Beechwood Medical Practice Patient Group Meeting Minutes

Tues 24th January 2023 6pm

Attendees: - John Lawrence; Sue Lucas; Trisha Jackson; David Rowe; Monica Grizzle, Pawel Capik; Alan Pound; Sarah Monteith & Sarah McKay (Pip Rogers for part)

1 Welcome to the meeting, introductions and apologies

- Apologies from Cheryl Benson & Rowena Sutcliffe
- SMon gave the background to how we got a paramedic, as part of Primary Care Network Additional Roles be introduced. This funding is only available through the Networks of practices and is intended to reduce pressure on GPs workload and to improve practice resilience. There were some initial challenges in having these roles as working across a number of practices can be difficult and there was less in the way of peer support for new roles however thisis improving as the numbers increase. Overall the additional roles are bedding in well and are proving very helpful to the GP practices. Roles might include: Pharmacists, Paramedics, Dieticians, Care Co-ordinators, Health & wellbeing coaches and the scheme is introducing other new roles each year.
- DR asked if any GP practices are wholly salaried GPs - SMon advised locally the service offered by Brisdoc Social Enterprise - they currently have contracts for the Severnside Integrated Care Service (Out of Hours GP cover and the local 111 service) The Homeless Health Service, Broadmead Medical Centre and Charlotte Keel Medical Practice.
- Talked about the training that some of the new ARRS clinicians have to sign up for when joining the PCN, for some such as pharmacists who have been practising for many years, this can seem bewildering when they are already extremely experienced. Currently the training is one size fits all for newly qualified and vastly experienced staff which is not productive and we have fed this back in the hope that it will be offered as a more targeted course for future intakes.
- We discussed some of the items from the summary pages of the cross party report into the future of GP services. It identified concern over the GP workload and whether safe limits should be introduced. One measurement was the number of patients per whole time equivalent GP. Some practices have an average as high as 2500 patients per GP, the aspiration is 1850 per GP. The recommendation is to try and reduce the patient/doctor ratio over the next 5 years. Currently our practice runs at about 1853 patients per WTE GP so we are not doing too badly. SL asked could others do some of the GP paperwork – SMon explained some work is being done by pharmacist / paramedic etc where it is appropriate. Eg review and update of medical records following hospital discharge, review of prescriptions.

2 Matters arising from the last meeting

- DR queried progress on the Website redesign. – SMon had attended a One Care working group meeting prior to Christmas to look at setting minimum and consistent levels of information across practice websites. Currently awaiting date of next meeting.
- We discussed the PPG UK newsletter that had been previously circulated by Pat Foster. DW suggested we ask to be added to the mailing list and find out a bit more about the publication and who produces it– **Action SM - done**
- We are currently recruiting for an Operations Manager role with the view to succession planning. Once in place this should free up some time to get back to issuing things like practice patient newsletters.
- Pt DNA numbers - can we show this in numbers of appnts weekly as opposed to hours lost – SMon believes we have asked for it to be shown in this way but will double check. **Action – Check format SMo – number of appts per month lost and equivalent in number of clinicians days lost. Updated monthly.**
- CP asking about pharmacy opening hours communication – we advised we do not have any affiliation with community pharmacy businesses and unfortunately can not influence their opening times or how they work etc. He reported being unhappy with services he has received at a local pharmacy. SMo advised this needs to be reported to the pharmacy concerned and if not receiving a good service try changing to a different provider. We are aware that the independent chemists locally seem to have very good feedback.

3 **Update from Healthwatch/One Care PPG representative** (Pat Foster)

- Pat Foster not present tonight so no update given.

4 Feedback /Discussion items from patients

Nothing specific had been tabled for this meeting.

5 Practice updates/ Meet our paramedic Pip Rogers

- Pip Rogers, Paramedic joined the meeting. He had been invited to talk to the group about his role as a PCN employed Paramedic.
- Background – just under 20 yrs on the road as a paramedic, (previous experience was 4yrs on his own in a rapid response car going to emergency calls and the rest of time in a double crewed ambulance) – then took on role of a clinical team leader at 111 – was there for a year and then joined the practice.
- In ambulance service around 45% of the pts he saw would be going to hospital, the remaining he would manage at home or he would direct them to another service.
- He does not currently prescribe but this is a future training goal for him (which he is hoping to do alongside one of our pharmacists). That said if he recommends that a prescription is needed ie for a bacterial infection, asthma, skin condition etc., he will liaise with a duty GP for one to be done within a short timescale and for it to be transmitted electronically to the pharmacy of the patient’s choice.

