

## **Patient Participation Group – Tuesday 10<sup>th</sup> October 2017 Minutes**

### **Present**

Patients: Mr A Akbar, Mr G Monaghan, Mrs S Packer, Mrs A Neate, Mrs S Netcott, Mrs S Hodges, Mr & Mrs Addy

Staff: Dr H Kim (GP Partner), Mrs Angela Toumi (Practice Manager), Ms H Stewart (PA to the Practice Manager)

Apologies: Ms S Baghirathan

### **Items discussed**

1. Agenda items raised by Practice

#### **Proposed merger with Maytrees Practice**

Angela gave an overview of what the merger meant and why the practices had decided to take this action. The aim is to ensure that the practice will be able to continue to provide the level of service it currently does and be in a better position to expand and improve services. The practices jointly own the building, so there has been close working between staff in both practices around the running of the building. A larger team will provide more support to cover absence, and being one practice rather than two can avoid much duplication of work that is currently taking place, for example in creating new policies, developing new workstreams, attending meetings, carrying out necessary roles and responsibilities (such as the Lead GP for safeguarding children) – this provides the opportunity to become more efficient and effective in our work. It is hoped that more support for GPs will increase the time available for direct patient contact.

Angela clarified that the proposal is to merge from April 2018, and this will create one practice combining all staff and patients. The merger still has to be agreed by Bristol CCG and NHS England, but they are supportive of mergers in general. The practice staff on both sides are keen for the merger to happen. Dr Kim acknowledged that there were many challenges in terms of preserving and improving services, but that this would be core to the plans going forwards and there are also many opportunities to do things in a different and potentially better way. Both practices can learn from each other and work to amalgamate the best approaches from each as well as developing new ones. This work is currently in the beginning stages.

Angela and Dr Kim both acknowledged the difficulties that would have to be overcome, there will be teething problems and it will take time for things to settle down. For example, we may not be able to completely merge all patient data into the same system from April, so may have to continue to operate two separate systems for a while. Unfortunately this is not something we can influence, but it is something we can prepare for. They also expressed their excitement at the opportunity this provides to design the service from the ground up.

#### **Continuity of care**

PPG members raised concerns about continuity of care, and how the merger would affect this. Dr Kim recognised the difficulties that exist in this area, and also the reasons for which patients might worry that a larger practice could lead to a reduction in continuity of care, and identified it as a core area that the new practice will aim to address. He highlighted the potential for increased

support and efficiencies to make GPs more available to see their regular patients.

### **Nurse cover**

The group asked whether increased nursing cover, especially for diabetic care, would be provided in the new practice. Angela explained that the practices will be taking an overview of all the services/roles that are needed to ensure as full a service as possible, and will then look to fill these roles. This will include a consideration of the provision of diabetic care. It was acknowledged that the absence of one of our nurses due to maternity leave had impacted on this area, and that the practice had been unable to recruit to a short term post to cover all of her work and was therefore arranging agency cover for specific sessions. Dr Kim also mentioned that our Senior Clinical Pharmacist has begun training to provide diabetes clinics, but is currently off following an operation. There is also a specialist diabetic Nurse working in Maytrees, so this will help as well.

### **Reception**

A question was asked regarding the number of receptionists that will be covering the front desk. Angela confirmed that the roles and cover required for reception will be considered as part of the overall workforce review. Some PPG members reported that it is difficult to get through on the phone system in the morning. Dr Kim confirmed that the total number of phonelines coming into each practice currently would be combined and that there would be a greater number of people answering the phones, which should improve accessibility. Angela reported that we are currently recruiting to reception.

### **Trainee GPs**

It was commented that perhaps we could promote our trainee GPs more, as some patients would be happy to see a trainee GP if they could not see their regular GP. It was acknowledged that we do not have a consistent way of offering trainee GP appointments to patients, and that the way this was phrased can have a significant impact on how patients will feel about it – for example, the use of the phrase ‘trainee GP’ can be misleading, as they are actually fully qualified and experienced doctors who are now specialising in general practice. The point was raised that some people may not be happy to attend a GP appointment and find a trainee GP in the room. Dr Kim offered reassurance that patients will always be asked whether they are happy for a trainee to be present before they enter the consultation, and if they are not happy then the trainee will leave.

### **Triage system**

Dr Kim and Angela were asked how they felt the triage system for allocating same day appointments is going. One PPG member reported that it could be a hindrance to accessing care, as it requires patients to wait for a GP to call at some point in the morning and it is possible to miss the call when it comes. Another recounted an incident in which a problem had been mis-diagnosed over the phone, and had required an appointment the following day. However, other patients found that it worked very well and was very convenient. They felt they received the call in a timely manner, and were often able to get help over the phone which was easier and more convenient for them than having to attend the practice.

