

## MINUTES OF BEDMINSTER FAMILY PRACTICE PATIENT PARTICIPATION GROUP THURSDAY 16<sup>TH</sup> MARCH 2017

<p><b><u>Attendees:</u></b>  Jennifer Ackerman (JA)  James Bannerman (JB)  Mary Bannerman (MB)  Sally Gregg (SG)  Campbell Mackenzie (CM)  Sue Marshall (SM)  Brian Richards (BR)  Jamie Turner (JT)  Valerie Weston (VW)  Julia Thorpe (BSL Interpreter)  Brent Stephen (BS)  Rose Ross (RR)</p> <p>Chair: Brian Richards  Minutes: Rose Ross</p>	<p><b><u>Apologies:</u></b>  Gaenor Cashman  Leonard Glynn  Pauline Glynn  Vincent Payne  Stephen Watts  Mavis Zutshi</p> <p><b><u>Copies to:</u></b>  Those present  Apologies  Virtual PPG members  Deb O'Brien  Liz Searle</p>
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	ACTION
<p><b>1.0 Welcome</b>  BR welcomed all to the meeting</p> <p><b>Apologies:</b>  Apologies received from Gaenor Cashman, Leonard Glynn, Pauline Glynn, Vincent Payne, Stephen Watts and Mavis Zutshi</p>	
<p><b>2. Approval of previous minutes</b></p> <p>The previous minutes were approved.</p>	
<p><b>3. Actions from the previous minutes</b></p> <ul style="list-style-type: none"> <li>• CQC Inspection Report - RR will send BR a copy of the report</li> <li>• NAPP Report - RR and Sue Ashford have been trying to provide access to NAPP`s website Member pages. Upon receipt they will forward to PPG members.</li> <li>• Friends and Family – It was reported that the keyboard is difficult to use as it is not a QWERTY keyboard. BS said that he would look into it.</li> <li>• Funding Streams – Pharmacy fund. BS said that the money is distributed at cluster level, and he will be resubmitting the claim.</li> </ul>	<p>RR</p> <p>RR</p> <p>BS</p>
<p><b>4. NAPP report</b>  CM reported on the following:</p>	

<p><b>Annual Conference</b> - CM asked if there was anyone who is able to attend the conference on the 24<sup>th</sup> June 2017 - nobody was able to volunteer.</p> <p><b>New GP contract for 2017-18</b> - the new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.</p> <p><b>Admissions avoidance</b> has been dropped and will be replaced with work around frailty.</p> <p><b>Extended Hours</b> – the Enhanced service is to be stopped at the end of September 2017. This will be replaced by a contract for greater access. 35-40 hrs a week enhanced service to be delivered at cluster level. This should/will benefit the patient. BMG will be trialling this with Saturday morning sessions at cluster level.</p> <p><b>Social Prescribing</b> A new Community Web pilot is running across two sites in Bristol for the next year – Southmead and BS3. Celia Phipps who is our “Community Web Navigator” will be holding sessions with patients that have been referred to her through their Practice. The aim is to align assets in a community (GP practices, voluntary sector etc.) so people can be supported to access community resources independently.</p> <p><b>Patient Online programme</b> – these include an extensive range of posters, leaflets and eight Patient guides and a number of Toolkits. Most of these materials can be ordered online.</p> <p><b>PPG Awareness week (19<sup>th</sup> – 24<sup>th</sup> June)</b> - It was suggested that flyers should be put out in ASDA and the local library and that there should be a desk and posters in reception to encourage patient to enrol. CM suggested a coffee morning with PPG flyers on each seat in the waiting room</p> <p>It was agreed that “Awareness Week” would be an agenda item at the next meeting in May</p>	<p>RR</p>
<p><b>5. Aims and objective of the PPG</b></p> <p>It was agreed that the PPG need to focus on driving the numbers up and to try to recruit young mothers and those from ethnic groups. BR suggested that the PPG needs a Terms of Reference rather than a Constitution and suggested that we look at what other practices or organisations such as Healthwatch. RR agreed to look into this and she and BS would put together a draft copy of Terms of Reference.</p> <p>BR wished it to be noted that he was upset that there was no doctor present at this meeting. BS said that we would look at alternating/changing the day of the PPG meeting so that there would be more chance of a doctor being able to attend.</p>	<p>RR</p> <p>RR/BS</p>

## 6. Practice update

### i) Turnaround £77 million

NHS England and CCGroups have to come up with plans to save £77million. Bristol CCG has always managed to balance its books just, but NS and SG run at a large deficit which has to be corrected. To stream line management of commissioning all three CCG`s are merging into one

Community Health will lose £3 million out of their budget.

**Patient Transport** \_ From 1<sup>st</sup> April 2017 all non-emergency patient transport will be provided by E-zec Medical Transport Services. Patients or carers will now book ALL transport themselves and not the practice. Eligibility still applies.

### ii) Document flow

Within the practice the internal and external document flow is huge. Traditionally these documents have gone to the doctors but a new pilot is in place where all documents are tasked to 2 senior administrators who view the documents and assign them appropriately for action or information.

JA raised the concern that there could be a problem if the administrator was not aware of the particular needs/condition of the patient. BS reassured her that there are strict criteria in place for example some documents go straight through to the doctor e.g. cancer / or a result (blood test), others may require an administrative action (e.g. an appointment or blood test) before being seen by the doctor. It was agreed that a progress report would be useful for the next meeting. RR agreed to provide this.

BR raised the concern that Ramila Patel is under considerable pressure with her work load. BS said that he has a meeting scheduled with her.

### iii) Childhood immunisation targets are 70% and 90%

Childhood Immunisation Two Year Olds targets - The practice has made progress and reached 90%.

Childhood Immunisation Five Year Olds targets – the practice has now reached 89.2%

RR

## 7. Any other business

i) **“Snail” Mail letters.** VW asked why patient receive a letter asking them to book/review an appointment. Would it not be cheaper to text or e-mail. BS said that there are various reasons why a letter is the preferable option for example:

- 8 long term conditions that need annual/biannual recall
- Multiple clinics for recall
- Not all patients are available for texts or e-mail.

ii) **One Care Consortium** - raised by Jamie Turner.

Local GP practices are experiencing a number of challenges in optimising access to primary care for their practices. One Care presents an opportunity to promote closer and more integrated ways of working across primary care partners. Collaboration is one of their key values. One Care intends to support practices in being stronger and more resilient by working as a group, sharing best practice

<p>whilst still maintaining their autonomy and individual approaches that work best for their own patient population. RR agreed to put One Care on the next agenda</p> <p>iii) CfD - <b>Centre for Deaf and Hard of Hearing People</b> - JA said that the Centre had been opened recently by the mayor. It was suggested that a notice should go up on the notice board. BS said that the practices within the Bedminster Medical Group are running lists to identify those who are deaf or hard of hearing. Across the 5 Practice 350 – 400 patients have been found. BS said that he would work with JA to see how she could assist practice staff in identifying needs.</p> <p>On behalf of the group BR expressed his thanks for the work done by RR in organising the meetings/minutes and agendas.</p>	<p>RR</p> <p>BS/JA</p>
<p><b>Next Meeting: Wednesday 17<sup>th</sup> May at 3.30pm</b></p>	

**The Patient Participation Group plays an important role in the life of Bedminster Family Practice. If you want to get involved, please ask a receptionist**

Post meeting BS with MB and JB discussed the potential of BFP working more closely with The Redcliffe Children`s Centre. This would potentially allow us to engage more effectively with young people and improve the demographics of our PPG.