**Armada Family Practice**



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| TO: ALL MEMBERS OF THE PATIENT PARTICIPATION GROUP  Minutes of the Patient Participation Group Meeting held at Whitchurch Health Centre  on Monday 7th February 2022, 5pm start Via Microsoft Teams  Attendees:   |  |  |  | | --- | --- | --- | | Bob Nevitt | Kim Hicks | Claire Pitchers | | John Button | Sue Cornish | Julie Welch – Managing Partner | | Graham Banfield | Jenny James | Mick O’Neill Duff – Chair | | Dr I da Costa |  |  |   Apologies - Dr K Jones - GP Partner, Sue Cornish.  **Welcome and Introductions**.  Mick opened the meeting requesting a volunteer to take the minutes.  GB Volunteered to take this meetings minutes.  Mick to contact all confirmed PPG members regarding the PPG secretary position as mentioned in previous minutes.  Review Minutes from last meeting.  Matters arising.  1. **How many active members of the PPG. Kim**.  MD Possibly 15 to 20 people. MD will send out e mail to those listed requesting update  regarding status of membership.  2. **What is the main purpose and issues of the PPG. KH**  JW. Views from practice members, Feedback on service and informing how service could possibly be improved.  DrIDC NHS contract also requires PPG.  MD. PPG feeds public thoughts into the practice and receives feedback from the practice.  KH. PPG not mentioned on website.  JW To check website for PPG access button.  JW. Queries to the practice regarding the PPG should be actioned through the PPG, not personal E mail.  **JW. Has actioned the PPG not mentioned on website. Information about the PPG is on the website and the minutes from the previous meeting. Scroll down to the bottom of the home page and click on Patient Participation group.**  **Information about the practice complaints policy is available with suggestions. Search for Complaints or Suggestions or both. The link sending the practice suggestions was missing but its back on now.**  3. **KH. How is it envisaged that PPG members communicate with each other?**  KH. Would PPG members agree to being contacted by other members via personal E mail?  MD. Will contact confirmed active members to establish their views and decisions regarding contact via personal E mail. MD also highlighted the need for correct channels to be followed regarding Minutes format and Interpretation. See MD E mail dated 08/02/22  4. **Electronic Prescription Issues**.  MD. Personal issue experienced with prescription not at Asda chemist or Lloyds.  JW. Suspects short staff situation could result in this problem. Requested real time example to investigate.  MD to provide example.  DrIDC. Explained complicated for acute prescription. Practice to check system.  **JW. Has actioned this point and the clinical team have been reminded to give the patient the prescription token to give to the Pharmacist when issuing acute, one-off medication.**  5**. Nurse practitioner v Doctor.**  MD. Always seems to be a Nurse Practitioner not Doctor.  DrIDC. Not all need to see doctor. Various health professionals can deal with a wide range of health issues. This is a new world now with regards to providing health care.  JW. A navigation system is in place used by staff to direct patient to a suitable professional. There is a shortage of GPs available for hire as mentioned in previous meetings. Four of practice doctors due for maternity leave.  DrIDC. All first contacts supervised by Dr I da Costa and Dr Jones.  JW. Doctors on hand for advice and support to healthcare professionals and ongoing long-term training in place.  6.**Future of Lloyds Chemist.**  JW. Practice has noted shortage of staff and are not sure if this is just sickness or unable to hire staff or a combination of the two?  MD. The Lloyds branch manager used to attend the PPG meetings.  JW. Possibly with the work pressures noted above no time to attend.  **Extract from November 21 minutes**- AOB- Lloyd’s pharmacy are a completely separate organization to us so we cannot comment much. However, we know that they have been extremely short staffed, whilst trying their best to stay open, serve patients and keep everyone safe.  7. **Appointments re NHS app.**  MD. Not knowing about appointments if you do not have the NHS App on your phone. Some nurse practitioners put you down on the App which you would not know about if you do not check or have the facility to check the NHS app regularly. It should be either get a text message or Email as not getting this information could mean missing the appointment and possible treatment.  DrIDC. People must phone practice for an appointment with the appropriate clinician who will then contact you to discuss your medical problem and then decide if the problem can be treated over the phone or arrange a face-to-face meeting in surgery.  