

**Birtley Medical Group**

**Patient Participation Meeting Minutes**

Present: 8 patients

Birtley Medical Group- Anna Knighton Partner, Ashley Irwin Partner, Louise Miller Operations Manager, Liz Bryant Advanced Nurse Practitioner, Joyce Mason Contracts Manager

Apologies: Laura McCann, Digital Inclusion Coordinator

AK thanked patients for attending and welcomed back existing member of the PPG. She advised the PPG had moved to a virtual forum during Covid but the practice was now keen to have more interactive meetings going forward. The purpose of the PPG is for the practice gain feedback from patients on our services and on specific projects and for patients to feedback on their patient experience. AK advised all members of the group would have been sent a copy of the PPG Terms of Reference ahead of the meeting- paper copies were available for those who hadn’t received them.

AK then gave a general overview of the practice – we have 14 doctors including 4 partners, 5 Advanced Nurse Practitioners, 5 Clinical Pharmacists, a large team of nurses including healthcare assistants, practice nurses and nurse associates, a Mental Health Practitioner and a Social Prescribing Link Worker. We also are a training practice and have trainee GPs and medical students. AK advised we are a large practice with just under 16000 patients and around 50 staff. AK also advised BMG is a very busy practice operating under the existing pressures in the NHS and explained how the long waiting times for secondary care impacts on the practice as patients were needing to be looked after by the practice while they waited for treatment.

A patient raised a query re the number of doctors per patient ratio and Anna advised we have a ratio of 1920 patients per whole time equivalent GP which is slightly better than the national average.

A patient raised the difficulty of ringing in at 7am for appointments and asked why the practice opens so early. AK advised the practice was aware that the early opening wasn’t ideal for some patients but other patients such as working age patients really appreciated the early opening time and early morning appointments were always very popular. AK advised that for patients who are unable to ring at 7am the Advanced Nurse Practitioner appointments were able to be prebooked online up to a week in advance. Patients could also submit an eConsult. A patient raised the issue of econsults being advised we had no available appointments which unfortunately can happen at times of high demand.

AI then went through the role of the Digital Inclusion Coordinator and explained her role was to help patients with online access. We have also recently launched our new practice website and ensured our Facebook page is updated regularly. A patient raised the issue of receiving an engaged tone when contacting the practice. AI advised that our current phone system allows for 50 calls into the practice at any one time so it would be unusual to have an engaged tone and asked patients to let us know if this happened so we could investigate. AI advised that currently our phone reports show we are answering 96% of calls within 15 minutes.

Another patient raised the issue of ensuring they saw the same GP more than once. AK advised that continuity of care was something the practice was looking to focus on, but that if a GP or ANP advised a patient they needed to be seen again they would advise the patient to rebook with them. We have a system in place to book in directly those patients who would not be able to contact the practice themselves.

A patient asked how many of our GPs worked full time. LM advised we have two full time GPs but also advised it would be very unusual for GPs to work full time now due to the demands of the role - most GPs worked between 5-7 sessions per week (a session being a morning or afternoon).

Liz Bryant then kindly gave an overview of the role of the ANP explaining that these nurses had undergone extensive training and were fully supported by the practice clinical team so that if advice was needed on more complex cases this was always available.

Liz also advised about the pilot scheme we are running for Urinary Tract Infections for patients over 65 where patients with a suspected UTI who don’t have symptoms that suggest they need to be seen by a GP or ANP will be seen by the practice nurse team, increasing capacity.

LM advised re the new Pharmacy First scheme where the community pharmacist at Harras Bank pharmacy will be able to see and treat a range of minor illnesses such as sore throats, coughs, colds and ear infections.

A patient asked what vaccines we offer- AK advised we offer a wide range including Covid, flu, shingles, pneumococcal – this is a nurse led service.

AI also advised that following feedback from patients regarding the waiting room area a programme of refurbishment has been planned that will start shortly.

AK thanked the group for attending and advised the expectation is that we will meet every 3 months. If there were any thoughts on what we should discuss at the next meeting the group could contact the practice via the website or email. Issues that may be discussed at the next meeting would be the Practice car park and continuity of care.