**Beechwood Medical Practice Patient Group Meeting**

**Minutes Tuesday 21st May 2024 at 6pm**

**Attendees:** Maddy Brickley, Barbara Davies, Monica Grizzle, Alan Pound, Sue Lucas, Cheryl Benson, Sarah McKay, Subash Widge, Pawel Capik

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

David Rowe, Pat Foster, John Lawrence, Sylvia Ray, Linda Widge

**2. Minutes and matters arising from the last meeting**

No action points from the last meeting minutes. SMc checked everyone present agreed with them and did not have anything to add.

**3. Update from Healthwatch/ One Care PPG representative**

Unfortunately, Pat Foster was not able to attend todays meeting, however she provided the following update via email:-

***-*** *One Care have no funding for a PPG and a Judith Forde is said to be contacting PPG’s across the city. We have not had any contact from her yet.*

*-The Healthwatch contract is being recommissioned in October*

*-Bristol PPG were asking if practices use Physician Associates and how that is working. We don’t have one so could not comment.*

*-No update regarding the National PPG Champions, as Pat was unable to make that meeting.*

**4. Feedback/Discussion items from patients**

**What is current experience of our service delivery?**

* Multifactor authenticator difficulties now with Patient Access / Online access which is confusing / also difficult if they don’t have a smart phone.
* Asked why when you get past a certain age it feels you are forgotten :-
  + Yearly reviews. If you are on a chronic disease register you will be called in annually for review, around birthday month. If not a chronic disease register, NHS health checks are offered every 5 yrs. for those between the ages of 40 and 74 and if over 75 and not on a chronic disease register you can request to have a check with a nurse annually.
  + Shingles - SMc explained the new shingles campaign recall requirements and explained why they are being done in a controlled manner, as Nationally they do not want to create vaccine shortage.
  + Eligibility ages for certain things e.g. mammograms, smears etc. Patients are targeted by age for national campaigns based on the most effectiveness at certain ages. Often likelihood of risk diminishes with age for cervical and breast cancers.
* Getting an appt via telephone – difficult and phone calls being dropped before call being answered. Plus, when get through often told all gone for the day and to call back tomorrow.
* Appropriateness of telephone consultations for follow ups, explained availability of tel call follow ups is better sometimes than f2f GP appts. Also, GP is directing the receptionist on a tel call being suitable. Advised you can request a f2f appt but may have to wait longer for one.
* Action: Pavel Capik proxy access level for viewing his children’s record, can currently only see meds.

**Patient view on continuity of care?**

* Continuity of care throughout illness with same GP is preferred.
* 4/5 weeks for longer term chronic appointments with the same GP would be preferred.
* Discussion around availability if we had 4 weeks appts available – Although this concept would improve access for a few weeks, as soon as the additional appointments were booked the rolling effect would be still be no greater access to appointments as there is no change in the number available each week. If appts are booked up further ahead the wastage due to DNA increases.
* The key to ensuring the best use of the resources and therefore helping availability, is to ensure that every appointment counts, is directed to the most appropriate person for the job, and is clinically indicated.

**5. Practice updates**

**Kingswood practice media & message to patients**

Template letter was given to practices from Institute of General Practice Management and suggested it was sent to all pts. Some practices did this, and some were more hesitant to do so.

Highlights of message to raise awareness of the funding crisis facing GP Practices, in that the money they receive from the government does not keep pace with rises in costs. In the latest contract agreement the government has increased funding for GP practices by 2%, this does not go anywhere near the increase in practice costs for things such as staff, consumables and building running costs.

As an example, the electricity costs for this building are £70k this year, compared to £40K two years ago.

GP practices generally are having to make difficult financial decisions and some are freezing recruitment to manage. There has been a worrying increase in shift of work from secondary (hospital) to primary care. In future some of this may start to be rejected as not part of our core contracts and therefore all unpaid work. The knock of effect of this may be that pts will have to wait longer for appointments and responses to requests.

**New Pharmacy – Jhoots** **– Any feedback or concerns?** Some of those present said their experience so far was more positive compared to Boots.

**Vaccination campaigns –** Covid Spring booster campaign started mid-April, we have invited just over 1000 pt to have a vaccine (over 75yr olds and pts with compromised immune systems). Have vaccinated around 500 pts so far. Campaign will end mid-June. Uptake not been as good as last year.

Autumn Flu (and Covid as far as we know so far) will not start until Oct this year. We are only allowed to vaccinate children and pregnant women from Sept 24.

**Abdominal Aortic Aneurysm (AAA) Screening** – patient in their 65th year only invited for this. We are providing a room at the practice for screening to happen locally for our pts. Invites are sent directly from NHS England to a specific male patient group.

**Website changes** - We have expressed our interest in joining a pilot group that will help to revamp GP practices websites. The idea being a core website template will be available for all practices, so they look similar and then can be added to for specifics each practice wishes to include. David Rowe has expressed interest in helping to develop this for our practice and Paval Capik volunteered that he would be interested too.

**6. AOB**

Alan Pound advised he would like to tender his resignation to the group. He advised he will be 90 in a few weeks and his wife’s health means he wants to concentrate on home life. Thank you, Alan, for all your support at the group over the years you will be missed.

**7. Provisional date for next meeting –**

Tuesday 20th August 2024 – 6pm, Seminar Room at Fishponds Primary Care Centre.