

## Patient Participation Group – Tuesday 28<sup>th</sup> February 2017 Minutes

### Present

Patients: Mrs S Hodges, Mrs S Netcott, Mrs & Mrs Addy, Mrs H Durn, Mrs A Neate, Mrs S Packer, Mrs E Johnson

Staff: Mrs A Toumi (Practice Manager), Dr H Kim (GP), Mrs F Watson (Clinical Practice Pharmacist), Ms H Stewart (PA to the Practice Manager)

Apologies: Mr N Theobald, Ms S Baghirathan, Mr & Mrs Rogers

### Items discussed

#### 1. Agenda items raised by PPG members

- n/a

#### 2. Agenda items raised by the practice

- **Dr Hyunkee Kim** – Mrs Tomui introduced Dr Kim as the new GP who will be attending PPG meetings, following Dr Parrott's retirement. Dr Kim then gave a bit of background about himself. He was born in South Korea, but moved to Bristol as a child and considers himself a Bristolian. He has been working with the practice since 2014, first as a locum GP, then a salaried GP and now a partner.
- **The role of our Clinical Practice Pharmacist** – It was then the turn of our Clinical Practice Pharmacist, Farnaz Watson, to introduce herself and her role. She has been working with the practice in some capacity for 13 years, starting from half a day a week. Her background is in hospital pharmacy, she trained in Bath and has been working as a Pharmacist for 23 years. Since last year she has been working full-time at the practice. For some time she has been offering support to colleagues with medication queries, and has now begun to see patients (both face-to-face and on the phone) to conduct medication reviews and also some reviews of chronic disease – this is something that will be developed over the coming months. She also supervises a Junior Clinical Pharmacist who is working within the practice as well.
- **Appointments system update** – Mrs Tomui discussed some recent and upcoming changes to the appointment system. We will soon be switching to new software for managing our appointment system. The main effect for patients will be a change in the online system for booking appointments and ordering repeat prescriptions. We are taking this step to move more in-line with other practices in the area, as the new system is very widely used and will allow us to work more smoothly with other practices as more and more services become shared between more than one practice.  
We have also made a change to our afternoon appointments, with the aim of allowing greater flexibility and safer working for GPs. The changes mean that the final pre-booked appointment now takes place earlier in the afternoon, but telephone appointments at the beginning of the afternoon have been increased to allow for further triage of more urgent cases. The greater flexibility at the end of the day means that emergencies can be managed much more effectively and in a more timely manner. It also allows GPs to arrange their workload in a more

sustainable way – they are still working long days, often 8am-8/9pm, but there is less pressure towards the end of the day when they do not have to both hold routine appointments and deal with emergency cases. This change was made quickly as a safety priority issue, as workload was increasing and emergency cases seemed to increase also. It was acknowledged that this change could negatively impact patients who work and want to see the GP after work, which was a concern raised by our receptionists. Dr Kim confirmed that we will be monitoring the impact and could make further changes if things do not appear to be working.

A couple of PPG members felt that they had had difficulty with the online booking system recently, finding that no appointments were available for several days in a row. Ms Stewart said that this was most likely down to all available appointments being booked, and that it may be necessary to consider increasing the number which are released to be booked online.

- **Pharmacy** – Mrs Toumi confirmed that the legal agreements for the Pharmacy are currently with the Solicitors. All the plans for getting the shop set up are ready to go, and there is a concrete deadline for the Pharmacy to meet so we are very hopeful that they should be up-and-running by May. It was confirmed that there will be two entrances to the Pharmacy, one of which will be entirely separate to the main Health Centre in case they need to open when the Health Centre is closed.
- **Research** – Ms Stewart gave a brief overview of the work the practice undertakes as a research active practice. This involves us working with the Clinical Research Network and the National Institute for Health Research. They make us aware of clinical studies which are NHS-approved and would like to recruit patients to be involved. We will then generally check our records to identify patients who would be eligible to take part and write to these patients to give them the opportunity to be involved. There is absolutely no expectation or obligation for patients to take part, it is entirely their choice and they can change their mind at any point. Sometimes this is all we will do, but in certain studies we may take on more of the work, such as inviting patients into the clinic to go through all the paper work, take baseline measurements, discuss the requirements of the study and perform ongoing monitoring throughout the period of the study. Last year we were involved in several studies, including one whose aim was to increase the rate of Hepatitis C diagnosis and one which aimed to determine whether blood pressure readings taken at home are more accurate and lead to better outcomes than those taken in a healthcare setting. We feel that patients benefit from a closer focus on their condition and the wider healthcare system benefits through improved understanding and development of healthcare approaches and treatment options.
- **New and future initiatives** – Mrs Toumi discussed some current and future projects and services that we are involved in delivering/developing.  
Pre-Diabetes café – this is a new service we will be starting shortly, which is an event aimed at patients who are at risk of developing Diabetes. They can drop in and discuss methods of Diabetes

prevention with healthcare professionals including one of our Practice Nurses.

Kitchen on Prescription – hopefully we will then be able to offer some of these patients a Kitchen on Prescription course. This is a course of several classes designed to promote healthy cooking to improve diet and lifestyle, which we hope to be running from the Health Centre soon.

CCG cluster work – the CCG are keen for practices to group together to run certain services. This does not mean the practices will be merging, but that some services may be jointly run by several practices and will be open to any patients registered at these practices.

Some possible services that are being looked at are family planning clinics and phlebotomy services.

Teaching Practice – we are working to develop ourselves as a teaching practice which means we will host medical students as part of their training. We feel this is important as there is a shortage of medical students choosing general practice as a career.

Mrs Toumi commented that much of the change in working is linked to a shortage of GPs and Nurses, which means that there is a need to deliver services more efficiently and effectively.

### **3. Any other business**

- **Present for Dr Parrott from donations given by patients** – Mr Addy queried what had been bought for Dr Parrott with the money donated by patients at the time of his retirement. Mrs Toumi confirmed that he had received a very special pen from the patients, as he is a collector of pens. She and Ms Stewart apologised, as this information should have been displayed on the website to inform patients but this had been overlooked.
- **Invitations regarding diabetic reviews** – Mr and Mrs Addy mentioned that they had received two letters each recently inviting them to have a diabetic check, which they had both already had this year. They wanted to ensure that they did not receive any more, as they felt it was unnecessary and a bit wasteful. Mrs Toumi and Ms Stewart confirmed that there would be no more letters. We send out letters to invite patients who are not recorded in the system as having had a recent review, and we will send out more than one letter to encourage a review to be booked. However we rely on particular 'codes' being added to the record to know that a review has been conducted – if a review is carried out but not coded, then patients may well receive a letter unnecessarily. This is probably what has happened here – Ms Stewart will look into this.

**Thank you to all of the PPG members who attended the meeting!**