|  |  |
| --- | --- |
| **Date** | **10th December 2024** |
| **Present**  | **Apologies** |
| Jean DenhamCarly CanningsLiz DaleViv MundayBarbara Gallati Sylvie SerpellNick GrimmerKath FordClare WilsonKate HaleEve PayneFiona BradyTom ClarkeHelen Morris | Alice PearceCedric Ashley Chloe GilbertClaire ValslerJanet MillsHabibah JavidHelen WestJudith WorthingtonMarta YazbekPatricia BrodieCaroline Round |

|  |  |
| --- | --- |
| **Item****Welcome and apologies from absent members**Chair of meeting Jean Denham**Acceptance of notes from September 10th 2024**The notes were proposed and seconded with no points arising.JD asked the meeting to introduce themselves and explain their reasons for joining PPG.Reasons included:Learn about how BVM works and help where possibleMake a valuable contributionHelp the Community and help support the LGBTQ+ community.Patients know me and pass on their commentsRaise concerns and gain understanding. Of BVMCurious to understand how things work especially around Women’s Health.Viv Munday explained her role as PCN manager. She confirmed that PCN stands for Primary Care Network. She explained that BVM is unusual in operating a Single Practice PCN as it would usually be a group of practices. The PCN is the interface for external organisations. VM said she is interested to understand how the PPG can help BVM increase understanding in Chronic ConditionsClaire Wilson introduced herself as a BVM GP Partner and also Clinical Lead for the PCN. She explained that she is particularly passionate about women’s health\*NB the presentations that accompanied Viv and Claire’s talks will be sent out with these minutes.**Pain Management: Viv Munday PCN Manager**VM explained that over 3000 patients at BVM are affected by conditions which mean that they live in chronic pain. She went on to explain that Drugs are not always the best solution for these patients and that it is helpful if they can learn to self-manage with coping strategies.VM advised that that BVM is planning on running a living well with pain course. This course will be delivered by the Health and Wellbeing coaches, clinical leadership will come from Dr Claire Wilson and Jenny Yip pharmacist. Social prescribers will also be involved by offering advice on what support is available in the community. Participants will have medication reviews after the course. The long-term goal is that peer support groups will be created out in the community. The first course will Face to Face course will start at the end of January 2025. There is a survey going out to eligible cohorts of patients to identify interest.**Questions**KH asked if the course is successful will there be more and VM confirmed that there would.SS enquired about Parkinsons Disease and whether that is managed in a hospital setting rather than on a course like this. VM advised that GPs can refer any patient onto this course, no one will be excluded.KF asked whether this course would be available for house bound patients. VM explained that it will be but it will be online for this cohort of patients. CW explained that for some patients individual courses over the phone may be more suitable.SS asked how BVM would decide who to invite on this course. VM explained that searches will be run on patients 18 – 65 to identify eligible cohorts.FB asked how many patients would be in a group and VM advised 8 – 12. FB went on to ask whether patients with similar conditions will be grouped together. CW explained that they will be grouped to start with, however she is hopeful that as this project moves in the direction of peer support groups patients with similar conditions will be grouped together.NG asked about the provision for young people. CW explained that young patients with chronic pain are managed differently.VM explained that this project will grow very quickly, which is why there is the need for peer support groups.EP asked if there are any plans to sign post patients to existing support groups. VM said that there is and that she will be meeting with the social prescribing team to discuss.**Woman’s Health: Claire Wilson GP Partner.**CW explained that Women’s Health is quite q wide umbrella and something that she is extremely passionate about.CW explained the Current Situation at BVM:Contraception Provision is actioned by Pharmacists Allied Care Professionals and NursesBVM has clinicians trained for LARC (Long-acting reversable contraception) fitting both implant and coil.BVM subcontracts in two specialist women’s health nurses to assist with this workload.Menopause Health is dealt with by all clinician staff, BVM is lucky to have Dr Burgin who is a specialist in this area.Dr Foot is joining the General Practice Fellowship programme specialising in Health and Equality encompassing Women’s Health.BVM recently ran a woman’s health drop-in session with a view to making Smear Tests more accessible.CW advised BVM will be receiving funding from the Woman’s Health Hub and have the following plans:Train more nurses in coil insertion; Bridge View Medical currently have a waiting list of 1 – 2 months for this procedure and aim to reduce it. It is worth noting that the waiting time at Unity Sexual Health clinic is longer.Over the last few years the conversation around Menopause care has opened up. BVM intend to upskill pharmacists meaning that there are more clinicians able to review HRT. There is also an aim to set up a Menopause peer support group.CW said that BVM plan on being a trauma informed practice, this will involve training for the whole practice as well as a page on the website sign posting to local support groups.CW explained other plans:BVM GPs will be going to the pessary clinic at the BRI to learn this skill, so that this is a service that BVM can offer.BVM will strive to make sure that their women’s health offering is inclusive for example adapting to make it feel safe for patients with gender dysphoria.BVM has a collaboration with Bristol Refugee Rights to deliver Women's education to the Asylum seeker hotels in Bristol.**Questions**KH whether BVM will be holding Well Women clinics as this is something that she has attended previously.CW advised no, Well Women clinics are historical, and GP practices no longer receive funding for them.KH if post-menopausal women have been considered as they also need support.CW said that she will take this on board. VM commented that the PCN will support any peer support groups out in the community.LD asked if menopause clinics and support would include Peri Menopause supportCW confirmed yes, any patient who is having symptoms.NG asked what Peri Menopause is.CW advised that is the phase before menopauseEP commented that it is important that women feel heard and validated and that they feel that the clinician that they are speaking with understands their condition. EP then asked about the waiting times to remove LARC.CW advised that the wait time is a week or 2 and that quick access to removal of LARC is essential. CW also explained that the trauma informed training will assist with understanding here.JD Thanked VM & CW for their time**PPG action topics for 2024 – 2025**JD explained that action current topics need to be reviewed and PPG need to consider ideas for future action topics.1. Continuity of Care

