

Bruton Patient Group Meeting

16 July 2021 by Microsoft Teams

In attendance:	Robin Currie (Chair), Angela Coldman (Vice Chair), Elisabeth Ingles, Fran Steele, Virginia Membury, Olivia Spencer Jane Hobbs (Practice Manager), Louisa McLachlan (Clinical Lead)
Apologies:	None received

Item	Notes	Who	When DD/MM
Welcome & apologies	<ul style="list-style-type: none"> RC welcomed members to the Patient Group meeting and introduced new member, Olivia Spencer. A second new member had also volunteered to join the group and contact had been made. 		
Actions from previous minutes	<ul style="list-style-type: none"> Minutes were approved; to be added to the website Matters Arising: <ul style="list-style-type: none"> Patient Behaviour: JH confirmed that staff were continuing to experience challenging conversations with some patients, though this was known to be an issue for many practices nationwide. Security issue: LM explained a recent security incident when threats had been made against staff. The police and NHS Security had been informed and CCTV installed. 	JH	July 2021
Chairman's report	<ul style="list-style-type: none"> 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, though information about the BRAVE project was shared. This was using data in 3 PCN areas (Mendip, Sedgemoor and Exmoor) to proactively identify 		

	<p>increased risks of hospitalisation to direct care to those in greatest need in order to reduce hospital admissions and stays, which seemed very interesting.</p> <ul style="list-style-type: none"> • RC asked if Bruton was part of the Somerset SIDER project and LM confirmed the practice was which enabled information sharing between providers in Somerset such as for out of hours care. • RC advised that Symphony Healthcare Services now included a PPG representative as a Board Member and it was good to see they were 'walking the talk'. 																														
Demand and Activity Review	<p><u>Appointment & Activity</u></p> <ul style="list-style-type: none"> • JH provided an update on recent activity and comparing to the year to date. This showed that: <ul style="list-style-type: none"> ○ Incoming requests through AskMyGP continued to average 300-350 per week though this has reduced slightly in recent weeks although staff absence has unfortunately reduced capacity at the same time ○ In addition to AskMyGP requests, other activity within the practice has increased. Activity in the recent quarter was: <table border="1" data-bbox="638 914 1608 1193"> <thead> <tr> <th><u>Activity</u></th> <th><u>April 2021</u></th> <th><u>May 2021</u></th> <th><u>June 2021</u></th> </tr> </thead> <tbody> <tr> <td>Phone calls in</td> <td>3276</td> <td>3168</td> <td>3343</td> </tr> <tr> <td>AMGP requests</td> <td>1457</td> <td>1249</td> <td>1428</td> </tr> <tr> <td>Medications issued</td> <td>7824</td> <td>7540</td> <td>8112</td> </tr> <tr> <td>Referrals made</td> <td>206</td> <td>185</td> <td>210</td> </tr> <tr> <td>Test results</td> <td>2329</td> <td>2197</td> <td>2449</td> </tr> <tr> <td>Documents coded</td> <td>854</td> <td>855</td> <td>1020</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ○ Other work undertaken but not reflected in the patient activity data included: <ul style="list-style-type: none"> ▪ Appointments for other clinicians such as Practice Nurses & HCAs, Healthcoaches, MSK Physio, women's health clinics ▪ COVID: vaccination clinics including booking and staffing 	<u>Activity</u>	<u>April 2021</u>	<u>May 2021</u>	<u>June 2021</u>	Phone calls in	3276	3168	3343	AMGP requests	1457	1249	1428	Medications issued	7824	7540	8112	Referrals made	206	185	210	Test results	2329	2197	2449	Documents coded	854	855	1020		
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	<ul style="list-style-type: none"> ▪ Practice administration: patient registrations and deductions, prescriptions, private fee work ▪ Service development: introduction of birthday recalls, contracts, Green Impact, early cancer diagnosis, QOF ▪ Meetings: Gold Standard Framework for palliative patients, safeguarding for adults and children, staff, clinical, Primary Care Network, PPG, patient 'huddles' twice weekly ▪ Information: bulletins, emails, webinars, training, website, Facebook, etc ▪ Practice maintenance: staff & HR issues, finance, premises, safety alerts, prescribing updates, websites, newsletters, complaints <ul style="list-style-type: none"> • The Patient Group recognised that this was a significant level of activity, much of which is unseen by patients. <ul style="list-style-type: none"> ○ RC asked how this could be communicated with patients - there are limited communication channels for the practice such as social media and our website but members were welcome to share through local forums and groups. ○ OS asked if AMGP was more efficient and if more people were using it – LM explained that if patients were signed up they can put their own request on and the practice can also send messages via email back to patients however, many patients have either not activated or disabled this function. It would be preferred if AMGP was an App using notifications rather than emails and it is understood this is under development. The practice also uses text messages to contact patients. JH agreed to send more information to patients on how to use AMGP. ○ AC advised that patients who had been really seriously ill had been very complimentary about the practice and the support and care received, which was appreciated. 	<p>JH</p>	<p>July 2021</p>
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<p>BP@Home</p>	<ul style="list-style-type: none"> • LM explained BP@Home, which is a project she has been working on with NHS England and Improvement to provide BP monitors to certain patients to support home readings and better care. This arose during the pandemic when face to face contact was difficult, and will be expanded to other forms of home care. This allows the patient to take readings at home which is likely to be less stressful (and therefore more accurate) than at the surgery. <p>LM's involvement and leadership has enabled Bruton Surgery and Symphony to be at the forefront of this new initiative for the benefit of Bruton patients.</p>		
<p>Practice Finance overview</p>	<ul style="list-style-type: none"> • Following previous discussions, JH explained how practices are funded: <ul style="list-style-type: none"> ○ GP Practices are all independent, privately owned businesses who provide services under contract to the NHS. This is usually a GP Partnership, though Bruton Surgery is owned by Symphony Healthcare Services Ltd which is wholly owned by Yeovil Hospital. ○ The main forms of contract are: <ul style="list-style-type: none"> ▪ Core contract for primary care services – this is the basic contract and is paid at £96.78 per weighted patient per year. ▪ Quality and Outcomes Framework – this is a points based system where funding is linked to the achievement of a wide range of care indicators ▪ Enhanced Services – these provide a range of different services for which the practices is paid according to the terms of the contract which may be a small payment per patient or an activity payment. ○ The practice income is used to cover the practice costs, the majority of which are staff costs. Other costs include equipment and premises upkeep, clinical consumables and office costs. For Symphony practices, any remaining profits are reinvested in the practices rather than taken out as profits. • OS asked if the weighting of the list would have a significant change in practice funding if there was a change - JH said this was unlikely to be significant as the list changed constantly through the year and different contracts use different time points for funding. 		

