

Bridgnorth Medical Practice Patient Representative Group
Minutes of Meeting held Tuesday 12th November 2019

Attending:

Nigel Nicholas (Chair)
Andy Hanson
Jo Kerridge
Dude Newell (Practice Manager)
Sarah Underhill
Jan Colley

Apologies: Ersuline Whittle

1. CQC Update (DN)

DN explained that each practice receives an annual telephone call from the CQC. This takes the form of 19 pre-prepared questions. The call took place in late October and a visit has been triggered which will take place on 26/11/19

2. Improving Practice Questionnaire

Copies of the survey and answers were circulated to the group. Overall, 77% of patient ratings about the practice were good, very good or excellent. The previous survey took place in 2017 and the overall rating was 80% so the ratings have decreased.

DN acknowledged that many patients were frustrated due to the lack of appointments to see a doctor. DN explained that one of the strategies to deal with this is to promote selfcare. The Meds Management Team from the CCG are putting in a tabletop display to promote selfcare and what to have in the home by way of a 'first aid kit'. It was recognised that the pharmacy can help with treatment but that many do not want to seek advice from the pharmacy. Boots are coming into the surgery on 21/11/19 and will the visit monthly to promote the use of pharmacies. Murrays and the Low Town pharmacy have also been invited to visit the practice.

The practice has four Urgent Care Practitioners (UCPs); these are paramedics with additional training in assessment. They will be coming out of uniform in December and can visit people in their homes. They can see anyone that a GP can see up to a point and make referrals eg for cancer. One has finished their prescribing training and the others will shortly start theirs. DN asked the group to think about how the practice could promote the UCPs

The practice is considering a photo board for clinicians so that patients know who is who.

Continuity of who a patient sees can be an issue. DN explained that patients who need to see the GP again should have a slip from the GP that helps the receptionist override the appointments system and book an appointment with the same GP.

DN went on to explain that the practice has a total of 13 GPs: 8 are partners, 2 are salaried and 3 are trainee GPs. Every day, 1 FTE GP is sent to Bridgnorth Hospital and each week, 1.5 FTE GPs are visiting care homes locally. Both of these are contractual. This leaves 5.5 FTE GPs available each day (minus holidays, training etc), which also involves covering long term conditions clinics and minor operations.

Reception staff turnover is high – 60% in the past 2 -3 years which means lost knowledge and skills. Reception staff cannot triage but ask questions so that they can signpost to the most appropriate care. The number of reception staff has increased.

The practice plans to introduce e-consult by the end of the year. This has been piloted in Much Wenlock. This doesn't give appointments but can be filtered to the correct treatment. Red flags will identify the need to call 999. On the system a patient can choose selfcare, pharmacy care or GP.

A communications plan is required for the launch of e-consult

ACTION: PRG to consider how to promote when the practice is ready to launch this

ACTION: PRG to spend time sitting on reception to understand the flow of information and the demands on the system. This to be combined with a tour of the practice

ACTION: Practice to set up boards to promote the UCPs, and to show a typical day in the life of a GP to help patients understand the wider role of doctors

There was a discussion about the appointments system. Patients can book face to face appointments but not more than 4 weeks in advance. New appointments are released every day. In December, GPs and staff will be looking at the appointments diary to consider any changes that could be made.

Other key issues from the survey are seeing GP of choice and telephone access.

ACTION: DN to invite the Social Prescribing organiser and DF, Administration Manager to the next meeting of the group to introduce themselves.

Care Closer to Home – this is a CCG pilot where a trained nurse will identify patients who are at risk of readmission into hospital and put in any support needed to prevent this.

Nine practices are working together to develop Primary Care Networks (mini PCT type organisations) which are looking at shared services, e.g. network pharmacies looking at medication.

The practice is also a Hub for district nurses

There was a discussion about the survey itself and the methodology behind it. Key points:

- Surveys done as part of a rolling programme throughout the year rather than as a one off in order to increase participation and get a more representative view
- Survey available online

- Send out via e-mail
- Shorter more focussed survey
- Consider different companies – DN to ask other practices who they use

NN circulated a list of useful organisations that he was inviting into the practice to promote their services to patients. ACTION: PRG to read through the list and identify any that they have contacts for and invite them. Let NN know so that groups aren't double booked.

Date of next meeting: Tuesday 21st January 2020 @2pm