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| **Attendees** | **Apologies** |
| Jean Denham, Sylvie Serpell, Alice Pearce. Barbara Gallati, Sue Egerton, Janet Mills, Pat Brodie, Kate Hale, Cedric Ashley (partial attendance)  Guest: Eve Payne  Tom Clarke, Judith Poulton, Helen Morris. | Kath Ford  Caroline Round,  Clare Valsler  Nick Grimmer  Helen West  Habiba Javid  Marta Yazbek  Jes Ford |
| **Date** | **11th June 2024** |

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| **Item**  **Welcome and apologies from absent members**  JD advised that John Vickery has decided to step down from PPG and thanked Sue for her time as she is here today attending her last meeting  Welcome to Eve who is here attending as a guest today  **Introductions**  PPG members introduced themselves to Eve and discussed their reasons for joining PPG. The reasons mentioned were:   * Representing patients * Wanting to have input into the running of the surgery. * Interest in how the surgery works. * To advocate for patients who seldom use the surgery as well as Children’s and Woman’s health * To meet people   **Previous Minutes**  Minutes from March 12, 2024, proposed by BG and seconded by SS. Accepted without any changes.  **Matters Arising**  BG asked how the new handheld translator is working at Marksbury Road. HM said that it has been successful.  SS raised the issue of the new student halls that are being built in Bedminster and what effect this will have on BVM. TC confirmed that these students will be eligible to use BVM or the University Student Health Service. JD advised that the Student Health Service is linked to the Whiteladies Road PCN (Primary Care Network) and that this matter is being discussed. KH advised this has been discussed at Action Greater Bedminster Meetings and wondered if BVM attended these meetings. TC advised not, but that he will investigate it. James Ingham Executive Manager at BVM has spoken at a BS3 community meeting and BG invited him to her local constituency meeting which he attended.  **Community Pharmacy: Judith Poulton**  Judith introduced herself as a Community Pharmacist and Implementation Manager for Avon pharmacists.  JP explained that GP surgeries and GP surgeries re businesses that who are contracted by the Government. Historically the Community Pharmacist’s role consisted of checking and signing scripts. However, 5 years ago the pharmacy contract changed and 30% of it relates to the delivery of services. This utilises highly skilled community pharmacists, JP noted that community pharmacists have the same qualifications as pharmacists in Primary and Secondary care and that they train for 5 years to gain this qualification. JP also explained that sadly that this contract change has led to the closure of several pharmacies as they are simply unable to make money. Health Care Professionals (HCPs) in Community Pharmacy support Primary Care and build good relationships with GP surgeries.  JP then talked through the Clinical Services offered by Community Pharmacy   1. Pharmacy Contraception Service: As of January 2024, pharmacists can carry out Pill checks and prescribe up to 12 months' supply. Pharmacists can also initiate the Pill and prescribe up to 3 months' supply. This applies to both the mini pill and the combined pill). Patients are always asked if they would like this information shared with their GP. The patient can request that this information stays confidential. 2. Hypertension Service: Pharmacies can offer patient’s over 40 blood pressure checks and if it is high they will offer24 hour Blood Pressure monitoring. Results are reported back to the Patient’s GP. 3. Pharmacy First: The Pharmacy First Service launched in January 2024. This serviced had been running as the Community Pharmacist Consultation Service (CPCS) Pharmacy First is an enhancement to this service. There are 3 elements to the Pharmacy First Service    * Urgent Supply of Repeat Meds. Patients can request this through 111 and a pharmacist will contact them. The Pharmacist can refuse this request and this service is not available for controlled drugs.    * Referrals for Minor Illnesses. This has been running for the last three years and BVM was one of the first Practices to get on board with this service in Bristol. Within BNSSG (Bristol, North Somerset & South Gloucestershire) there have been 150000 referrals since this service began. These patients are formally referred from a GP    * Clinical Pathways. Since January 2024 there are 7 conditions that Pharmacists can prescribe Antibiotics for.   JP explained that Pharmacy First is also running out of the BRI, Weston General Hospital and Urgent Care Centres.  One of the aims of the service is where appropriate to educate patients around Self-Care.  