

# **BEECHWOOD MEDICAL PRACTICE**

## **PATIENT GROUP MEETING**

**Wednesday 4<sup>th</sup> December 2019 at 6pm**

Present: Cheryl Benson (Chair), Sue Thomas, Barbara Davies, Sylvia Rae, Robert Spensley, John Lawrence, Alan Pound, Shubhash Widge, Monica Grizzle, Pat Foster, Sarah Monteith, Sarah McKay

### **Minutes**

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

CB welcomed opened the meeting – apologies from Lorraine Jones and Rowena Sutcliffe

### **3. Notes of meeting held 5<sup>th</sup> June 2019\* & any matters arising**

- Agreed and no matters arising not on this agenda.
- Reminder of last meeting we had Kate our research nurse attend and tell us about the research projects work she is involved in. Currently PRIMUS research is ongoing in the practice.

### **4. Patient discussion items**

- Please feel free to suggest items you would like to discuss at future meetings
- BD raised about home visits that were mentioned in the news that GP's will not be doing them anymore. SMon advised this could be aspirational, but we currently have no intentions of stopping these. SMon explained how Becky Jarvis and Julie Davidson also do some home visits too.
- BD also asked why blood donations do not happen out of our building. SMon advised we have never been asked, plus we have a lack of space for them to do it here.
- CB raised she attended the low carb meeting that Fishponds Family Practice run and wondered if and when we might be doing it too. Smon explained to the group the ethos around it and how it is quite new thinking. Dr Porteous is very positive about it and he is coming to talk to our GPs next week. We believe we will then start to promote it in the practice. CB's feedback was it feels like it would be good to have more support afterwards – perhaps as a sub group to swap ideas etc. would be good.
- RS advised he had participated in drug trials in the past for a diabetic drug company and had a recent call asking if still willing to be involved, so is interested to find out what will be coming new from their point of view.
- JL asked how does this fit with the living well programme he was referred to – we advised this is quite different- suggests that he speaks to Julie about this. Living Well programme promotes the low fat Weight Watchers type diet whereas low carb diets feature more low sugar goals. Carbohydrates are converted into sugars when they are metabolised in the body so even foods like potatoes can have a surprising effect on blood sugar level.

## **5. Practice discussion items**

### **i) CQC visit and practice rating**

This is the second CQC inspection of the practice and the method of inspection is to do conduct an annual telephone interview first (SMon and 4 partners had a conference telephone call with a CQC inspector which lasted about 2 hrs). Outcome of the phone call was for a small inspection team to then come into the practice for a targeted visit. This happened on 15<sup>th</sup> August – 9.30 to 2pm – two inspectors came in and spoke to several GP's and practice managers. They did not have time to speak to the nurses, but did speak to some PPG members – thank you for those of you who came in for this. It did feel a bit rushed on the day. Copies of the report were handed out at the meeting. The overall outcome was that we retained our good status across all domains. Areas that inspectors were interested in during the visit included: performance around screening and vaccination targets and numbers of patients who had been exception reported because they had not responded to repeated invitations to attend for annual reviews. Examination on the day of patient records, current performance data and discussion with clinicians had shown that any areas highlighted were being managed correctly within the specifications of the services being delivered. Further reading on our practice performance can be found at <https://www.cqc.org.uk/location/1-538885469>

### **ii) Flu Clinic and patient group fundraising**

Performance has been a challenge this year as delivery dates for various vaccines have been delayed and unpredictable. This is unfortunate as then means less time to get programme completed before the flu virus starts to circulate. There is lots of organisation supporting the clinics, especially the Saturday mornings which are very busy sessions. Planning goes into co-ordinating staff and number of appointments booked ensuring they correspond with vaccine delivery levels. Once again the patient group have provided invaluable help with making these special sessions an enjoyable experience that patients are happy to attend.

Thanks were expressed to the PPG members who had supported our Saturday clinics by offering the very popular refreshments and for using the opportunity to promote the PPG to the wider patient population. This year was very successful for donations which are then passed onto nominated charities.

Sylvia Rae (Treasurer) handed out a spreadsheet outlining what we have raised since 2012 and where the money has gone. This year the group agreed that the money raised will be going to "Research into Dementia" at Southmead Hospital. (BRACE)

SMon advised she has already ordered vaccines for next year.

### **iii) Bowel and cervical screening programmes**

Talked about cervical screening rates earlier – also there are concerted efforts to increase the bowel screening rates too. The practice is achieving slightly lower than national targets in both areas and project work is being carried out to try and encourage non-responders to attend. End of project figures in Feb 20 have shown we have persuaded a further 10% of non-responders to now attend for bowel screening.

#### **iv) New appointments to practice team**

Social prescriber/Pharmacist

-Primary Care Networks discussed last time and the mechanisms practices have to go through to access any funding through group work rather than it being released to individual practices to decide how to use. PCN means we work with other practices to have a bigger group of patients to work with – we are working with Fishponds Family Practice and Air Balloon Surgery. This year there is funding to support 1 whole time equivalent (1WTE) of pharmacist hours and 1WTE for social prescribing hours. Our PCN has directly recruited a senior pharmacist who worked at the Spire Hospital previously. Her name is Zynab Meakin, she is a prescribing pharmacist. She will be helping GP's with prescriptions, reviewing repeat dispensing and doing polypharmacy medication reviews with patients who are taking lots of different medications.

Our social prescribers (community link workers) are with us Monday mornings and Wednesday afternoons. Service is similar to Rossanne, Ways to Wellbeing, but on a more frequent basis. Currently we will continue to have the Ways to Wellbeing service and our own social prescribing service. We also have access to a male community link worker coming in every other week – which will hopefully help with patients who are reluctant to communicate with a female support. The services aim to support people with low level anxiety, low confidence or self esteem, isolation, loneliness, worries about money, housing issues etc.

#### **6. Update from Healthwatch/ One Care PPG representatives**

PF – lots of changes. Council have decided to recommission Healthwatch. It went out for tender and now being run by Healthwatch in North Somerset. Pat now only involved in Healthwatch for Bath and North East Somerset.

- SMon to find out if One Care forum meeting still continuing or not and will let PF know.

#### **7. Any other Business**

RS raised he had read something about PSA screening programme and X-Rays for back pain will be stopped, plus more medicines will be designated as available to buy over the counter as opposed to supplying routinely on prescription. SM responded that she was not specifically aware of any firm plans regarding this but that each year there are a number of procedures that are reviewed for clinical effectiveness and sometimes they are re-designated as interventions not normally funded. This now includes a number of procedures that may have commonly been carried out by the NHS in the past but were largely of limited medical use. Eg varicose vein removal, tonsil removal, benign cyst removal, breast enhancement/reduction. Now, if these procedures are requested via NHS delivery they need to be supported by a good medical reason why they are indicated. It does not necessarily mean they cannot be delivered by the NHS but if rejected, because the need is not deemed appropriate, then the patient may have to seek to have the procedure carried out privately at their own expense.

#### **8. Dates for meetings in 2020 - 4th March / 17th June / 9th Sept / 9th Dec**