

## Bruton Patient Group Meeting

21 January 2022 by Microsoft Teams

<b>In attendance:</b>	Angela Coldman (Vice-Chair), Virginia Membury, Olivia Spencer, Patience Thom, Elisabeth Ingles, Fran Steele, Laila Squire Jane Hobbs (Practice Manager), Nigel Engert (PPG Chair, Wincanton Health Centre), Dr Erika Andrews (Bruton GP, Item 3 only)
<b>Apologies:</b>	Louisa McLachlan (Clinical Lead)

Item	Notes	Who	When DD/MM
Welcome & apologies	<ul style="list-style-type: none"> <li>AC welcomed members to the Patient Group meeting and introduced:               <ul style="list-style-type: none"> <li>Laila Squire as a new PPG member</li> <li>Nigel Engert, Chair of the Patient Group of Wincanton Health Centre and invited at the request of PPG Members</li> </ul> </li> </ul>		
Actions from previous minutes	<ul style="list-style-type: none"> <li>Minutes were approved; to be added to the website</li> <li>Matters Arising:               <ul style="list-style-type: none"> <li>Blood vial shortage – this has now been resolved.</li> </ul> </li> </ul>		
1. Chairman's report	<ul style="list-style-type: none"> <li>AC noted that she had experienced much more positive feedback about the surgery and AskMyGP, that it was working well and how brilliant the surgery has been. LS said there was very positive feedback from the schools too.</li> </ul>		
2. Appointment of a New Chairperson	<ul style="list-style-type: none"> <li>NE explained how he became WHC's PPG Chair. He had previously worked with the practice in his employed role, and so was interested in working with and supporting the practice to provide constructive critical support to GPs and the practice.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Current members were asked for their interest, and it was suggested that if none wished to undertake the role it could be done on a rolling basis</li> <li>• OS noted that NE was very knowledgeable about the local and national situation, but how did this feed into the practice role. NE explained that he feels able to take at meetings from the SHS and CCG/hospital perspective and inform PPG members.</li> <li>• <b>AGREED</b> – to continue to advertise for a new Chair through the communication channels available and review at the next meeting if a volunteer is not forthcoming.</li> </ul>		
<p>3. Children and Families Health Coaching Project</p>	<ul style="list-style-type: none"> <li>• Dr Erika Andrews gave a briefing about a new initiative by the practice to provide targeted health coaching support to children and families. The reasons for this were: <ul style="list-style-type: none"> <li>○ Somerset has very high rates of mental health problems, including twice the national average for self-harming</li> <li>○ Local services were not sufficient to meet the need</li> <li>○ The COVID pandemic had further affected mental health and wellbeing</li> <li>○ As Bruton has three local schools, the patient population in the town is unusual</li> </ul> </li> <li>• When considering how to address these issues: <ul style="list-style-type: none"> <li>○ Mental health in young people is often not medical but usually social eg schools, family etc</li> <li>○ The practice has appointed a new Healthcoach who has a teaching background</li> <li>○ Support will be offered initially by signposting to existing services in the voluntary sector and focusing on family needs</li> <li>○ GPs often medication but the cause of the problem may be non-medical, such as a benefits issue which affects mental health. The aim is to understand the cause of the problem and approach it holistically</li> </ul> </li> <li>• LS expressed interest and support as a current student, and happy to be involved. EA to make contact.</li> <li>• VM asked why rates in Somerset were higher. EA explained it was usually social issues, such as rurality and lack of access to transport, cities often receive higher funding for initiatives and so</li> </ul>		

