

Beechwood Medical Practice Patient Group Meeting

Minutes - Tuesday 25th February 2025 at 3pm

Attendees- Barbara Davies, Sue Thomas, David Rowe, John Lawrence, Pat Foster, Sarah Monteith, Sarah McKay, Maddy Brickley

Apologies – David Elson, Trisha Jackson, Cheryl Benson, Robert Edwards

1. Welcome to the meeting, introductions, and apologies.

- Done

2. Minutes and matters arising from the last meeting

- Only action was to add to the Website the PPG endorsement to the GP Action – that has been done.
- GP collective action has been in place for approx. 6 months – i.e. pts leaving hosp come out with a sick note, making sure discharged with 28 days meds, as opposed to 7 days, and then asking us to prescribe it. Considering less requests for data sharing agreements. Negotiations happening on service agreements for additional, previously unpaid, work.
- All present agreed minutes were accurate record of meeting.

3. Update from Healthwatch/ One Care PPG representative

- Healthwatch moved back to Care Forum last Oct. PPG champions group, online, Healthwatch England was going to ask the government to see if they could commission Healthwatch, because funding is not ring-fenced, currently every 5 years it moves.
- Healthwatch Bristol has finished its dental survey – headlines were that many people had not seen a dentist for over 4 years. Next phase is to conduct interviews with respondents and create case studies of peoples' experiences. Felt private costs were excessive. St Pauls dental practice has opened doors again briefly for NHS pts, but queues were huge.
- Bristol PPG had talked about national association for PPG's – do not believe we have been asked to be part of it.
- Chair had meeting with Darren Jones, MP – regarding VitaMinds, which is funded by the ICB. Found they have not been able to provide a full service as per contract, but that they are continued to be paid. Problems due to lack of trained personnel to fill posts.
- Next meeting is in April – views from local PPGs they would like brought back to the meeting are: is a total triage system being used at the surgery? MBr gave a rundown of what we offer – through reception navigating the call, ours are supported with a clinician sat in the room. They use some protocols for very regular enquiries, questions written by GPs with guidance depending on answers, will point them to what happens next or when appt needed. Make referrals to community pharmacists for many minor ailments – these will be written referrals sent to local pharmacists to deal with, based on list of criteria each local pharmacist can deal with. We also offer e-consultation software on website where pts can say what they need.
David Rowe looked up online and found Total triage is an all digital system – so answer is no we do not work to this model.
Other question was around the rise in NI and rise in minimal wage will impact the surgery? – SMon advised that it is estimated that it will cost the practice at least £40k per year However until we know the details in the new GMS contract and associated funding, we just do not know. Caution is currently in place when replacing any staff, offering promotional opportunities or employing any additional hours.

4. Feedback/Discussion items from patients

Accessing physiotherapy after an operation – ST posed this question – SMon did raise this with our GP's – if physio is needed in related to the operation – then the hospital should organise it. If it was not related to the operation, then this would be something they would need to see GP with to be referred to physio.

Further supplies of medication initially issued by hospital clinicians – The first month's supply should be provided by hospital. This would allow time for the patient to see if they can tolerate the medication and for the practice to receive correspondence and instructions from the hospital about continuing prescribing after the first month. If all okay then further supplies would be issued by the practice and if appropriate, may be added as a repeat item.

5. Practice updates

Spring Covid Boosters – *Starting from 1st April 25 for Over 75's, or those who will be 75 by end of June 25, and immune suppressed pts only - Will be Spikevax (Moderna) vaccine this season.*

Staff changes – *Pharmacist - Grace Chui will be back from mat leave in April; Joe Brown, care coordinator, vaccinator will be leaving us next month, to go to an exciting new role in AI and digital marketing. Ka-Man Wong joined us in Jan as a new practice nurse –and Dr Louise Apthorpe - will be joining us as a salaried GP from 1st April – doing 3 sessions a week, plus some locum sessions.*

Improving uptake for cervical screening and child immunisations - *project work going on to improve uptake, particularly around cancer screening – trying to be more pro-active when pts does not respond to appointments. Targeting pts who do not speak English particularly and minorities and explain why important. Cervical screening stops at age 65 and mammograms stop at age 70. Child immunisations are becoming more challenging as more parents are not bringing children for their childhood imms. This is particularly worrying as there have been a number of measles cases in Bristol, including children at this practice, some of whom have been hospitalised as they have been so unwell.*

Marmalade Connections – *From March 25 they are offering weekly phone calls to people who are suffering with loneliness, with the view to providing a social prescribing service and signposting them to local community activities, groups etc. that they may be interested in getting involved in.*

PPG Treasury Account – *This account is now closed, the balance approx. £40 has been paid to Marmalade trust as a donation.*

In-house Teledermatology – *We have a special camera now, which means we can take high quality pictures of lesions etc which helps with making decision around needing a fast-track appointment or not.*

Women's Health Hubs - *We have bid for some funding to get some women's health hubs off the ground – this will involve increased training for staff and to provide education session for pts, group sessions on topics, plus to increase clinical skills around sexual health provision we can provide.*

AOB –

- *DR asked about AI and using it in the practice – SMon said we are exploring options and have had a few presentations. MBr explained presentations we have currently seen are around Docman, our document filing/workflow system. Plus looked at test results filing, registration software and automated BP medication monitoring. We have not yet adopted any of these but are keeping a close eye on how these systems develop.*
- *JL asked if you join the call back queue on phone system, can we get a rough idea of when we will get a call back – SMc advised we cannot predict this as will depend on how many people are ahead of you in the queue and how long the calls ahead of you take. If you call back in, it will tell you that you are in the call back queue and at what position, and ask if you want to cancel call back or just wait in queue. If you request a call back you also get the opportunity to give a different number for the callback other than the number you are initially calling on.*

6. Date for next meeting

All present agreed on Tues 20th May 2025 at 3pm