- Normal working day is usually 8am to 4pm – Tues 12 to 8pm to cover enhanced access hours we need to provide.
- Pip usually spends the first two hours of his day in reception helping the receptionists navigate patients to the most appropriate service – this might include such things as a booked appointment with a community pharmacist, review by one of our own advanced practitioners, advice to attend a walk-in centre or A&E department, referral to a social prescribing link worker or a GP appointment.
- The reception team are also improving their skills with Pips help, plus it reassures patients that a clinician is guiding the receptionists with the services being offered.
- He has a morning clinic seeing patients with minor ailments, then time set aside for any home visits, depending on how many home visits there are he will then do afternoon clinic.
- Often spends time visiting frail /elderly pts with complex medical needs.
- Represents the practice at regular Frailty Multi-Disciplinary Team meetings. This is a meeting to discuss a small group of patients who are felt to be at the highest risk of an unplanned hospital admission. Attendees will include: Community nurses, social worker, occupational therapists, social prescriber, carers support, practice paramedic or nurse practitioner, practice GP. They review the patient case notes together with a view to ensuring that the patient has all the support possible to keep them out of hospital and safe in the community.
- He has undergone further training to enable him to convert from a community role to this general practice role and this has involved further university study and clinical supervision from one of the GPs who acts as a mentor.

- Questions: -
- DR – asked title is still a paramedic, however not actually going out on emergencies anymore? Asked if misses not being out on the road?

Pip said no. He prefers the stability of planned work at the practice and regular working hours.

Do you think this has affected the paramedic workforce as in a shortfall of them? Yes potentially in the short term – but the difference is a paramedic can be trained quicker than a GP.

DR asked what is the difference between Advanced Nurse Practitioner and a paramedic. Can be very little, depends on what additional skills they each have ie prescribing qualification, ANPs are often highly experienced in chronic disease management and long term conditions, whereas paramedics usually have a background of emergency medicine. So having a mix of both type of role in the practice is usually complementary.

PC – wanted to share that he his own experience that the paramedic model may not always save time and some patients may prefer to be seen by a GP. Reiterated that we cannot comment on individual patient examples in this meeting, but that a patient can ask for a second opinion if not happy with a level of service. The point of having a paramedic or ANP for minor ailments is that most of the types of illness they will

see do not need to be seen by a GP, are self limiting or just need examination and reassurance with prescriptions being ordered within a short timeframe where appropriate. The roles have helped the practice in our ability to deliver effective services for our patients enormously and without these roles we would not be able to offer patients who need them, appointments with GPs within the current timeframes. GPs are always on hand if the minor ailments clinicians need further support or advice.

6 AOB.

- SL – mentioned the reception team we have now are exceptional. SMon reported that we are currently re-training all the reception team in navigation as part of their annual training programmes.
- Phone queue talked about – advised twelve lines queuing – SMon encouraged patients not to ring at 8am in morning as if your call is urgent, and you need to be seen the same day, then you will be regardless of what time you call. Likewise it is not helpful for patients to come to the surgery to book an appointment if the lines are busy as this then means staff have to stop answering calls to come to the front desk to book appointments. We do have very reasonable capacity at the present time and waiting times for access to services are not long compared to many other local practices.
- SMon asked pts to think about the unintended consequences of providing Enhanced Access – additional appnts outside of core hours (early morning and late evenings and weekends) and how this puts our resources in conflict when then trying to deliver continuity of care. Some of the messages being broadcast nationally and in the media is that it is possible to offer GP services 12hrs a day, 7 days a week. This is not realistic with the number of trained clinicians currently available and they cannot be available every day so this then limits ability to deliver continuity. There are also current challenges with recruitment and retention amongst the GP workforce due to ever increasing complexities in the work, long working hours, unrealistic patient expectation and growing workloads.
- Ageing Well – leaflet circulated with agenda – Smon asked if anyone was interested in helping with this, it is around planning services for pts going forward, they are asking for feedback from patients with lived experience of being carers for an older person.
- AP asked if Mary Bennett, Carers Support Worker, was still working with the practice, SMon advised she was. If any carer might like to be put in touch with Mary and the Carers Support Service, please call reception and they will arrange for the service to get in touch.

7. Date for next meeting – Tues 18th April 23 – 6pm – Seminar Room, Fishponds Primary Care Centre