

# MINUTES OF BEDMINSTER FAMILY PRACTICE PATIENT PARTICIPATION GROUP THURSDAY 11<sup>TH</sup> APRIL 2019

Those present: Dr Andrew Davies      Rose Ross RR (administrator)  
Lynda Savarizadeh LS (Practice Manager)

PPG members - JA, LA, ED, RH, SM, VW, SG, Interpreter A

Copies to : Those present, Apologies, Secretary

	<b>ACTION</b>
<p><b>1.0 Welcome</b></p> <p><b>Apologies:</b> Apologies received from: LG,PG,CM</p> <p>As LG was unable to attend RR agreed to chair.</p>	
<p><b>2.</b> <b>Action from previous minutes</b></p> <ul style="list-style-type: none"> <li> <p>• <b>Friends and Family Data (F&amp;F)</b> Clarification to last Minutes: The <i>content</i> of feedback was not 'poor', rather there was a lack of feedback. The name of the survey doesn't convey it's purpose very clearly but it is a contractual requirement. Since the last meeting the practice has increased responses by sending the questions by text &amp; the practice intends to produce a paper format to further, hopefully, increase response rates.</p> <p>In relation to deaf patients, LS recalled seeing a signed NHS video – link as follows – NHS England &gt;&gt; Friends and Family Test Communications Resources BSL version</p> </li> <li> <p>• <b>Future Project Ideas</b> Feedback from the Chair, LG, via RR: he has been unable to contact Tyntesfield Medical Group to discuss their PPG and how they support their Practice &amp; would be happy if someone else were able to make contact. No volunteers from those present today.</p> </li> <li> <p>• <b>DNA Poster</b> RR reported that in March, 4623 patients attended their appointments and 245 did not.</p> <p>RH asked what data we keep about DNAs. Limited data available at present though the practice may consider, at a future date, putting additional resource into managing DNAs.</p> <p>Discussion took place as to how patients cancel appointments. The poster describes the various ways to cancel an appointment:</p> </li> </ul>	

<ol style="list-style-type: none"> <li>1. Call us on: 0117 966 3149</li> <li>2. Text back to your automatic message reminder</li> <li>3. Visit the Practice in person</li> </ol> <p>Anyone unable to cancel appointments by text or online was encouraged to contact the practice to discuss what is happening and seek assistance.</p> <p>JA uses fax to cancel appointments. Reassurance provided that reception team regularly deal with incoming faxes.</p> <p>LS explained that the use of fax machines is being phased out by the NHS though, of course, alternative arrangements will be made to enable communication with the practice. The practice is currently undertaking an audit to review usage of fax machine.</p>	
<p><b>3. Approval of the previous minutes</b></p> <p>The previous minutes were proposed by SM and seconded by VW</p>	
<p><b>4. NAPP Report - CM was unable to attend the meeting</b></p> <p>RR reported the following:</p> <ul style="list-style-type: none"> <li>• <b>Annual PPG Conference 15<sup>th</sup> June</b> at Cheltenham. RR will send out the flyer and if anyone is able to attend please let her know.</li> <li>• <b>PPG Awareness Week 10<sup>th</sup> 15<sup>th</sup> June</b> - volunteers are needed for this week in reception where there will be a table which will be manned by PPG members where possible. If there is anybody who could help during that week could they please let RR know their availability so she can put together a timetable</li> </ul>	<p><b>RR</b></p> <p><b>ALL</b></p>
<p><b>5. PPG Constitution</b></p> <p>Reference made to the Constitution which is in need of review and update. Reviews should take place annually. It was acknowledged that it was last updated in 2014 and an update would take place soon. RH volunteered to review the existing Constitution and was happy to make a draft of an updated before the next meeting.</p> <p>It was agreed that at the next meeting the practice and the PPG members would come along with potential ideas about how the PPG might be able to support the practice and what skills or activities could be offered by the PPG. An example might be when the practice implements Care Navigation; the PPG could be in the Practice to help explain what the changes involve.</p> <p>It is important that expectations of the practice and PPG members is clear and understood by all.</p>	<p><b>RH</b></p> <p><b>ALL</b></p>
<p><b>1. Practice Update</b> From LS;</p> <p>2. Dr Juttner has become a Partner at the Practice. This was met with</p>	<p><b>RR</b></p>

