Brocklebank Group Practice

Minutes of the Patient Participation & Involvement Meeting

Wednesday 22 March 2017, 6.30pm

Brocklebank Attendees:	Mrs Sue O'Donnell	Business Manager
	Miss Tina Pascoe	Practice Manager
	Miss Julie Walmsley	PA/Managing Partner
Patient Attendees:	List on file.	

The meeting was chaired by Marion Endicott (patient) with input from Sue and Tina and was minuted by Julie.

Marion welcomed everyone, noted apologies, confirmed there were no Declarations of Interests and outlined the agenda, introducing Sue for the first item.

See attached presentation.

Apologies / Introductions

Minutes of the last meeting (28 Sept 2016): approved / on website.

Updates:

a) Patient Noticeboard: contains printed CQC report and notice that there were 243 missed GP appointments in the last month; suggestion that number be more widely publicised – on the Jayex Board and website.

b) Primary Care Plus: still awaiting IT/software update so the various systems can speak to each other before the service is implemented for trial. Delay caused by the transition to the North East London Commissioning Support Unit (NEL CSU). Anticipated rollout from beginning of new financial year. Sue will seek on-going updates from Dr Tom Coffey, as Mental Health Lead.

c) Premises: Wandsworth Borough Council has acquired the rights to buy Brocklebank Health Centre and is tendering for a developer for the new build. Anticipated move to new premises on the corner of Garratt Lane and Swaffield Lane in 4 years.

Matters arising: none

1 **Operational Issues** (Sue)

i. Primary care funding was previously based on an assumption that patients will visit the practice twice in a year but reality is, on average, 11 times. This huge disparity and difficulty in recruiting GPs together with the well-publicised increase in patient demand and longer life expectancy mean that we have never been busier and are having to consider new ways of working to spread the workload and run our services in new and novel ways.

ii. Sue has written a bid to access funding for a clinical pharmacist, which has been successful. Currently looking to recruit one across x4 practices (Brocklebank, St Paul's, Earlsfield and Haider on St John's Hill). Means they will be employed on particular days but will be qualified to see patients and prescribe medication so lessening the burden on existing appointments to see doctors. We will be working out how the pharmacist will fit in with others in the team and what will be the scope of their role

iii. General discussion points:

   a. Will only work if patient accepts and is appropriately seen by clinical pharmacist (i.e. patient doesn't insist on seeing a GP before /after).
   b. Practice must stress the clinical pharmacist is medically qualified and experienced – they aren't trying to 'sell' something / important to make distinction that it's not a pharmacist from a local chemist.
   c. Nurse practitioners were initially resisted but are well received now and hugely beneficial.
   d. Not worth 'launching' in advance as patients will expect the service straight away and will forget what it is by the time it is launched.
   e. GPs should hand leaflet about it to patient during their appointment – targets the ones who need help the most.
   f. Mandate process that once medication has been initiated by a GP, the pharmacist will do reviews.
   g. Some concern about their depth of knowledge for medical interactions with multi-conditions and their experience of real life impact vs theory. Sue confirmed protocols for the pharmacist will be developed in conjunction with GPs should an escalation be needed.

iv. Motion approved. Sue to update on progress along the way.

2 **Results** (Tina)

i. Tina advised that the practice is looking to change its handling of patient results (e.g. blood tests). Currently:

   a. If all results are back and are normal, reception staff are allowed to tell patients the results are normal.
   b. If the results require further action/discussion, the practice sends a text to patients asking them to arrange a telephone consultation (telcon) or appointment with nurse/GP – this leads to patients calling back (usually that day) for a telcon that day, putting more pressure on the

	system. ii. Proposal for new process is: a. The practice will send the patient a text telling them that Dr XX (the GP who requested their test) will call them on XX (next surgery) between the hours of XX (morning or afternoon) to discuss their results. iii. In both cases, the GP would always phone the patient immediately should the results be urgent. iv. Still many patients are unaware that with online access to medical records, patients can actually see their results and so could save themselves a call to the surgery by looking on line first(they may still want to discuss with a clinician but more under their own control) v. General discussion: a. Commendation for continuity of care the new process would provide patients. b. Importance of reassuring the patient in the new text that there is nothing to worry about – if the results were urgent, the GP would have telephoned immediately. Suggestion that text ends with a message, "if concerned, of course you can call us – please make a non-urgent telcon with that doctor." vi. Motion approved.
3	**St George's Hospital** (Sue) i. Lots of press coverage about the quality of care review, in which 2 million pathways are being assessed and 2 major incidents (e.g. missing medical reports) have been discovered. ii. Majority of issues related to underfunding of the estate (actual buildings) and not because staff aren't doing their jobs properly. iii. Sue offered reassurance that SGH is being held to account and WCCG is constantly monitoring their progress. A lot of good work is going on but being unreported and under-regarded. She will keep updating on progress.
4	**Brocklebank's CQC Inspection & Report** (Sue) i. Good result which was hugely pleasing as the process was stressful. ii. Disappointed that the inspection was undertaken by only 2 inspectors; with a practice of 17,000+ patients, the expectation was for at least 6. Possibly contributed to fewer 'outstanding' areas but delighted with the ones we received (management and care of vulnerable patients). iii. Report available online and in print in the waiting room. iv. Keen to think about areas the practice can improve on further. **Action**: Sue to write to patients for specific feedback on: a. Initiating contact with the surgery, and; b. What happens after a consultation?

	v. General discussion: a. Telephone system still seems to take a long time: continuing efforts to re-educate patients into phoning outside of peak times and using more appropriate services for self-management (online access for repeat prescriptions and to make and cancel appointments).There was some support for the written plans that some patients have seen as part of their Long Term Conditions review. We might like to consider broadening this out for example patients receiving medication for the first time are given written instructions on what to expect regarding reviewing the new medication and ordering further supplies etc.
5	**Clinical Commissioning Groups - CCGs** (Sue) i. Wandsworth CCG has taken full control of the budget from NHS England. ii. If commissioned services in the area continue as they are, WCCG will be out of money and in deficit at the end of the financial year. iii. As such, WCCG is undertaking a review of current services with a view to streamlining, which will involve changing criteria and moving more towards prevention and self-management. iv. General discussion: a. Health tourism of concern: don't want to demonise anyone and must be remembered that lots of British –born citizens abuse the service. Sue advised no-one is turned away from primary care but, if a non-resident patient needs onward referral, the GP can't guarantee they won't be charged for the treatment, which will be billed for by the hospital.
6	**AOB** Sue advised she will be reinstating the practice Newsletter, summarising the points discussed and asking patients to join the debate.
7	Marion thanked everyone for attending and offered the chair role out to any other volunteers; it was agreed she should do it again, if willing, since she had done it so well – which she kindly accepted. Meeting closed.