DrIDC. NHS App a bit clunky.  JW. To check with service provider and Mick to Email example for JW to work with.  **JW has taken this up with the service provider and awaiting answer.**  KH. Gave examples of other practices using E Consult.  JW. Different practices manage communication to best work their systems.  E consult is something the practice is actively looking at and may be available to patients in the future. If we go down this route we will have to reduce our same day and routine appts as it’s not something we can do as well as!  DrIDC. E consult not always turned on; these practices can turn it off unlike the phone system that’s always on. Also, E consult o/k for minor not complicated problems.  KH. Has had trouble getting through on the phone and being cut off after a short period of time.  JW. Agreed not all calls successful at times due to demand.  JW. With 17,000 patients the practice is not always able to satisfy demand.  8. **Correct Channels to Follow**  MD. Ran through points made in Email to PPG members 26th November 2021.  Minutes format and interpretation. Any queries regarding the minutes should not be directed to the practice staff but be referred to the chair for action or inclusion in next PPG meeting agenda.  JW. Minutes can be subjective.  9. **A.O.B**.  JB. Procedure for long term health problems i.e., Annual Review.  DrIDC. Explained no longer do pop in for annual checkup. Annual review not a very efficient use of resources. No issue if blood Pressure checks required.  JB. Wife received letter ref annual review.  JW. Explained position regarding Long Term Chronic Conditions.  JB. Wife rang practice to book blood test and talking to the nurse enquired about an ECG. Nurse explained this was not a required at this time.  JB. Rang approximately 3 weeks ago about his eyes. Dr stated not sure what budget this on. John followed up with reception and informed Referral made but not communicated to him.  DrIDC. To investigate if this is a communication issue.  **Practice Pharmacist**.  JB. Practice Pharmacist will they speak to patient about their prescription?  JW. System now in place for patient to have an appointment with a pharmacist.  **Referrals**  KH. What is the latest situation?  JW. No change from answer given in last meeting minutes. Dated 22nd November 2021.  At that meeting PPG advised to write to one care BNSSG for more information on waiting times.  GB see KH E mail 17th November 2021 Informing PPG of the information she had obtained, explaining getting referral waiting time information to GP practices, is actively being worked on by the hospital trust and CCG now etc.  DrIDC. Patients should follow up with clinician as start to Referral follow up.  JW. Reiterated referrals issues should go back to the clinician dealing with the case.  MD. If consultant known contact their secretary for information.  DrIDC. Advised KH to write a letter to explain any particular query to ensure the correct follow up.  JW. Best leave referrals issue for now with covid effecting all health care departments.  **JW. Has put this link on the practice face book page and website which should help patients with waiting time information.** Waiting for your hospital care NHS Bristol, North Somerset and Gloucestershire CCG (bnssgccg.nhs.uk).  **Hengrove Park Development.**  KH. Possibly 1400 new homes generating possibly 3,000 patients.  JW. This has been on the agenda for several years and many enquiries made but still no answers. Have made clear this practice not able to take any more patients. This is a common response across South Bristol.  DrIDC. A big shortage of GPs even if a surgery built on Hengrove Park.  JW. Has tried to contact many councilors but none have replied.  KH. Can local councilor attend a meeting?  DrIDC. Not useful if not a patient.  MD. These meetings not political.  JW. Can see all concerns but has been on practice agenda for many years.  MD. South Bristol Hospital not the hospital expected.  DrIDC. It is a community hospital.  KH. Happy with services she has had there.  **Covid Procedures**  JB. Country returning to normal what does this mean for Practice?  DrIDC. Normal statement is Political not a health decision. Explained Public Health Advice  is noted.  KH. How long will Zoom Meetings continue and not using the waiting room?  DrIDC. No change now to maintain present procedures. Practice had to Fog (Fumigate) today as people do come in with Covid. South Bristol Covid figures still high. As soon as doors can be opened, they will be.  JW. Next step of opening doors will not be a return to all the pre covid way of doing things.  5. **Next Meeting –** May 9th at 5pm  Julie Welch  Managing Partner  External  PPG Members  Posted Online  Internal  Armada Practice – All Staff |  |