already on the agenda**.**

5. **Practice items**

a. **Active Signposting** – Smon explained that in line with many practices, our GPs had been finding their workload was becoming overwhelming. We have been looking into ways of more efficient working and have visited other practices with similar patient demographics to see how they were managing in a more resilient manner. Several practices across the wider Bristol area have been using the Active Signposting model with good results. The objective is to more closely examine what the patient actually needs before booking a GP appointment, we are also looking to improve continuity of care and make more effective use of clinician and patient time when you visit the practice.

There has been an intensive training programme to support staff in the use of a standard information gathering template. This asks questions about what the problem is, how long you had it and what you have done about it so far yourself. We also have simple protocols to go through for some of the more common problems such as Urinary Tract Infections (UTIs). The GPs are playing a large part in supporting the staff with queries from patients whilst they get used to the new way of working. Presently a GP is in the reception office for the first 1 ½ hrs each morning to provide support for the reception team. Receptionists are gathering information to help advise the patient on their options, they are not medically triaging the patient.

We have changed our appointment system so that there are more pre-bookable appointments and same day appointments are now reserved for those patients who have an urgent problem that cannot wait.

SMon asked if the group had any feedback on this new system -

JL advised his experience was that when he rang he waited 20 mins before his call was answered, but stated he understood why he waited so long, as he was aware of the changes. He stated staff were very good and he did get an appointment. He noted that when he was waiting for his appointment he was the only person in the waiting room – so asked if we getting a lot more DNA's. We advised the level of DNA's has not really changed. We are experiencing

more patients cancelling appointments that they have pre-booked, but overall levels of DNA's are still about the same. SM apologised for the initial increase in telephone wait times early in the morning, this is because staff are talking to the patients longer whilst they discuss their request. Hopefully as patients become more confident that they will get an appointment when they ring later in the day the 8am surge of contacts will lessen.

JL also advised he had canvassed some friends around their experiences about getting an appointment and the consensus was if you could secure an appointment within several weeks you would be doing well. Others present advised that they had been able to pre-book an appointment quite easily within a two week timeframe.

JL queried whether patients are reluctant to divulge their problems to a receptionist. We explained that sometimes this is the case but we do have a GP message on our phone system explaining that the GPs have instructed the reception team to ask these questions as it helps us direct the patient to the most appropriate service. It also helps the GP make better use of their consultation time as they are able to prepare for the likely consultation, review test results, previous history, hospital letters etc. in preparation for what they expect the patient will want to discuss. All staff and clinicians within the practice have to sign confidentiality agreements and to be found in breach of these would be serious misconduct which may lead to their dismissal.

BD gave an account of her experience where she had presented at the desk and was offered an appointment for a week's time – which she felt was not appropriate. Patients are usually given the advice that if a problem is getting worse or the patient becomes more concerned to call us back. We record the advice given by our receptionists and can see if a patient has called in a few times for the same problem. In this case we believe the patient was offered a routine appointment and advised to try some home remedies. If this is not working then call us back and we will look at whether a same day appointment might be needed.

RSp –advised he had not had a good experience when he rang us on Friday 24th May wanting to see a specific doctor and was offered an appointment on Tues 28th May – (Monday 27th was a Bank holiday). The receptionist did then gave him an on the day appointment as he had a problem that could not wait until the following working day. SMo explained that if the patient needs to be seen same day we will offer the first available appointment and would not normally be able to give the patient a choice of clinician. By chance the GP who was available first was the GP the patient wanted to see. An appointment was booked at 8:04hrs for a GP appointment at 09:30 hrs the same day.

RSp queried if there was a reason why the doctor did not see his first patient until 09:30hrs. SM has reviewed the rotas for 24th May and Dr Cheang was the GP overseeing the reception team that morning and so although he was in the reception office working he did not see his first patient in his consulting room until 09:30hrs.