JP explained that the format of the referral is a 15-minute consultation with a pharmacist. Pharmacists are trained that if there are any Red Flags which indicate a more serious condition the pharmacist will escalate it directly; back to the GP through the dedicated professional's line, to an Urgent Care Centre or to A&E. The Pharmacist as the Health Care Professional is responsible for the outcome. Notes of the consultation are sent to the patient’s GP surgery.  **Questions**  Sue asked how long it takes for the consultation notes to be added to a patient’s medical record. TC advised that it takes around 24 hours. However, JP advised that in the near future the consultations will be dropping straight into patient’s medical records.  EP asked if Pharmacist's have access to medical records. JP replied yes, the Summary Care Record.  EP asked if the pharmacy consultations are Face to Face or over the phone. JP explained that you can choose and agree during the initial phone call, you can also have your consultation via video call. 4% of patients require advice and support. If they require a product, the patient needs to buy it for themselves.  KH asked about the pharmacist’s time as she has observed pharmacists being stressed and seemingly over worked. JP advised that Pharmacist like carrying out these consultations and it releases them from more of the Operational tasks. AI and technology are offering solutions to completing the operational tasks. JP explains that Community Pharmacy and Primary Care are supporting each other but change takes time. JP also says that there was no choice in implementing these changes.  Sue asked about when there are computer issues preventing the service from being delivered. JP advised that there are emergency plans in place for this and that the services manage the best they can.  KH asked if you could make an appointment at the pharmacy for a consultation JP advised that minor illness advice is always given over the counter, however Community pharmacies are not paid by the government for this, where has if you have a formal referral them Community Pharmacies get paid under the contract for the service.  KH said that she often reads that local pharmacies need support. What can be done to support them. JP advised to use these services that are being delivered.  JP advised that in terms of outcomes for every 8 people referred to a Community Pharmacist 8 of them are helped first time, 1 person was sign posted non urgently and one person was escalated back to their GP or an urgent care setting.  JP went on to talk about Clinical pathways and explained that since January 2024 Pharmacists can prescribe antibiotics for 7 conditions   * They must follow the NICE guidance the same as a a GP practice * They are the same drugs that a GP would prescribe * They must follow a strict pathway and are not permitted to deviate from this   With these 7 conditions the Community Pharmacy get paid if you walk in or if you are referred by a GP  Also, if you are prescribed antibiotics for one of these 7 conditions and you are exempt from paying for prescriptions you will not pay through this service. The community pharmacy will still be paid through the contract.  There are only 3 pharmacies in the whole of BNSSG not taking part in this scheme, so you can walk into any pharmacy.  **Questions**  PB asked if there had been much pushback from GPs. JP said that GPs have been finding the service beneficial. TC said that the referral service has been fantastic and there are more improvements to come. He went on to say that Primary Care see the Community Pharmacists as colleagues.  KF asked if there is a shortage of pharmacists as it seems that way. JP explained that if anything there are too many, however locums are very expensive and that this is not a sustainable business model. JP also explained that all pharmacies are governed by the NHS and report to NHS England  KF asked about drug shortages. JP advised that there have been national shortages EG HRT (Hormone Replacement Therapy). There are several reasons for this:   * Brexit * Production lines fail * Ingredients are out of stock * Endless amounts of drugs are not provided, drugs companies estimate what will be needed.   EP asked, if visiting a pharmacist with an uncomplicated UTI whether they would need to provide a sample. JP advised not initially, the pharmacist would follow the NICE guidelines and the clinical pathway if the UTI was indicated complicated the patient would be referred back to their GP to present a sample.  JD thanked JP for her time and advised that JP’s power point presentation will be shared.  **PPG action topics for 2023-24**   * **Finding New Members.**   SS presented the poster she has designed to the group, JD thanked her for putting it together. The QR code links to the PPG page on the Bridge View Medical website.  Appropriate wording for the copy on the poster was agreed and JD/SS will take forward.  EP asked if there were any plans to translate the poster. JD advised that she was not sure that this was necessary.  