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| **Attendees:**  Alice Pearce, Sylvie Serpell, Caroline Round, Barbara Gallati, Kath Ford, Pat Brodie, Cedirc Ashley, Dianne Lee  James Ingham, Tom Clarke, Cara Slane, Leigh Cook, Helen Morris. | **Apologies:**  Jean Denham, John Vickery, Liz Dale,  Janet Mills, Nick Grimmer, Susan Egerton, Claire Valsler, Jes Ford  Marta Yazbek | |
| **Date:** 12/12/2023 |  | |
| **Item**  **Welcome and apologies from absent members**  **Previous Minutes**  Minutes from 12th September 2023; Proposed by CR, Seconded by SS and accepted without any changes.  **GP Partner Dr Cara Slane: The Role of Salaried GPs.**  Dr Slane introduced herself as a GP partner who is mostly based at Malago Surgery, she explained that she has recently returned from maternity leave. Dr Slane carries out the role of GP liaison partner; this role ensures that there are open channels of communication with the Salaried GP Team.  CS along with TC have regular meetings with the salaried GP team every 6-8 weeks. This meeting listens to the Salaried GPs Feedback, concerns and ideas as well as ensuring they feel supported. Salaried GPs at Bridge View take on the bulk of the face-to-face consultations, so it is important that they have this support in place.  As an aside, the local Integrated Care Board felt that these meetings were such a positive step they have been and filmed one recently.  **Questions**  AP asked how many partners and how many Salaried GPs work at BVM.  CS advised that there are 16 partners and 20 Salaried GPs. We have recruited four new salaried GPs over the last 12 months which means BVM have reached their full complement which in turn improves continuity of care.  BVM have developed a good relationship with a GP recruitment agency, there is also a handshake scheme in place where existing GPs are rewarding for referring their friends.  The moral in the salaried GP team is good and they are mostly happy in a challenging role, however, often demand out strips what BVM can supply.  **Positive Changes.**  KLINIK the new online triaging system has taken pressure from the salaried GPs and means that appointments are being allocated appropriately.  **Challenges**  High levels of sickness and GPs on maternity leave means that there is still a reliance on locums, who generate admin which they don’t complete.  BVM is remedying this by introducing admin only sessions, and the Salaried GP team are picking up extra.  CE asked what percentage of their time GPs spend completing admin.  CS advised that on average 2/3 of a GP’s time is patient facing and 1/3 is taken up with admin.  DL raised a point that KLINIK does not work for all patients. TC advised that would be addressed later in the meeting.  KF asked if the paramedic team at BVM help ease the workload on GPs.  CS replied that they are an immense help especially with home visits and that their role at BVM is appreciated.  JI advised that the Allied Health team looking after the Same Day Care Hub assists BVM to provide Continuity of Care.  AP thanked CS for her time.  CS wished the PPG a Merry Christmas.  TC returned to KLINIK and the issue of not all patients being able to use it. He advised that the Care Coordinator team can help with this both over the phone and at the front desks. He acknowledged that we must make sure that we are getting this right and always helping those that need helping.  If the issue is with staff behaviour that is separate and can be investigated through the complaints process.  TC advised to help patients access KLINIK there are now tablets for patients to use in all four of BVM’s waiting rooms. JI also held Drop-In sessions for patients at all four sites to offer them support and guidance using KLINIK.  AP asked if it would be possible to tag patient’s records when they are unable to use KLINIK  TC advised this is not appropriate on medical records.  BG asked if it is possible to avoid all the questions on KLINIK and jump to the free text box.  TC advised that this is not possible as it is not the way that the system works.  **PPG Action topics for 2024-2025**  This action plan was included with the information given out prior to this meeting.  TC advised that the idea behind this document is to put focus into PPG meetings and that it can be reviewed at each meeting. The PPG will talk in more detail about how to improve patient experience at BVM.  JI explained that this is about giving the PPG more active involvement in the practice; to gain their views and work closely together with them. One thing BVM needs to work on is more proactive patient comms, not just when changes are being made. BVM would like the PPG to lead on this and advocate for any changes, to become the conduit between patients and the practice.  AP asked the group if they had any ideas to encourage new members:  SS advised that there is a poster in the works.  AP advised that a BVM PPG E-Mail address is being set up.  DL suggested referring friends.  CR suggested looking at the timings of meetings to make them accessible for patients who work full time to attend.  JI said that PPG content for the website would be extremely helpful, including short bios for the members and what the PPG does.  BG suggested that GPs signpost to the PPG at the end of F2F appointments. TC advised there is not really time in the GPs appointments, on occasion we refer patients who have recently had complaints resolved to the PPG.  AP suggested that there could be a PPG calling card given out.  TC clarified that the PPG meeting is not for individual complaints and concerns; This is a forum to improve patient experience, we need to make sure that the correct information is conveyed to potential new members. There is a BVM complaints process to deal with complaints.  DL recently had surgery and wanted to discuss the aftercare she received from BVM and other services. DL agreed with AP to discuss outside of this meeting.  **Care Coordination: Leigh Cook: Lead Care Coordinator Team Lead.**  LC began by giving the PPG a current overview of the CC Team:  Across the four sites there are currently 40 CCs who work between the four front desks and the new hub at Marksbury Road answering telephone calls and processing KLINIK enquiries. Training CCs to a competent level takes around 3 months.  There has recently been a large recruitment drive, to improve the quality of candidates and staff retention, the following steps have been put in place:   * For the first time BVM have advertised for CCs working Full-Time hours * There is now a training lead in place who works very closely with all new starters to make sure they get the support and training that they need with close monitoring.   