

# **Beechwood Medical Practice Patient Group (PPG) Meeting**

**Tuesday 26<sup>th</sup> July 2022 at 6pm**

**Location: Seminar Room, First Floor,  
Fishponds Primary Care Centre**

**Attendees:- Cheryl Benson (Chair); Barbara Davies; Sylvia Rae; Subhash Widge, Sue Lewis; David Rowe; Alan Pound; John Lawrence; Rebecca Kemp; Sarah Monteith and Sarah McKay**

**Apologies:- Rowena Sutcliffe, Monica Grizzle & Pat Foster**

## **1. Welcome to meeting, introductions and apologies**

-SMon welcomed all to meeting. Cheryl Benson, said she had not been advised of any other items to be discussed today. SMon introduced Sylvia Rae to the group (as treasurer) – SR reported that we still have £186 in the PPG account as a charity cheque issued just prior to lockdown appears not to have been cashed. We now need to identify a new charity to work with for any fundraising events in the coming year.

## **2. Matters arising from the last meeting**

-Terms of Reference – SMon gave a copy of updated terms for the group and has asked if group members could take away and be ready to give any feedback at the next meeting – DR asked if TOR are on the website – SMon advised the current ToR are there under the section Patient information\ patient participation group section. We would encourage the group to have a look at the website and give us constructive feedback for improvement. The PPG noticeboard in the waiting room has been moved to the corridor beside our reception desk.  
- Add a link about integrated care board - which SMon has done.  
- All happy with the minutes from the last meeting.

## **3. Primary Care Networks (PCNs) – what are they? How might they affect our provision of GP services in the future? – Meet our PCN Manager, Rebecca Kemp.**

- Rebecca Kemp is the PCN Manager and works for the 3 practices who make up our PCN, Fishponds Family Practice, Air Balloon Surgery and Beechwood Medical Practice (FABB PCN). PCN's were introduced in April 2019 and have been growing over the last 4 years. Rebecca's role is to work with the constituent practices to improve business resilience, deliver innovative patient care and reduce health inequalities.
- One of the aims of the PCN is to provide alternative ways of delivering clinical services which may free up GP time. We have been doing this by employing new Additional Roles in the practice including:, pharmacists; paramedics; care co-ordinators; dieticians and social prescriber link workers. They are evolving roles and will help support the traditional model of GP practice workforce. These roles can also work across the PCN and take some pressure off GP's, and potentially provide a wider range of services in a Primary Care setting, closer to patient's homes, where

historically they may have needed hospital appointments. The PCN is also expected to help make the practices more resilient as we work together to share best practice and find the most efficient ways of working.

- Covid vaccination is a good example of a PCN working together to deliver elements of the vaccination programme for our cross-practice populations.
- We have regular meetings – which focus on collaborative working. SMon informed the group we have no plans to merge the practices, and plan to continue with our business model and want to retain our own practice identity. A lot of the new money that is being provided to general practice can now only be accessed if you belong to a PCN and enhanced services work is often targeted to the PCN and not the individual practice.
- DR queried the paramedic role – our paramedic is someone who has a wealth of clinical knowledge – they can triage patients, potentially prescribe and assess who is the best person to help the patient – they help free up GP time.
- Questions – SL asked how would patients know who to call? – 111, GP practice, or do an e-consult. SMon explained our paramedic is called Pip (Philip Rogers) we currently use him to support the reception team in signposting patients to the most appropriate service for their needs (we had a GP helping in reception doing this before). He also holds clinics of his own to see patients with acute ailments (i.e. things that need an immediate response). He carries out home visits which really helps to free up GP time – he is capable of giving an in-depth examination and assessment of the patient and then liaises with the GP to produce a care plan. As a paramedic working within the PCN he can also access peer support (other Paramedics within the PCN) and a GP mentor or supervisor is always on hand to provide support when needed.
- The next role we are hoping to get into our PCN is a Physiotherapist. This role is a prime example of efficiencies of scale. One practice may not have the need to employ a full-time physio, but it means we can employ one full time across our PCN.
- AP asked does this work with the nurses too? SMon advised our nursing team are actually employed solely by the practice – so no plan to do this under PCN as yet but new roles may be introduced in the future.
- SL asked are we going to publicly advertise the existence of these roles and services – i.e. physio. SMon advised the plan is for these to be on our website – but we are aware our website currently needs a revamp. There is a project going on with our local GP Federation, One Care, to design a model GP website that we would like to use. More details should be available later in the year.
- DR suggested getting notifications (via email) when new services/updates are added to the website.

#### **4. Update from Healthwatch/ One Care PPG representative (Pat Foster)**

-No update today – as Pat gave her apologies tonight. Pat has sent SMon a document re the role of patient participation groups interacting with social prescribing providers.

SMon gave a recap on what the social prescribing link worker can do for our patients. We refer a patient to the link worker and they will then get in contact with patient, listen to how they can support them, help the patient identify what is most important to them to help improve their wellbeing; and then point them in the right direction to groups or services that may facilitate this. This service

continued through covid (through phone contact) but the link workers are now back on site and can see patients face to face if patients prefer. Likewise the Carers Support worker, Mary Bennett, is also back on site to see patients here if wanted.

-SMon suggestion is that at next meeting we ask if one of the social prescribing link workers will come along and explain more about their service.

**Action: Invite SPLW to next meeting**

## **5. Practice updates**

- SMon asked if the group had any questions regarding the practice. SL asked how we have managed to employ such lovely receptionists – gave an example of how well one of the receptionists coped with being abused by a patient at the reception desk recently. SM said that recruitment and retention was currently quite a challenge but we do endeavour to pick staff who we believe will interact well with our patients and then they have intensive training over many months.
- A problem with phones had been raised at the last PPG meeting. Patients reported that they got into queue, but then got dropped before getting through, patients reported they do often have to call several times but would get through eventually and often waiting until later in the day to call can be the best option. SM explained that we cap the number of calls waiting in the queue at 12 as we do not want patients having their calls connected and then having to sit in a queue for an excessively long time. The number of calls we can handle is directly linked to the number of receptionists who we have working each day. Currently we are shorter on the overall number of reception hours and have been actively trying to recruit more staff for several months. Similarly to the experience of many other businesses, this is proving to be much more challenging than in the past.
- Feedback- the welcome telephone message is still long at the beginning. Could we re-record? **Action - SM will investigate.**
- DR would like something on the website to say how many phone calls / face to face appt/ video consults were wasted in the last months – **Action SM will produce some reports for the website.**
- Covid & Flu – plans for this in the autumn. – hoping to have appts on system in next few weeks; including appointments that can be booked via your patient app. Cohorts who can have the vaccine have changed again (so challenging to plan). Likely to be a directed clinic with a one way system in and out of the building like the covid clinics have been run previously, as this proved to be an efficient and safe way of managing a lot of patients whilst maintaining social distancing. We will be sending out invites to all eligible patients shortly.

## **6. Feedback/suggestions from patients**

- - The ping has gone off the TV screen – **Action SMC will look into this.**

## **7. Dates/format for meetings in 2022**

- Suggestion Tues 25<sup>th</sup> Oct at 6pm as date for the next PPG meeting.