Minutes of Patients’ Forum Meeting

Monday November 12 2018

Harbourside Medical Practice Portishead

Apologies: LR; PM; EC, JL

Present : FU; DC; MC; HS; GS; PG; SR; MT; JB; JW; MC; TC; PC; AS

DC opened the meeting and introduced Alberto Sanchez. Alberto is the pharmacist who now works at Harbourside Practice, every Wednesday and Thursday. He currently works for three different practices, which he feels gives him an insight into the different workings of the various practices.

Alberto started working at Harbourside in September, after ten years working in hospitals. He explained that general practices are moving towards working in the same way as hospitals. A pharmacist looks at patients differently from the way in which GP’s regard them. S/he looks at the medication, as well as the diagnoses, to see if it can be improved upon.

The aim is for patients to contact the surgery, to then be directed accordingly, provided they are happy to give their symptoms/details.

His appointments vary from ten to twenty minutes per patient, dependent upon their needs. Alberto plans to open a pain clinic in the near future, with a patient’s first appointment being for thirty minutes.

Medication is never changed by the pharmacist, but by the GP. When discussing medication with a patient, Alberto will always ask about any additional medications which may have been bought by a patient, and not prescribed. This enables him to have a clearer picture.

Patients having been discharged from hospital will also be referred to Alberto.

DC then presented the committee with the updated mission statement.

Brisdoc was the next item on the agenda. This is an abbreviation for Bristol Doctors, who are a group of doctors who provide out of hours services, which is run as a business. Generally patients will be asked to visit them for example in Southmead Hospital, or they will be directed to the correct service, such as 999 or just an appointment the following day with the GP.

***Action:*** ***DC is to arrange for them to come to talk to the committee at a future date.***

Fran Upshon then informed the committee about the new Care Navigation system which has been introduced at the practice, this week. VD from another practice came to train the receptionists in this. Receptionists are now to ask more probing questions when answering a call. This should enable them to direct the call to the correct person, ie pharmacist; nurse; doctor. This will inevitably result in longer call times, and may add to the length of time people are waiting to get through.

More staff have been taken on for reception and there should be three/four each morning and each afternoon. It was suggested that maybe staff should be split, so they are not on reception *and* answering telephones at the same time, which can leads to a total lack of privacy.

Concerns were raised as none of the receptionists have medical training, and if they are just going from a checklist, they could direct someone to the wrong specialty. However, Fran pointed out their checklists have some ‘symptoms’ red flagged, so they are treated as urgent. However, it was also pointed out that some patients have many health issues, and in these cases something which could be regarded as minor in a ‘healthy’ person, may be more serious for some. A patient at the meeting said they had been navigated into a pharmacist clinic, but the pharmacist recognised this patient was unwell and made an appointment with the GP. This patient subsequently ended up in hospital. The care navigation system still recognised that this patient was unwell and an appropriate clinician had been called upon to treat the patient.

On January 2 2019, there is an emergency care practitioner starting at the surgery. There will be a minor illness clinic, and it is hoped this will take some of the pressure off the GP’s.

The practice where VD works has found the new care navigation system highly beneficial. For example at the end of the day they sometimes have free appointments for the doctors, which currently is not the case at Harbourside.

 It was asked if appointments for nurses could be booked on line. Fran explained that each nurse has different specialities, and it could be complex. Patients are likely to book themselves in to the wrong nurse. This would be annoying for the patient and a waste of an appointment for the nurse. Fran will look at the possibility of putting the different responsibilities for nurses on line to help patients understand.

***Action: Fran to put nurses’ details on line***

Dr Hazelgrove-Planel has now left on maternity leave, and Dr Johns has just announced she will going on maternity leave next spring. Dr Herath has resigned the practice. Fran has advertisements out to cover these gaps in staffing. However, only two people answered the last advertisements, hence the introduction of diversification for the practice.

MC had worked on the new questionnaire with the suggestions from Fran. They will finalise this and send it to PC, who in turn will send it out to the committee for any input/suggestions.

Fran will liaise with PC for volunteers when the final version is decided upon.

***Action: Fran and MC to liaise and send to PC***

Under any other business GS brought up the subject of advance directives and having them available on patients’ notes.

***Action: Fran to look into this***.

Peta mentioned some complaints she’d had from a patient whilst sitting in the surgery that morning. The font on the television screen is too small to read was one, but the main one is that when receptionists are talking to patients, either on the telephone or face to face, every word can be heard by people in the reception area. This will be worse now, as they will sometimes be asking more personal questions.

Fran will arrange for music in the waiting area to help mask the voices from reception, and to look into the screening.

***Action: Fran – arrange music; look into screening***

The meeting closed at 7.45pm.

The next meeting is Monday January 7 2019