Recruitment is paused now and in the new year a couple of the existing CCs will be increasing their hours, there are some members of the team retiring in the coming months.  **Questions**  AP asked how well the new Hub and the new KLINIK system are working.  LC replied: In terms of the hub, there was a lot of anxiety around it at the beginning, however now things have settled down most CCs are really enjoying it especially having the support around them. It has worked better than we ever expected that it would. In terms of KLINIK the response from CCs has been overwhelmingly positive. It has achieved its main aim of cutting down the queue on the phones so that the people who really need us can get through. The team enjoy the new way of working. KLINIK is also enabling them to book appointments more appropriately.  BG and SS told of both of their recent positive experiences of KLINIK.  LC explained that Clinicians prefer it when patient’s fill in KLINIK themselves as there is more detail about the patient’s condition. LC advised that KLINIK is constantly evolving, and a lot of the lead’s time is spent monitoring appointments to make sure every appointment is used.  PB told of a recent positive experience talking with a pharmacist.  LC explained that Pharmacists at BVM are very respected team and regarding medication are often more knowledgeable than GPs.  CR asked why she often has appointments at different surgeries even though she lives closest to Marksbury Road.  LC explained that this often depends on what type of appointment you have. Routine appointments with your named GP or their micro team will be within their home site. Whereas Same Day Care Hub appointments and nurse's appointments could be at any of the four sites. You can always state if you have a preference to which site you go to, but this could limit the appointments that you are offered.  BG asked why she sometimes sees other Doctors rather than her named GP.  LC explained that within the Continuity of Care model, if your named GP is unavailable then you will see someone in their Micro Team.  If you wish to put if a request to change your named GP this can be done in writing to the admin team.  KF asked if the CC team are trained on how to react to emergencies. KF was asking about two specific examples which she was aware of recently.  LC & TC advised we would need specifics to investigate these examples and that they should be escalated through the complaints process.  AP thanked LC for her time.  **Practice Manager Briefing: Tom Clarke**   * **KlINIK and New Website**   TC talked through the following stats relating to KLINIK:  10,157 appointments booked through Klinik in November. 8,779 (86%) by patients completing and 1,378 (14%) through BVM completing on behalf of patient on phone or at front desk.  6,301 calls answered in November with an average patient wait time of 7 minutes 27 seconds. (Pre Klinik average wait times were 20-25 minutes).  The impact that KLINIK has had on the phone lines is a huge positive.  The challenges around KLINIK and patients struggling to access the system have been discussed earlier in this meeting.  The change to the new website has been a seamless change with no feedback either positive of negative. Originally it was difficult to find the KLINIK link, this has now been rectified. Whilst the website is in its trial stage, we may lose the google translate function, but we expect this back at a later stage.  CA remarked that there are no links to Evergreen Life or Patient Access on the new website, both of which can be used to order repat prescriptions.  TC advised that this is due to the NHS trying to push these sorts of requests through the NHS app. However, he will investigate having these links added to the website.  CA commented that access to KLINIK is not so obvious on the new website.  TC advised that this due to BVM not wanting to detract from the self-care options on the website.   * **Complaints Review YTD and overview of how BVM deals with complaints.**   YTD (April 2023 until now) BVM has received 143 complaints.  BVM has 40000 patients.  Last month BVM had 10000 contacts with patients.  This means that a very small percentage of patient contacts result in a complaint.  This has been replicated year on year.  Other than directly from the patient BVM also receives complaints from: NHS England, Local MPs and very occasionally the Information Commissioner's office. TC deals with these types of complaints as they often have a tight deadline.  Complaints from patients arrive via E-Mail, completed complaint forms, handwritten letters and more recently KLINIK.  These complaints are dealt with by the four Operations Managers and usually resolved at this point. If necessary, complaints can be escalated to TC and then JI.  Complaints from patients are acknowledged withing 48 hours; there is then a maximum of a four-week period to investigate the complaint and respond.  Investigation into a complaint can include:   * Talking the case through with a clinician * Listening to any relevant telephone calls * Looking at the patient’s medical records. * Reviewing CCTV.   Once the investigation has concluded the findings are rounded into a response and fed back to the patient. Complaints are responded to using a template for consistency. Information is included on how to escalate the complaint further if the patient is not happy with the response.  One of the partners deals with Clinical Complaints; she will investigate them and feed her findings back to the Managers so that they can formulate a response.  All complaints are recorded:  Trends are analysed by the management team, 44% of the complaints that have been received YTD are relating to access.  All compliments are recorded also.  Some PPG members remarked that feedback figures both positive and negative are very low.  TC advised that this is because if the service meets a patient’s expectations, they will very rarely give feedback.  The group discussed the pros and cons of having an informal feedback form, no conclusion was reached, TC will discuss with BVM Managers.   * **Continuity of Care**   TC advised that continuity of care is currently sitting at 51%, the team are looking at tweaks that can be made to improve this figure.  **New Members Pack and Confidentiality Agreement**  AP advised that there is now a new member’s pack in existence which will be shared with all new members of the PPG. Included within this is a confidentiality agreement. As the PPG is going behind at the surgery it is requested that members sign a confidentiality agreement. Please can members sign and return if they are comfortable with this.  **Future Dates of PPG Meetings**   * Tuesday 12th March 2024 * Tuesday 10th June 2024 * Tuesday 9th September 2024 * Tuesday 9th December 2024   **Meeting Closed.**  **Thank you all for attending.** | | **ACTION** |