RSp also queried the appearance of appointments to book online as it seemed to show that there were unused appointments that were available before his appointment time. We have looked at our appointment books for that day and there were no GP appointments unused before 09:30hrs He also advised there were two appnts he could book for Monday 27th May (bank holiday Monday) – we have looked but cannot see why this might be as the day is blocked off on our booking system as a bank holiday and no clinical sessions loaded by us for this day. Perhaps it may be that patients can see online the availability of cross organisational "extended hours" appointments that may be on offer at neighbouring surgeries.

RSu – queried about getting an appointment on the day when a patient has a recurring problem that may require an urgent response. SMon explained that we can put alerts on our system that flag up when a patient needs to be seen quickly.

JL asked what comes up on the screen and Smon explained the details – when last seen and by whom, what details the receptionist took, what reviews/blood tests the patient may be due etc - so we can try and book these in for the patient in the most time efficient manner.

SMon thanked the group for sharing their experiences and encouraged everyone to get in touch if they have any other feedback they wish to share.

b. **Kate Turkentine** – A new research nurse, who has been employed by the clinical research network working out of BRI. Her post is being funded for 2 years by contributions from 8 local practices in the Inner City & East area. The idea is to encourage people to think about research studies and encourage and facilitate participation in them if appropriate. She explained that there is a lot of screening /selection before we can identify suitable candidates for the studies.

Feels it will be slow to start with but sure it will gather momentum. She wanted to know if the group felt there would be any barriers to this. Kate confirmed that the research is not pharmaceutical company drug trials. Kate listed a host of research studies that she is currently investigating for rolling out to GP surgeries, these include: back studies; urinary tract symptoms in men and paracetamol use.

SMon explained we have been a very low level research study practice in the past, purely because we did not have enough nurses/staff to take on this extra work. We have been involved in searches to issue invitations to people to participate, but by having Kate onboard it means we can take this to another level, and carry out interviews and recruitment within the practice on a face to face basis.

Some campaigns will be targeted to specific groups and they will receive a mail out. Other campaigns may be opportunistic (ie children who present at the surgery with a cough for more than 3 weeks). Correspondence is generally very targeted and not randomly sent out.

Kate advised stats show that people tend to have better health/ feel better by engaging in research – often being involved in a research study can increase their knowledge and the feeling that they are being supported in managing their condition.

RSp advised he is still regularly contacted regarding a diabetic research project he signed up several years ago and SL said there was a good response nationally to the bio-bank study.

Once we know what studies we want to do we will advertise them on website in waiting room/tv - or targeted patients will get letter.

c. Primary Care Networks. - PCN

Part of the new GP contract this year is that practices have been offered the opportunity to work in collaboration to set up a “Primary Care Network” with other local practices to create a patient base of 30-50k patients. In the first year time will be spent getting the network up and running, appointing a clinical director and agreeing the constitution for the network. There will be funding made available for the groups to jointly employ a whole time equivalent pharmacist and a whole

time equivalent Social Prescriber. In future years this will be rolled out to include recruitment of further pharmacy hours, physiotherapists, emergency care practitioners and paramedics.

Our primary care network will comprise Fishponds Family Practice, Air Balloon Surgery & Beechwood Medical Practice (FABB PCN). This configuration has been approved by BNSSG Clinical Commissioning Group.

The practices are currently working on the recruitment of a pharmacist and are in talks with current local providers of social prescribing to see if we can subcontract services for this for our patients. This is because the current social prescribing services are well established and can offer more in the way of peer support and career development opportunities for employees than we could.

Social prescribers are important as they can help support patients who are troubled by social problems such as isolation, low confidence, mild anxiety, housing & financial worries. By providing someone who can spend time with patients looking at this and signposting patients to support services this releases more time for GPs to spend with patients who need more clinical interventions.

Pharmacist roles may include reviewing discharge summaries to look at instructions for primary care when a patient is discharged from hospital services, updating medication changes made whilst a patient is in hospital, liaising with pharmacies over prescription queries, managing patients with poly pharmacy, conducting medicines reviews with patients. It may also be that this role will eventually entail seeing patients for minor ailment clinics or chronic disease (hypertension) reviews.

6. **Healthwatch/One Care PPG update** - no representative at the meeting today.

7. **Date and time of next meeting -** 6pm on Wednesday 4th September 2019.