TC explained that BVM is still working to Micro teams, however, there has been some disruption due to staff changes. He advised that BVM is currently running at 31% continuity of care this is an improvement but there is still room for more.EP asked what a micro team is.TC explained that GPs at BVM are grouped into Micro Teams, if patients cannot be booked in with their named GP they will be booked in with a member of their micro team, to help ensure continuity.It was agreed that Continuity of Care will remain an action topic for next year.1. Widening group membership and having a more diverse group

JD explained that the poster and advertising has attracted several new members, however the group is still not diverse.CC suggested being specific in the advertising for new members.LD suggested advertising for male members.JD asked for these ideas to be put in an E-Mail to her. This action topic will remain for the next year.1. PPG Newsletter

JD explained that it has been suggested that the PPG will send out a newsletter. JD will send around a sample, please can members let JD have their feedback.**Ideas for other Action topics**NG said he would like to have men’s Health added as an action topic especially promoting self-checking for cancers.VM advised that Men’s Health/Cancer screening is on the PCN’s radar, and they intend to raise focus on campaigns.KH asked how patients would be aware of what campaigns BVM are promoting VM advised that they are promoted on social media, but also that BVM are looking for patient ambassadors, which PPG could help with and verbalise campaigns to the community.LD suggested that free Newspapers could be used for promoting campaigns.VM asked PPG to investigate which ones might be viableSS said she would be happy to design posters for the Facebook page.BG suggested advertising Men’s health in rest rooms in pubsNG suggested advertising in gyms and said that he would be happy to go out and put posters up.VM explained that is exactly what BVM are looking for ambassadors to support them.NG explained that in the new year himself and KF are setting up a new group for LGBT+ Elders and wondered if this could be advertised in BVM surgeries.TC and HM confirmed that it couldLink to BVM Facebook page: [Facebook](https://www.facebook.com/bridgeviewmedical/)**Practice Manager Briefing: Tom Clarke**\*NB Tom’s presentation will be sent out with these minutes\*Appointment DataTC talked through the appointment data for the last quarter.He explained that CCAS slots are appointments that are booked by the 111 service.Appointments peaked in October due to the winter vaccination programme.The rate for DNA (Did not attend) appointments was 5%NG asked if there are any plans to reduce this rateTC explained that this level is standard across Primary Care. Some DNAs are for genuine reasons such as a patient going into hospital or a member of our migrant population being moved on. TC explained that as a surgery BVM identify patients who regularly DNA and follow a process to manage.Contact DataTC explained that on average BVM receives 15000 a month and that on average 10000 of these are answeredTC advised that the average time for a patient to abandon the call is at 2 minutes 34 seconds. This is when the patient hears what position they are in the queue, so patients make the decision at this point not to wait in the queue.TC advised that average call wait time is 5 mins and 12 secsFurther analysisPatients waiting for a lengthy period of time is now rareAs a surgery BVM is very proud of this.KH asked if there were any plans for the appointment availability for 111 to book being cut.TC explained that we are contractually obliged to offer these appointments, so cannot cut, or drop them.TC advised that 85% of appointments are booked via the patient filling in a KLINIK form and 15% appointments are booked from the KLINIK form being filled in at the front desk or over the phone. These figures are very consistent month on Month.In the year to date 73000 KLINIK submissions have been received.TC explained that the BVM website gets 8000 – 9000 visits a month over 50% of these go straight to the book an appointment screen. The Meet the Team pages are also extremely popular.FeedbackTC explained the friends and family survey is sent out to patients via text after they have had an appointment. In October 2024 there were 106 Positive comments about BVM and 92% of respondents rated BVM as Good or Very Good.ComplaintsComplaints received by BVM are going downAccess based complaints have significantly reducedTC explained that there has been a spike in complaints about clinical treatment. He went on to explain that this is more about the way that BVM band their complaints rather than the actual treatment that is being provided.Winter Vaccination ProgrammeTC talked through the vaccination data.TC explained that the clinics felt operationally sound, they were run at varied times throughout the week as well as two traditional Saturday clinics. Patients were invited early via text and all patients without mobile phones were called.Collective ActionTC gave some insight into this; GP surgeries feel that they do not get enough funding from the NHS, GP surgeries are run as private businesses. GP surgeries take on additional work that they are not funded for; this is work for secondary care for example if a patient is discharged from hospital without any meds, they are advised to go to their GP to get a script.It has been decided nationally that this is not happening anymore, and that Primary Care will be pushing this back to Secondary Care.TC goes on to talk through the timeline at BVMCollective action started on November 7th.TC gave examples of what BVM will be pushing back to Secondary Care* Fit Notes following hospital stays
* Onward referrals for the same condition Consultant to do this
* Patient queries relating to investigations conducted and requested by Secondary Care
* Prescribing that should sit in Secondary Care.

LMC (Local Medical Committee's) have advised Secondary Care that this is happening)TC advised that it is expected that the impact on patients will hopefully be low.TC explained that conversations between all parties are ongoing and BVM will continue to keep patients informed where appropriate to do so.There are posters and videos in all waiting rooms and collective action pages on the websiteQuestionsBG asked who is carrying out the negotiationsTC advised that LMC is carrying out the negotiations between Primary and Secondary Care. BVM has GP reps in the LMC.FB asked how they can support BVM at this timeTC said by elaborating and explaining genuine reasons to patients.JD explained that the meeting had run over time and that outstanding agenda items will be carried over**Meeting Closed.****Thank you all for attending.** | **Action** |