BG asked if under 18’s could join the PPG TC advised that although there is no official age limit, confidentiality would be an issue.   * **Using the new E-Mail address.**   This is working well.  **Tom Clarke, Practice Manager Briefing.**  TC advised that going forward he will devise a power point for PPG meetings so that all the information he talks about is visible.    **Phones**  TC explained to PPG that there have been big improvements in the phone service at BVM. The level of abandoned calls is still quite high, and analysis has been carried out on when this happens and on average at 2 mins 30 secs when the patient is told what number they are in the queue.  Stats for April 2024:  60% of calls made to BVM were answered.    The average call waiting time was 6 minutes 30 secs, this compares to 21 minutes 34 seconds in April 2023.  1300 appointments were booked over the phone.  **Questions**  JD asked if there are certain days and times of the week that are better for getting through.  TC explained that every week is different; however, Monday mornings are always busy, Wednesdays and Thursdays are quieter it starts to pick up again on Friday.  **KLINIK**  Apil 2024 stats:  10000 KLINIK submissions  9700 appointments were booked  Patient satisfaction is high:  83% of patients say that they are satisfied with KLINIK against 17% who say that they are dissatisfied.  TC explained that operationally in house they are dealt with quickly. BVM physios are now triaging their own cases and also that the team of GPs triaging KLINIK submissions has been refined and there is now a core team in place.  TC acknowledged that BVM is overwhelmed with the number of submissions that are being received. Appointment provision is a problem and demand is leading to irregular switch off times.  BVM understand that they need to be more consistent with KLINIK opening as they were with eConsult. However, the average patient response time is 48 hours.  **Questions**  BG asked if other surgeries were having similar problems and how are they dealing with it.  TC explained that within BNSSG there are only a small number of surgeries using KLINIK and are using different online providers such as ACCURX and eConsult. The surgeries that BVM have spoken to who use KLINIK outside of area and they are a lot more cutthroat than BVM in how they deal with submissions, and this doesn't feel like the right approach for BVM.  BG asked if there is an alternative in the long run and if KLINIK are listening to feedback  TC explained that BVM have outgrown what KLINIK can offer. BVM requests changes to improve functionality, however KLINIK do not have the software engineers to action these changes. BVM is really pushing for the functionality to switch off certain services rather than the whole service. TC also advised that appointment provision is also a problem which is not going to be solved in the short term. There are GPs being recruited at present although there are financial and space constraints. TC told PPG that BVM has been identified by BNSSG as one of 10 practices who need more space. A bid has been put in for works to create 2 more clinical rooms.  PB asked how long a GP session is  TC confirmed that GP’s have morning and afternoon sessions that are 4 hours and 20 minutes long. GPs see 14 patients within that time, they also complete admin and see extras.  KH asked why when a GP says that they would like to see a patient in 6 months why it is not possible to book then and there.  TC explained that appointments are put on the system 6 – 8 weeks and that operationally BVM do not go more in advance than this due to the planning of Annual Leave, leavers etc. Also, statistically the further in advance an appointment is booked, the more likely a patient is to no show.  KH asked about KLINIK closures over Easter and that the front screen of KLINIK did not explain this.  TC explained that we tried hard to communicate to patients that KLINIK was closed over Easter vis SMS, the BVM website and Facebook page. HM confirmed that the front screen of KLINIK has now been amended to show more information about closures.  KH asked about catering for patients who do not have Smart Phones and cannot follow the links in SMS messages.  JD advised that JI had responded to this question previously and handed KH his response to read  JD confirmed that discussion about Continuity of Care will be carried over to the following meeting due to time constraints.  **Topics for Future Meetings.**  JD explained that the PPG had identified that they would like to hear from speakers on the following topics:  Womens Health  Intergrated Care System (CS) update.  Please E-Mail JD with any further suggestions  **Forward Dates of Meetings:**  Tuesday 10th September 2024  Tuesday 10th December 2024  Meetings run 10:30 – 12:30 and can be attended in person at Marksbury Road Surgery or via Microsoft Teams.  **Meeting Closed.**  **Thank you all for attending.** | **Action** |