<p>Practice Update</p>	<p>Staffing</p> <ul style="list-style-type: none"> • Dr Nick Gompertz will be leaving the practice in mid-August to pursue outside interests and his position is being advertised. • A new Nurse Practitioner is joining us in August • Locums are currently in short supply to cover holiday absence and therefore the Clinical Team is extremely busy at present despite a slight reduction in demand <p>Premises</p> <ul style="list-style-type: none"> • Continuing to maintain COVID precautions due to the size and layout of the building meaning that social distancing is very difficult • Protection of the building for safety of vulnerable patients and staff is important, as an outbreak would mean the practice closing • The waiting room has now been redecorated <p>Appointments</p> <ul style="list-style-type: none"> • The Clinical Team appointments continue to be managed through AskMyGP and be telephone consultation first. In person appointments are arranged if medically appropriate by the GP • From 1 April, the practice moved to Birthday Month recalls for chronic disease reviews which has been working well. <p>Governance</p> <ul style="list-style-type: none"> • The practice has recently received a spike in complaints particularly from patients wanting to book face to face appointments with a GP despite the national recommendation to continue a 'triage first' approach. Other complaints have related to the response times for non-medically urgent requests. The practice aims to respond within 3 working days but this depends on staffing capacity and the demand for other more urgent requests. • A patient recently chose to go to the press rather than the practice to raise a complaint. The practice, with SHS support, had provided a full response to the issues raised but only selected comments were printed rather than the full response. 		
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