

Berrycroft PPG Meeting Minutes – 31st July 24

Present – NP, KH, RW, RC, LT, RM, ME, DF, RL, LP, MS, MB, DB, DC, KA, HD

Apologies – SA and CM

Minutes of last meeting – 30.1.24 – accepted as a true record.

Item 10, Patient communications not yet complete – information regarding how to approach the various types of booking appointments has currently been shared via the newsletter and Envisage screens.

Agenda items:

Election of PPG Officers

Chair – DC proposed NP, LP seconded.

Vice Chair – DC proposed KH, KA seconded.

Both Chair and Vice Chair elected unopposed.

Secretary – Still required.

The new Chair, Vice Chair and Berrycroft Community Health Centre (BCHC) staff introduced themselves.

CM not present. NP to discuss point raised by CM with CM when available.

Practice Update - RC

Dr Perera and Dr Nazir no longer with practice. Dr Mulla appointed for 6 sessions per week, allocated Dr Perera's patients.

New Triage system – GP working alongside Patient Services Team (PST) at all times. System is working well. Starting trial of AIP in PST – 1 week initially, will move forward if successful. Aim – to maximise efficiency of appointments for patients.

RW underlined that triage is critical when there are 3 requests that need a GP appointment for each GP appointment available in the local area. In that scenario, can't safely operate 1st come 1st serve. Triage by an experienced person identifies those that can be seen by a different service, supporting those who need to be seen by a GP.

Question & Answer Session with RW

GP Appointments/Calls and 111 Calls

Patient needs to phone, give information to enable triage and then wait to be directed to appropriate service.

BCHC understands that there is nothing convenient about being unwell. GP surgeries have also been advised by NHS England that they must triage patients.

This is not a long term solution; we need more GPs. Triage prioritises those that are acutely unwell or complicated. This only works for a short time because eventually, those with routine conditions have more difficulty getting an appointment

BCHC utilise the services of other health professionals to support patients, including pharmacists, social prescribers, physios and advanced illness practitioners. When patients can be seen by these professionals, it increases GP availability.

GP practices make up approximately 70% of all NHS contacts on 6% of the NHS budget. Your GP wants to be a traditional family doctor and provide continuity of care, which is proven to work. The system has changed against GPs will. BCHC GPs share strongly the vision that they want to be a traditional GP, and have a low staff turnover.

When our appointments have gone, some patients will still need to be seen on the day. 111 is used in these situations. This system began when a patient, at another practice in the country, had a heart attack due to being at the end of an unsafe, long list of patients. Since that time, 111 and triage have been increasingly used. 111 use a complicated but detailed algorithm, acting as a safety net, to identify if the patient needs to see a GP, pharmacist or ambulance. On some occasions, 111 will direct patients back to ourselves to be seen within a set number of hours and can book directly into a limited number of appointment slots. 75% of patients who call 111 are not directed to a GP service.

How can patients make a forward appointment?

Currently, only limited forward appointments available due to appointment shortage.

Seeing patients from when they are young helps to build relationships which support good healthcare into older age. Continuity of care is demonstrated to prolong life and make it better. Current shortage of GPs is therefore an issue.

Increasing money in primary care would support reduction of pressure on hospitals. GP training slots have increased; however the number of GPs is currently still decreasing.

PPG and BCHC to work together to try to find solutions for patients. What is the best we can do with the resources that we have? How can we strive to make it as good as possible?

Staffing at BCHC

Full staff details can be seen on the BCHC website. Why are staff not full time? Many GPs do not work full time in one location but may specialise in areas of interest across different healthcare providers. Full time GP, on paper, can look like 40 hrs/week. Survey in previous practice showed average overtime of 68%, 40 hours on paper equals almost 70 hours in reality which can equal burnout. 3 days equivalent to 40 hour week because of the 68% overtime.

Berrycroft appointment statement (available on website) discussed. Carr-Hill formula dictates how much money a practice gets in to core contract (pays for GPs). Weighted towards older patients due to potential for complications. Meadowcroft in top 5 most deprived areas in country with a young population. Demand on practice high with complex needs. If we were to have average funding, we could afford 6 more GPs and even more with higher levels of funding. Funding for deprivation needs more attention. BCHC have approached local MPs. Discussed further contact with local MPs – 2 MPs cover BCHC catchment, 1 Labour, 1 Conservative.

Website

Could consider separate session to support patients to navigate website. Suggestions welcomed to ensure the website works for patients.

Move to New Building

Multidisciplinary use of building a success. Need for greater funding to increase GP numbers required.

RW was thanked for his valued input into the meeting.

Moving Forward

The PPG is a forum for patients based around a regular core membership, alongside a wider patient group who may have more limited availability. Aim is for core membership to meet more regularly. BCHC recognise important work of PPG and have quarterly meetings scheduled but need to balance with other commitments. PPG to meet without BCHC staff where relevant. Reminder that meetings in the building need to finish by 6.15pm.

NP to email details of first PPG only meeting.

Any Other Business

GP Patient Survey Results – Shared with PPG – key issue, appointment availability.

Companions/PPG/Friends of Berrycroft – Three groups working together to support patients. Friends of Berrycroft are currently investigating ways to obtain funding for items outside main core of surgery that would help patients. All ideas welcome –

please send to Kathy Hunter - and can be added to list, e.g. breast feeding clinic/talk, IT clinic for patients.

Meeting Closed

Attachments:

[GP Patient Survey](#)

[Patient leaflets & Newsletters - Berrycroft Community Health Centre](#)

Next Full Meeting – 29th October 2024, starting at 5pm tbc.

If you would like to join our PPG and get involved in improving the running of the practice for the benefit of patients and staff, please email berrycroft.ppg@outlook.com. All patients are welcome and valued. To ensure our PPG is representative of our patient base, we would be very pleased to welcome more patients of working age to our group.