

## Bruton Patient Group Meeting

16 April 2021 by Microsoft Teams

<b>In attendance:</b>	Robin Currie (Chair), Angela Coldman (Vice Chair), Elisabeth Ingles, Fran Steele Jane Hobbs (Practice Manager), Louisa McLachlan (Clinical Lead)
<b>Apologies:</b>	Virginia Membury

Item	Notes	Who	When DD/MM
Welcome & apologies	<ul style="list-style-type: none"> <li>RC welcomed members to the second virtual Patient Group meeting.</li> <li>It was noted that Bryan Pearson had resigned from the Patient Group prior to this meeting.</li> </ul>		
Actions from previous minutes	<ul style="list-style-type: none"> <li>Minutes were approved, and to be added to the website</li> <li>Matters Arising:               <ul style="list-style-type: none"> <li>Terms of Reference: the latest version was circulated with the agenda for reference following amendments discussed at the last meeting.</li> <li>Discussion whether the Terms of Reference (TOR) did include provision for providing a supportive letter to patients and whether the TOR should be amended to include “to provide support and engagement with the practice”. After discussion, agreed that the role of ‘critical friend’ was to provide constructive criticism as well as support when needed and therefore the TOR were satisfactory.</li> </ul> </li> </ul>	JH	April 21
Chairman’s report	<ul style="list-style-type: none"> <li>RC reported that he had recently attended a CCG PPG Chairs and an SHS Chairs meeting. Both provided ongoing and useful information, especially the SHS meeting. The CCG meeting only had 11 surgeries in attendance, whereas only 2 apologies were received for the SHS meeting.</li> </ul>		

	<ul style="list-style-type: none"> <li>When asked for his views on SHS, RC said that it was very positive with a strong vision and intentions for the future. RC said when he meets with Chairs, he never hears criticism from other leads only positive news such as recruitment. Things are happening because of Symphony, and very happy with SHS and how it's maturing. RC advised that SHS has now invited a PPG Chair onto their Board, which is very positive and shows their good intentions to include patient voice.</li> </ul>		
Demand and Activity Review	<p><u>Appointment &amp; Activity</u></p> <ul style="list-style-type: none"> <li>JH provided an update on recent activity, comparing it to the previous four months (November 20 to March 21). This showed that:             <ul style="list-style-type: none"> <li>Incoming requests through AskMyGP continues to average 300-350 per week, but has recently been getting busier, with Mondays by far the busiest day of the week</li> <li>In addition to AskMyGP requests, other activity within the practice has increased with March busier than any of the previous four months. Activity in March included:                 <ul style="list-style-type: none"> <li>3925 phone calls received</li> <li>1595 AskMyGP requests</li> <li>7964 medications issued</li> <li>250 referrals made</li> <li>1905 test results reviewed</li> <li>836 documents coded – this means letters received from other providers (eg Yeovil Hospital) which need coding into the clinical record and actions taken such as arranging follow up tests, changing medications etc</li> </ul> </li> <li>Our Friends and Family result was 100% good/very good in February, and 78% in March.</li> <li>Other work undertaken but not reflected in the patient activity data included:                 <ul style="list-style-type: none"> <li>Appointments for other clinicians such as Practice Nurses &amp; HCAs, Healthcoaches, MSK Physio, women's health clinics</li> <li>COVID: vaccination clinics including booking and staffing</li> </ul> </li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>▪ Practice administration: for example 681 registrations and deductions between November and March which involves administration work for each one</li> <li>▪ Service development: introduction of birthday recalls, contracts, Green Impact, early cancer diagnosis, QOF</li> <li>▪ Meetings: Gold Standard Framework for palliative patients, safeguarding for adults and children, staff, clinical, Primary Care Network, PPG, patient 'huddles' twice weekly</li> <li>▪ Information: bulletins, emails, webinars, training, website, Facebook, etc</li> <li>▪ Practice maintenance: staff &amp; HR issues, finance, premises, safety alerts, prescribing updates, websites, newsletters, complaints</li> </ul> <p><u>Patient Behaviour</u></p> <ul style="list-style-type: none"> <li>• The Patient Group recently published a 'letter to patients' following a number of recent incidents where patients were exceptionally rude or demanding of practice staff. JH and LM welcomed the support of the patient group, noting that the majority of patients were very nice and reasonable but there were daily occurrences where patients were challenging as they did not listen or could not get what they wanted and a number of occasions where patients had shouted or been rude to staff which was upsetting.</li> <li>• There were a number of themes emerging, for example:             <ul style="list-style-type: none"> <li>○ Demanding to book face to face appointments, when the practice is continuing to operate triage first with only face to face appointments when offered when appropriate. This is in line with current guidance, and in recognition that national lockdown rules are still in place</li> <li>○ 'Stop using COVID as an excuse' – this has been used a number of times by patients, despite the increased workload due to COVID and the necessary changes to how we work</li> <li>○ Being accused or being closed or no-one here - when patients do come into the</li> </ul> </li> </ul>		
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	<p>building it seems quiet because appointments are spaced out. However, this belies the actual activity, as we can provide far more patient contacts via phone calls and messages than when we previously provided in person appointments.</p> <ul style="list-style-type: none"> <li>• VM offered information regarding the Alternatives to Violence programme she is involved with; this was welcomed by JH/LM and further details would be appreciated.</li> <li>• RC suggested there was a communication issue (not just at Bruton) as patients do not understand 'triage' and suggested that the CCG or NHS nationally should do more to explain. JH to raise with CCG.</li> <li>• LM said she had been asked by SHS to make a video to explain the different roles and why it doesn't have to be a GP. EI suggested an article for 'a day in the life of the practice' for The Dove.</li> </ul>	<p>VM</p> <p>JH</p> <p>JH</p>	<p>April 21</p> <p>April 21</p> <p>April 21</p>
Practice Update	<p>Staffing</p> <ul style="list-style-type: none"> <li>• There have been some changes within our Clinical Team: <ul style="list-style-type: none"> <li>○ Dr David Rogers started on 12 April for Mondays/Tuesdays and some Fridays, replacing Dr Rehman.</li> <li>○ Dr Nick Gompertz has reduced his working days to Monday/Wednesday only</li> <li>○ Dr Susanna Stoneley has increased her days to 3, being Wednesday/Thursday/Friday.</li> <li>○ There is a continuing vacancy for a Nurse Practitioner which we are covering with locums at present.</li> </ul> </li> </ul> <p>Premises</p> <ul style="list-style-type: none"> <li>• Continuing to maintain COVID precautions due to the size and layout of the building meaning that social distancing is very difficult</li> <li>• Protection of the building for safety of vulnerable patients and staff is important, as an outbreak would mean the practice closing</li> <li>• The waiting room has now been redecorated</li> </ul> <p>Appointments</p>		

