

Minutes of Portishead Medical Group Patient Participation Group Meeting

Monday 28th February 2022

Matters arising from previous meeting on 9th December 2019:

Primary Care Network- We are now part of the Gordano Valley PCN which includes PMG, Harbourside, Heyward Family Practice (Pill) and Clevedon Medical Group. We were originally part of a bigger network (Gordano & Mendip PCN) but a division occurred in May 21. The PCN works as a group to provide extended services such as vaccination (including Covid) and to provide additional clinical staffing that may be shared (such as our new First Contact Physiotherapist and Social Prescribers)

Community Garden- The social enterprise using the land adjacent to the PMG is now up and running. Overseen by Dr Max Howes and organised day to day by Lindsay Smith they have big plans and are looking for volunteers. They have funding for this year to put in paths and provide better access. Social Prescribers can refer patients to the garden for therapeutic support. Unfortunately, there have been repeated thefts of planted saplings, but this had not dented the enthusiasm for this exciting scheme.

Meeting:

Dr Pullen led the meeting. He thanked everyone for attending at short notice and hoped that starting meetings would provide a momentum for the future. Robin discussed what had happened to the practice over the pandemic and what we were hoping for in the short term.

Please see linked PowerPoint

Robin described how difficult the Pandemic had been for the Practice but how proud he was of its response to the challenge. Throughout, it had remained open to support the patients of Portishead. The group discussed the impact on staff and how it was important to consider ongoing resilience. Robin reassured that there are no plans to consider merging with other practices. However, the PCN will be an increasing resource and point of service provision as time goes on. (It is the PCN as whole that has responsibility for Covid vaccination, not the individual Practices). There was concern expressed that patients may be directed to other practices to see GPs. This is certainly not part of any current plan.

Robin explained that recruitment, of all staff, but most especially GPs is increasingly difficult. We are only just back to a full complement of doctors after a 6-month hiatus. Practices are regularly taking over a year to recruit. This is not doing to change any time soon. As a result, your GP will increasingly not be the first point of contact for many consultations. Robin explained that GPs will always be available for urgent and complex care but a whole range of alternative practitioners are available that you can self-access or be directed to. Nurses, Physiotherapists, Clinical Pharmacists, Care- Coordinators and Social Prescribers, in the correct context, are often a more appropriate initial contact than a GP. If I had a sore shoulder the Physio would be who I wanted; if I could not get a

certain prescription the Pharmacist would be my stop. A lonely, isolated patient who needed support with housing then the social prescribers would be my starting point.

A consequence of this diversity of clinicians is that you may be asked to describe what your problem relates to when booking an appointment so that you can be correctly prioritised or directed. There was concern expressed about the confidentiality of receptionists and that the term receptionist had negative connotations for some people (a gossipy reputation). In addition, there were privacy concerns about having to speak loudly at reception and others overhearing the conversation. Robin reassured the meeting that all staff are under the same confidentiality obligations as clinicians and this is reinforced through annual training requirements. We will look at titles to see if a better term defines their increasingly complex role. When it comes to privacy at reception, patients only have to outline their problems in the broadest terms and can say it is private if wanted. Only for the urgent surgery, to allow prioritisation, will a more specific problem be expected to be shared.

Robin outlined the new clinicians we have in place as an alternative to a GP- He strongly endorsed their experience and skill and would certainly use them if offered as a patient!

Clinical Pharmacists, Jo Topps and Krystyna West cover the week. They help with prescribing, chronic disease management and clinical assessment.

First Contact Physiotherapists, Troy Wilson and Kerry Purcell work on a Wednesday. They provide 30-minute appointments and can assess all musculoskeletal problems. They aim to diagnose, educate and signpost to further services if needed.

Care-Coordination who work out of reception to signpost people to resources and outside services (to Social Prescribers or weight management services etc)

You can be referred to Social Prescribers who offer support and advice, particularly to the vulnerable and isolated (Robin liked the term 'they offer everything that is not tablets and creams!')

We discussed changes within the building, triggered by a lack of space. The Midwives left us last summer and are now at St Barnabas Children's Centre. Their old scanning room is currently the covid assessment room. The other room has been converted into an open plan working hub for the Clinical Pharmacists and Care-Coordination.

The Education room has been subdivided into 2 clinical bays. Initially used for covid assessment, it was also used in the first wave of vaccination when social spacing was paramount. It is now an extension of the treatment room and used for nurse appointments

Clinical notes behind reception are being moved allowing enlargement of the phone room to help with appointment demand and allow a new phone system that is coming soon (introduced 9th May).

We discussed appointments and that we are reintroducing pre-bookable appointments. It was pointed out that none were available online at the time of the meeting. Pre-bookable appointments are now available and should appear online soon. Econsults were considered. Robin explained why they are sometimes not available and why a clinician does not always respond within 24 hours. They are controlled to allow equitable access to appointments via all means (online, telephone, and

at reception). Clinician resource is needed whatever the route of engaging with us, whether via econsult, telephone, face to face, letter or email etc. All forms of engagement should be regarded as of equal value, they are not easier or quicker for the clinician so must be considered in the overall work mix. Once econsult slots are filled the system will be disabled until new slots become available. Econsults cannot be prioritised over other appointments and as such we will respond with a non-clinical response within 24 hours giving a timing for a clinical reply. Unfortunately, the econsult system says that a response will be within 24 hours and patients rightly think this will be a clinically led. We have no control over the contents in the system. We have put a message on the website explaining the procedure, but this may be bypassed if using a phone. We will investigate ways of explaining more clearly the different access to clinicians including econsults.

Robin outlined personal changes include the retirement of Gerwyn Owen at the end of 2019. Carly Donald retired in December 2020 and promptly started vaccinating for us. Kate Riley finally bid adieu in April 2021. Jim Burtonwood left in autumn 2021 as his wife took up a consultant post at Gloucester Royal. Simon Lynes returned and then left again to take up a Partnership elsewhere. Emily Duncan resigned as a salaried GP but has stayed on as a locum. Our Deputy Practice Manager, Mark Henalla, left to become a Practice Manager and have a baby! He was replaced by Catherine Loring in April 21

We welcomed Sarah Pal as a Partner in October 2021 and the following have joined as salaried GPs Drs Amrit Bhatia (April 21), Dr Harriet Ing (Dec 21), Peter Hancock (Feb 22) and Lottie Mundell (March 22).

Finally, we discussed the new PMG Facebook page that the group hoped would encourage Practice engagement with a different demographic to current avenues.

Dates for next Meeting

Monday 11th July

- Joint meeting for all Patient Groups in Gordano Valley PCN
- 4.00 – 5.30 p.m. at Harbourside Family Practice (in the Marina Healthcare Centre, 2 Haven View, Portishead BS20 7QA)

Monday 7th November 7.30pm

- 7.30 p.m. here at PMG