**Minutes - Active Patients meeting Modality AWC PCN**

**Date 8th November 2pm- 4pm Silsden Medical Practice or by Zoom**

1. **Welcome** -Attending Tessa Mounsey acting Chair Chris Graham Andrew Judson Councillor Molly Driver retired social worker Andrew Makin retired Nurse Russell Brown On zoom joining us we have Fatima Bibi Abdul Shohid Eyarun Nessa Naznin Aziz Rana Begum Dr Brendan Kennedy Exec partner, Bill Graham, Claire Marie Jackson (joined Later)
2. **Minutes from last meeting** – Last meeting notes were taken – not official minutes – available to view via the What’s app group **– ACTION - What’s App groups and What’s App community group set up after last meeting.**
3. **Update from Dr Brendan Kennedy** – Brendan delivered his presentation – see slides for reference – Brendan discusses the challenges facing general practice – then discusses some of the solutions =working together/ Automation/ and the history of forming Modality. We are a GP partnership trying to maintain general practice/ Innovation/ Resilience/ Quality/ Other services. General practice receives approx. £165 per patient per year to provide primary care services. 90% of contacts with the health system are with GPs with 7% of the NHS budget, coupled with rising expectations of patients. GPs do a lot more than just see patients, training supervising, if partners running the business.

BK the vast majority of recruitment and Investment increases have gone into hospitals.

BK – we a=work in partnership and are investing in AI solutions

BK 40% of appointments are taken by 5-10% of patients.

“Do I think we are Outstanding – No we could do better, but we are in much better shape than a few years ago.”

1. **Answers to questions**

TM What would you like this group to do?

BK To soak up and understand what we have said – and help spread a message and educate / let patients know what is going on – It is your group – I don’t want to tell you what to do.

CG Its frustration on both parts – Patients and staff, if its about people getting involved to help with digital access – Chris can maybe help with this? – **Action BG to follow up**

Alia mentioned – as she tried to combine an appointment to help a patient have one appointment rather than 2 – but couldn’t happen.

AJ – who is responsible for recruitment of GPs from training.

BK - We accept trainees from GP training from the universities and local hospitals.

AJ - can we make them stay in the role longer –

BK – The staff challenge at the moment – is how we recruit and retain non-medical staff.

 . Trainees at the moment tend to be international students but we have recruited above the national average but challenges with recruiting reception/ public facing staff.

AJ - Should you charge a subscription for patients?

BK - We are considered part of the free NHS system, and we wouldn’t do this.

AJ – How can you alleviate the Partnership unlimited liability model.

BK – difficult to do – as this is the model we have since 1948 = see the on call for the nation 1958 documentary. (POI – The GMS contract states Unlimited Liability Partnerships)

BK - As GPs are much in demand GPs looking for work can dictate terms and conditions – so we have to be flexible with what GPs will offer us.

RB - The CQC report was really interesting and some really good comments in there. I think the new system is working well, I can see where you are going – where the role might be to publicise what you are doing and let people know how lucky we are to have you.

BK – we don’t think the system is perfect but it the best we could find.

AM – This group should avoid apologising for the practice but the expectation on GPs as a society can be too much – how can we manage patient expectations better and what GPs and medicine can provide -and maybe put some responsibility on patients around lifestyle.

MD – I am mates with a lot of older people – but I can’t believe the expectations people have these days – really difficult to do this as there are so many people to reach out to.

BK - Medicine is complicated but people expect immediate results or service – less patience these days – we have a society that expects an amazon style service an instant response or service.

AJ – what can we use to let people know what you are doing?

TM – AWC is a big area – perhaps we might be more effective by forming subgroups based on area – coming together once or twice a year to see how we can work in a positive way individually.

BK – I think we are best to stay together and work as one moving forward.

RB How do we support the practices better to do together – not split up? –

BG – What sort of information would you like to promote. We have produced a key stats document – we have shared September figures – See document.

Figures aren’t at the practice level – They are a the PCN level.

Everyone agreed it was a good document to share publicly good document to share – BK to check with Board is OK to share.

Can we share the document with everyone and promote when it comes out. **Action Share Sept stats document and promote BG.**

AJ If a doctor leaves the country, then they aren’t liable for the training costs maybe we should make then stay for a bit?

BK – Nurses – not as many training since Nursing bursaries were stopped.

1. **Understanding our different communities** – Eyarun – works with the community – locally – The key issues are online booking side – we plan to run some sessions to educate people about this. We have plans to run more health check sessions in 2024. –

 what is the follow up to the health checks? **Action – More Digital learning sessions in 2024 community and surgery-based CG and other members of the PPG want to help. BG to publicise schedule and coordinate support from group.**

 The language barrier – how do we get over this – can Abdul and Bill work together on this. Family and friends can help put information in if appropriate – We might arrange one of the next meetings to be in Keighley at Eden or Highfields. **Abdul and Bill to meet and discuss what can be done (POI – we have data on usage of Patches in other languages)**

1. **A discussion around data & feedback** and how this is used to improve services.

(Documents shared in advance - Focus on General Practice Access – Bradford Health and Social Care Scrutiny Committee, CQC Report Modality AWC, AWC Population Health management report, Patient/ Workforce stories, Universal Healthcare Report, AWC September Update) –ACTION - **brief revisit to this point at next meeting with a focus on Bradford GP scrutiny document** – **as AK wasn’t available**

1. **Agreeing a process for the election of a chair** (Tessa is our acting chair) and who might be interested in the role- BG to distribute the process – nominations to Bill by the 11th of January.

**ACTION EOI by 21st Dec – sent to Bill by email.**

1. **Role of this group & terms of reference** – see PPG Future View papers – distributed in advance-

**Action - Chris and Tessa will form a subgroup and come up with draft terms of reference – then pass round the what’s app group.**

1. **Update on Steeton** - Met with the Steeton health action group – who want a full service at Steeton health service – difficult to do. – We are planning to write back and not prioritise the needs of one part of the population at the expense of the others. But we are planning to use the space more in the future. And encourage Steeton patients to be part of the new PPG format.
2. **Communications** – How can we communicate to our different communities – If we come back to the next meeting to think about how we educate and share the information**. Action – New Website coming – Needs a link to the PPG – BG RB LB**
3. **AOB** – Including Budget and Linking up with other PPGs = Abdul – Can we look at having a walk-in surgery in different areas? BK, we don’t have walk in centres in this area – it would be good to have one – it would reduce pressure on primary care. We can lobby for this.

The website – we are hoping to redesign the website – this is underway but its never as quick a process as we would like. We need a link that works for the PPG.

Education – the GP is not always the most appropriate person to see – we have a multi-disciplinary team – lots of specialist and preventative care is key AM.

Next meeting end of January/ beginning of February at Keighley either Highfields or Keighley civic centre – on a Wednesday – **BG to arrange to suit Brendan’s availability make sure we have zoom participation.**