	<p>rural areas are left behind, increases domestic violence and alcohol issues, and difficulty accessing mental health services. It was also recognised that there was a huge stigma regarding mental health, and so it was important to ensure people were comfortable to access the services that were available.</p> <ul style="list-style-type: none"> <li>• PPG members thanked EA for thinking about this issue and doing something about it.</li> </ul>																																					
<p>4. New Practice Leaflet</p>	<ul style="list-style-type: none"> <li>• A new Practice Leaflet for new and existing patients had been circulated to PPG Members for comment. Feedback was welcomed to JH with a view to publishing by 31 January.</li> </ul>																																					
<p>5. Demand and Activity Review</p>	<p><u>Appointment &amp; Activity</u></p> <ul style="list-style-type: none"> <li>• JH provided an update on recent activity and comparing to the year to date. This showed that: <ul style="list-style-type: none"> <li>○ Incoming requests through AskMyGP continued to average 300-350 per week</li> <li>○ In addition to AskMyGP requests, other activity within the practice has increased.</li> </ul> <p>Activity in the recent quarter and for 2021 as a whole was:</p> <table border="1" data-bbox="638 878 1608 1232"> <thead> <tr> <th><u>Activity</u></th> <th><u>October</u></th> <th><u>November</u></th> <th><u>December</u></th> <th><u>2021</u></th> </tr> </thead> <tbody> <tr> <td>Phone calls in</td> <td>4,183</td> <td>4,234</td> <td>2,870</td> <td>42,017</td> </tr> <tr> <td>AMGP requests</td> <td>1,315</td> <td>1,738</td> <td>1,023</td> <td>16,375</td> </tr> <tr> <td>Medications issued</td> <td>7,467</td> <td>8,081</td> <td>8,097</td> <td>91,715</td> </tr> <tr> <td>Referrals made</td> <td>179</td> <td>190</td> <td>180</td> <td>2,433</td> </tr> <tr> <td>Test results</td> <td>3,171</td> <td>6,084</td> <td>5,180</td> <td>58,027</td> </tr> <tr> <td>Documents coded</td> <td>483</td> <td>293</td> <td>357</td> <td>5,760</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <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> </ul> </li> </ul> </li> </ul>	<u>Activity</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>2021</u>	Phone calls in	4,183	4,234	2,870	42,017	AMGP requests	1,315	1,738	1,023	16,375	Medications issued	7,467	8,081	8,097	91,715	Referrals made	179	190	180	2,433	Test results	3,171	6,084	5,180	58,027	Documents coded	483	293	357	5,760		
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	<ul style="list-style-type: none"> <li>▪ COVID: vaccination clinics including booking and staffing</li> <li>▪ Practice administration: patient registrations and deductions, prescriptions, private fee work</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> <ul style="list-style-type: none"> <li>• NE noted that this information was really useful for PPGs and would be speaking with Wincanton Health Centre about providing similar.</li> <li>• The GP Patient Experience Survey for December 2021 was shared ahead of the meeting for information.</li> </ul>		
6. Practice Update	<p>Staffing</p> <ul style="list-style-type: none"> <li>• The GP vacancy continued to be advertised</li> <li>• A new Receptionist joined the practice in December and two new healthcoaches had joined the practice in January,</li> </ul> <p>Premises</p> <ul style="list-style-type: none"> <li>• COVID precautions continued to be in place due to the size and layout of the building meaning social distancing was very difficult. The protection of the building for the safety of vulnerable patients and staff was paramount, as an outbreak would mean the closure of the practice.</li> </ul> <p>Governance</p> <ul style="list-style-type: none"> <li>• Fewer complaints had been received in the recent quarter, which was positive. No clear themes were identified.</li> </ul>		

Primary Care Network update	<ul style="list-style-type: none"> <li>• COVID vaccinations continued in the Autumn following the introduction of the new booster. December was particularly busy due to the sudden push to provide boosters to everyone before Christmas.</li> <li>• Kathryn Dalby-Walsh had been appointed as Joint Clinical Director. She was a nurse by background, and had experience as Clinical Director for Yeovil PCN.</li> </ul>		
AOB	<ul style="list-style-type: none"> <li>• Integrated Care System – VM to provide a summary of the ICS development for the next Patient Newsletter.</li> </ul>		
Date of Next Meeting	<p>The next meetings were agreed as follows:</p> <ul style="list-style-type: none"> <li>• Friday 22 April (change of date due to Easter)</li> <li>• Friday 15 July</li> <li>• Friday 14 October</li> </ul> <p>All meetings provisionally 11.00am -12.30pm, to be held by Teams or in person (to be agreed before each meeting).</p>		