

Patient Participation Group Meeting

18th July 2018

Minutes

Attendees

Jo Curtis, Pat Usherwood, Lurel Roy Hacket, Esmine Frances, Frank Burge, Rachel Samuels, Rebecca Hardy, Dr Phil Simmons, Practice Manager Jane Isaac, Admin support Helen Harvey Wilson

Apologies

Robin Young, Estina Jackson

Abbreviations

- *Patient Participation Group (PPG)*
- *Terms of Reference (ToR)*
- *Out Of Hours (OOH)*
- *Community Interest Company (CIC)*
- *Charlotte Keel Medical Practice (CKMP)*
- *Friends and family Test (FFT)*

Meeting Overview

- *Discussion of minutes from the last meeting*
- *Introductions of PPG members*
- *Introduction of Jane as practice manager*
- *Explanation of new structure*
- *Discussion of Terms of Reference (ToR)*
- *Any other business - discussed*
- *Patient Survey*

Actions

- *Jl to contact Pat about specific issue re malfunctioning of pharmacy nomination process*
- *Anyone to email Jane about issues around repeat prescription pharmacy nomination (Rachel Samuels- problem with medication being lost in transit janeisaac@nhs.net)*
- *Helen to amend TOR ;Confidentiality raised as a primary concern of PPG, should this be point 1 in the ToR or does there need to be a confidentiality statement*
- *All to help; Request feedback on patient survey options from PPG members*
- *Jane :Too much paper included in meeting packs need to email out so put together an email group to send out invites where possible*

Patient Participation Group Meeting

18th July 2018

Minutes

Minutes from the last meeting

- All participants are happy with the minutes from the last meeting
- Improvements in reception
 - o Wait times on the phone lines reduced
 - o Better Service generally
- Also noted that CKMP are hiring 5 more reception team staff

Any other business to add to the agenda

- Repeat prescriptions
- Length of wait for appointments
- Waiting room electronic boards
 - o One board is not enough due to the shape of the waiting room, it can't be seen.
- Nominated pharmacy function not working as it should

Introductions

Phil Simmons

- Lead GP at CKMP
- Has been at the practice for eight years, through lots of changes

Jo Curtis

- Thinks CKMP is the best practice and has been here for many years

Rachel Samuels

- Been at the practice since birth, and part of the meeting for the last four years

Pat Usherwood

- Been coming to CKMP for many years, before the new building extensions

Helen Harvey Wilson

- Administrative Assistant to Jane and Hayley
- Grew up in Bristol

Roy Hackett

- Been coming here since 1959 when it was just huts
- Believes in working at change from within

Esmine Frances

- Been here for a long time
- Social services care advisor

Rebecca Hardy

- Primary school PA
- Been here from 1995

Frank Burge

- Lead Nurse for OOH at BrisDoc

Jane Isaac – New Practice Manager

- Practice Manager in Bath
- Worked in Eastwood Park Prison for NHS implementing change
- Returned to practice management at CKMP because
 - o Loves it here,
 - o Loves people,
 - o Loves BrisDoc

Structure

BrisDoc

- BrisDoc is a Community Interest Company (CIC) responsible for the management of:
 - o Northville family practice
 - o Bishopston
 - o Charlotte Keel Medical Practice (CKMP)
 - o Boardmead Practice
 - o Out of Hours (OOH)
- As a CIC, BrisDoc reinvests profits in community care & back into the service
- BrisDoc have been able to take over the HR and the Finance aspects of administration
 - o Efficiency gains in this area due to scale

Charlotte Keel Medical Practice

- Financial struggles and funding cuts where the down fall
- CKMP is one of the most effectively run practice of BrisDocs acquisitions
- Some of CKMP frameworks are being used to form BrisDoc management policy

Lead Team

- Dr Pete Allen, Dr Phil Simmons (Lead GP's)
- Liz Turner (Lead Nurse)
- Jane Isaac (Practice Manager)
- The lead team meets regularly with one another and also with BrisDoc head office
- The PPG feeds into these meetings

Practice Pharmacist

- Recently hired a practice pharmacist- who will eventually alleviate pressure from the GP's
- Increases in the quantity of medication have made repeat prescribing a lot more complicated
- The move towards doing this online helps ease the process
 - o Reduced administration costs
 - o Reduced waiting times
 - o Reduced paper costs
- As a practice we want to encourage this move but keep alternative options available
- It is still early stages in the process, there may be issues along the way however some issues at present are
 - o No nomination made but prescriptions sent away to pharmacy anyway
 - o Information on screen was incorrect but when printed out it was right
 - o Medication getting lost in transit

- *Pharmacists can also be overstretched; sometimes it can be worth changing pharmacist if too many issues, patient choice*

Terms of Reference

- *Draft is from a generic source, and so wanted to discuss and personalise today with PPG*
- *Below are points 1-17*
 - 1)** *CCG, Health Watch, Public Health England*
 - *PPG Involvement ranges from attending meetings to sharing minutes etc.*
 - 2)** *All agreed*
 - 3)** *PPG members to encourage diversity within the PPG- invite friends from diverse backgrounds*
 - 4)** *Patient Survey*
 - 5)** *All agreed*
 - 6)** *PPG can be a sounding board for wider policy proposals*
 - 7)** *PPG should be chaired by practice manager*
 - 8)** *GP present*
 - 9)** *Every 6 months*
 - 10)** *All agreed*
 - 11)** *Quorum of at least 4 patients*
 - 12)** *All agreed*
 - 13)** *FFT Monthly feedback increases diversity of response*
 - 14)** *Closer working between primary and secondary care, closes gaps and reduces risks for patients.*
 - 15)** *Complaints and compliments – more easily available*
 - In terms of national average scored based on randomised questionnaires, CKMP scores well (75% Would recommend)*
 - In terms of optional feedback there are a small number of negative comments online*
 - 16)** *Encourage people to get their children/themselves vaccinated (MMR)*
 - 17)** *Liaise with other PPG's – Frank from OOH is taking the opportunity to participate in PPG's with the view to forming a PPG for the OOH*

Any other business - discussed

Long waits

- *Two long term GP's recently retired/resigned*
- *Increasing administrative workload for GP's*
- *Call back model is unsustainable as it is*
 - *Good model for Urgent requests but as there are not enough appointments it is used for non-urgent requests*
 - *Leading to over 300 Call backs a day and long hours for the GP's*
 - *Through improved access it is hoped that there will be some more appointments available which starts in Oct 2018*
- *Recruitment should help with appointments; there should be better access come September.*
 - *Dr Charlotte Rudd who was a GP registrar at the practice has now joined as a salaried GP*

- *Dr Sri Karingala who was a regular locum GP at the practice has signed a fixed term contract*
- *Saturday morning appointments available come October due to Improved Access scheme.*
- *Ability for those who wish to be seen at practices with greater capacity should reduce wait times for patients and alleviate pressure here*
 - *Improved access between practices allows this option to be seen more conveniently to happen*
- *Planned appointments are released up to 3 weeks in advance- if too long patients don't turn up – but if it is urgent patients will be seen through the call back model*

Patient Survey

- *Members would be willing to help out with this*
- *Concerns raised over the size of survey and associated paper wastage*
 - *Online using Survey Monkey via email*
 - *Text*
 - *One sheet with lines for each respondent*

Future meetings

- *Wednesday 16th January 2019*
- *Wednesday 17th July 2019*