	<ul style="list-style-type: none"> <li>The Clinical Team appointments continue to be managed through AskMyGP and be telephone consultation first. In person appointments are arranged if medically appropriate</li> <li>From 1 April, the practice moved to Birthday Month recalls for chronic disease reviews.</li> </ul> <p>Governance</p> <ul style="list-style-type: none"> <li>The practice has recently had two power cuts in one day which affected the vaccine fridges and phone system. The safety of the vaccines has been confirmed with the appropriate team in NHS England.</li> <li>We also found used needles left in the external postbox, which is unacceptable. Thankfully no one was injured.</li> </ul>		
<b>COVID-19 Update</b>	<ul style="list-style-type: none"> <li>GP practices are required to provide clinics as a PCN group not individually, therefore we cannot provide vaccines from the surgery building</li> <li>All appointments are made by us, not the National Booking Service (119). Initially all appointments were booked by phone but we are now using a text booking service with attempts made to contact all patients in eligible cohorts if not booked</li> <li>We are given a maximum of 10 days' notice of vaccine deliveries, which means all patients and staffing needs to be sorted within that timescale</li> <li>2<sup>nd</sup> vaccines have just started, but first and second doses depend on supply</li> <li>To date, 47% of our practice population has received their first dose.</li> </ul>		
<b>Patient Group Membership and Recruitment</b>	<ul style="list-style-type: none"> <li>JH to develop the Patient Group page on the website for information. This would include the minutes of the meetings.</li> <li>In addition, promotion to invite members would include: <ul style="list-style-type: none"> <li>Notices on consultation room doors and waiting room</li> <li>New patient registration forms</li> <li>Community day – the Church Fete is on 17 July, which would be a good opportunity</li> <li>Newsletter</li> <li>Complaint responses</li> </ul> </li> </ul>	JH	April 21
		JH	April 21

	<ul style="list-style-type: none"> <li>○ Proactive letters to patients</li> <li>○ Symphony banners</li> <li>○ Poster – council office</li> </ul>		
SHS Update	<ul style="list-style-type: none"> <li>● SHS continues to grow and has welcomed Ryalls Park, Yeovil to the group on 1 April with a further practice due to join on 1 July.</li> <li>● SHS has continued to provide tremendous support to the practice including weekly video calls to monitor the situation and give support, guidance and advice, support for staff, etc.</li> </ul>		
Primary Care Network update	<ul style="list-style-type: none"> <li>● The PCN has been focused on the Covid vaccination programme in recent months which has worked very well and has received much positive feedback.</li> <li>● JH to include information about the PCN in the next newsletter for patient information.</li> </ul>	JH	May 21
AOB	<p>Patient Newsletter</p> <ul style="list-style-type: none"> <li>● A new Patient Newsletter was circulated prior to the meeting by JH and welcomed by the PPG. JH to provide 20 copies to AC for the pharmacy and council offices.</li> </ul>	JH/AC	April 21
Date of Next Meeting	<p>Due to the delayed date of this meeting, the next meetings were agreed as follows:</p> <ul style="list-style-type: none"> <li>● Friday 16 July</li> <li>● Friday 15 October</li> <li>● Friday 21 January 2021</li> <li>● Friday 15 April</li> </ul> <p>All meetings provisionally 11.00am -12.30pm, to be held by Zoom or in person (to be agreed before each meeting).</p>		