<p>much approval from those present.</p> <ol style="list-style-type: none"> <li>3. Dr Susie Davies has re-joined the Practice as a salaried GP.</li> <li>4. A new salaried GP starts in June at which point GP levels are pretty much back to what they were a year ago.</li> <li>5. We have replaced one of our administrators who recently retired after almost 20 years with the practice.</li> <li>6. A New Patient Call system, including TV screens, is due to be installed in May, in the upstairs and ground floor waiting areas. This will also be a useful resource for displaying information. There is a large library of NHS content but the practice will also be able to personalise content to the practice.</li> <li>7. Update on Care Navigation Initiative (LS) LS reported that this project, which involves patients getting to see the right healthcare professional at the right time, is still on the agenda but will take some months before implementation. The practice is collating data and drafting pathways for more formal navigation, though reception team currently do quite a bit of navigating, to pharmacies, dentist, Community Webs, etc. Further training to reception staff will be provided.</li> <li>8. The practice is looking into some software that will enable the practice to text results and the like to patients and will provide an update at next PPG meeting. Mixed response from PPG members, some of whom indicated they might prefer a text just to let them know results have arrived.</li> <li>9. Primary Care Network (PCN) - LS talked about this as a new vehicle through which the NHS will fund specified roles to support a PCN area. Local practices are grouping together (minimum of 30,000 patients) to provide services to the local community. BFP is forming a PCN with a number of other practices. Bridge View Medical will be a PCN in its own right as they have more than 30,000 patients. Initially, the NHS will fund a Social Prescriber and 70% of a Clinical Pharmacist to work across the PCN. The scope of what can be done at PCN level will evolve and increase over time. Further information will be available for the next meeting.</li> </ol>	
<p><b>7. Any Other Business</b></p> <p><b>Art Projects</b> - Do any of our doctors prescribe any of the art projects to help depressions, stress or social shyness for various reasons?</p> <p>Dr Davies explained that GPs are limited to short appointments and whilst they may recommend some health and fitness options, they don't directly prescribe the arts. However, the practice does host Community Webs whose social prescribing role is to direct patients to activities and services which include arts and health</p>	<p><b>RR/LS</b></p>

<p>projects in the local area.</p> <p>A representative from Community Webs is due to attend a practice meeting and LS will provide feedback at the next PPG meeting.</p> <p><b>Supporting Deaf Patients</b>          Interesting and helpful discussion about the challenges to deaf patients and the importance of all GPs and staff being deaf aware.</p> <p>LA reported that deaf patients with dementia have to go to London for specialists to undertake the necessary assessments.</p> <p>LA has many years' experience and of working on behalf of the deaf including in the area of access to health and knowledge of what is available in the locality. LA kindly agreed to address the next PPG meeting about this topic.</p> <p><b>Practice Website</b></p> <ul style="list-style-type: none"> <li>• The PPG page on the Practice website still refers to old Data Protection Act</li> <li>• It was felt the page is dry and not very 'friendly'. Maybe a logo would help?</li> <li>• The online PPG form cannot be sent electronically</li> </ul> <p><b>Hand gel sanitiser.</b> A PPG member raised the point about why visitors had to touch the touchpads to open the reception doors when the outer doors are automatic. Dr Davies explained that the likely reason is that the automatic mechanism wouldn't work as the reception doors would open every time the outer doors opened. Reception need to be able to control the doors remotely so they can be fixed/locked in place. Query if hand sanitiser is or can be made available at the front door?</p> <p><b>BSL interpreter</b> – to be booked for a minimum of 2 hours</p> <p><b>Staff Photoboard:</b> in process of being updated and will shortly be returned to the wall in reception. It was noted this is really important to PPG members and, in particular, one of our deaf patients.</p>	<p><b>LS to coordinate updates</b></p> <p><b>RR</b></p>
<p><b><u>Next Meeting: THURSDAY 11<sup>TH</sup> JULY 3.30 PM</u></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**