Dr Kim apologised for any instance in which this system has not worked for patients. He reported that from the practice’s point of view it was very

beneficial. It can lead to a larger amount of work for the GP conducting the triage session, but it allows the practice to address a greater number of patient needs in a day than would otherwise be possible, and can also provide help to a significant number of patients who would otherwise have had to attend the practice. In this way it is more efficient and makes better use of resources to achieve a better outcome overall. He expressed his view that there was no perfect system, and that there were constant tweaks being made to the service to improve it. More changes are inevitable with the merger, with the aim of improving the service further. He encouraged feedback to help inform this process.

### **Cluster working**

The question was asked whether the merger was part of a more general move towards cluster working between practices.

Angela acknowledged that practices are being encouraged to work more and more closely together to deliver services, but that the merger itself was separate to this. However, the merger will put the practice in a better position to influence and participate in the work that these clusters undertake. Dr Kim reported that it was still unclear what the cluster working model would be and that the goalposts for the final target kept moving. We are continuing to feedback our thoughts and concerns to the CCG and NHS England, and the Clinical Chair of Bristol CCG has recently expressed how impressed he has been at the motivation of the inner city and east practices to think of their patients first in their feedback on any changes being discussed. Dr Kim reiterated that we will always aim to protect the interests of the practice and our patients when approaching these changes, but that we must engage with the CCG and the requirements they place on us in order to continue to be able to participate in further development projects and service provision.

Angela reported that the future funding for services would only be available to clusters. These services will be focused on the needs of each locality (e.g. the inner city), which provides a great opportunity to ensure the development and provision of services that will have the most impact on our patients. It would also not be viable for individual practices to run many of the necessary services, for example out of hours provision – this would put a great strain on a practice trying to run it alone, but can be effective when done in collaboration with other practices.

### **Staffing**

The question of staff was raised, with an enquiry into whether all staff would retain their jobs. Angela confirmed that no job losses were anticipated, and that the intention was actually to recruit further staff.

### **PPG**

It was raised that Maytrees Practice do not have a PPG set up, and queried whether they would be setting one up and whether there would be a PPG covering all staff and patients after the merger. Angela could not comment on Maytrees' plan prior to the merger, but confirmed that following the merger there would be a PPG covering the new practice as a whole.

She also mentioned the practices' intentions to hold an open session for all patients to come and discuss the merger and its implications, and offer their thoughts and feedback.

## 2. Agenda items raised by PPG members

### **Impact of the merger on local population's health needs**

This query was raised by a PPG member who was not able to attend the meeting. Dr Kim reiterated points made above that we will work hard to avoid any negative impacts as far as possible, and in fact are looking at this as an opportunity to make improvements in our service provision. Also, with the advent of locality cluster working and our greater ability to influence this as a larger practice, the health needs of the local population are likely to be better served as practices work together to set up and run services focused on local health priorities.

### 3. Any other business

#### **Repeat prescription ordering**

There was a question about the possibility of automatically issuing repeat medication when we can see that it is due to run out, so that patients do not always have to request it. Dr Kim confirmed that this was not technically possible currently, and is also not something we would choose to do as it would be unsafe to continually issue prescriptions with no oversight. He did raise the option of repeat dispensing – this allows patients on very regular and stable medication to be issued a number of post-dated prescriptions at once, which are then issued on a weekly or monthly basis by their pharmacy. This also has to be time-limited, as review is still necessary, but can make ordering easier for patients who require regular medication.

#### **Car parking**

There was discussion of occasions when PPG members have had difficulty finding parking at the health centre. It was felt that this could have been impacted by the opening of the pharmacy on the premises, but that this was not the only reason. Again, Angela acknowledged that there was most likely some inappropriate use of the car park, but that unless it became a consistent problem then we would be reluctant to implement any system of monitoring, as this has the potential to place unnecessary and potentially negative restrictions on legitimate users of the car park (e.g. accidental fines). It was confirmed that there is a sign at the entrance to the car park that advises it is only for use by those attending the health centre, and also that there are further spaces available by following the ramp down to a lower section.

#### **Volunteers in the practice**

Dr Kim discussed an initiative that Dr Bowler is keen to introduce, which would bring volunteers into the practice to support patients. Feedback on this development would be welcome from the PPG, and we hope this can be discussed further at a future meeting. The benefit of being able to promote well-being services to patients was mentioned (such as exercising, social activities etc). Angela discussed our involvement with Wellspring Healthy Living Centre to improve access to such services, for example pre-diabetes cafes and also the Kitchen on Prescription courses which provide knowledge and skills on cooking to help patients with ongoing conditions. Feedback from patients attending the courses is very positive. Angela reported she had been notified that the funding used for this service is no longer available, but that the practice would be putting forward a case to keep it going.

**Thanks to all those who attended**