The Blackmore Vale Partnership
The heart of the community

Patient Participation Group Newsletter

June 2024

PPG Meeting, Shaftesbury – May 23rd

The meeting opened with Sara Froud, Managing Partner, providing an update on the Practice, which currently has 26772 registered patients.

She shared some data about activity between November 2023 and April 2024. In that period –

45959 - Calls answered (an average wait of 4m 9s)

42508 - Klinik requests

26953 - Face to Face appointments

12574 - Telephone appointments

710 - Did not attend appointments

10330 - Prescriptions issued

52200 - Test results reviewed

There were questions about the ratio of patients to Doctors. *Not all Doctors hold a list of patients, some have smaller lists of 140 per session worked, but the GP Partners hold the lion's share of patients which can be as many as 650 per session worked.*

The answer to the question "Do you feel you have enough clinicians?" was *We could always have more!*

Another question was how to stop meds that you no longer need, which are part of a batch prescription. The answer is, *If a patient chooses to stop, then it would be great if they tell the Practice and the Pharmacy and hand back any unwanted medicines at the Pharmacy before they leave, so that they can be returned to the shelf. If patients have a lot left over, please contact the Practice who can advise what to do with them.*

Sara Froud also talked about the re shaping of the Frailty Team which undertakes proactive reviews for patients living with frailty, through supporting Carousel Clinics, providing general appointments and home visits, as appropriate. The Practice works closely with Dorset Healthcare who own and manage some of the services in the Westminster Memorial Hospital. The frailty team who work there provide some rapid responses, whilst the Practice frailty team provides proactive care.

Pharmacy First

Dr Simone Yule, Senior Partner, then spoke about Pharmacy First, an initiative which means that Pharmacists can give advice on a range of conditions and suggest medicines to buy that can help. They may also be able to offer treatment for some conditions, without you needing to contact the Practice:

- earache
- impetigo
- infected insect bites
- shingles
- sinusitis
- sore throat
- urinary tract infections (UTIs)

If you go to a pharmacy with one of these conditions, the pharmacist will offer you advice, treatment or refer you to a GP or other healthcare professional. They will then update your GP health record.

Self Care

Dr Yule then explained the importance of people taking care of themselves and being more aware of their own health. There is a sliding scale of self-care, starting with the individual responsibility people take in making daily choices about their lifestyle, such as brushing their teeth, eating healthily or choosing to do exercise.

Moving along the scale, people can often take care of themselves when they have common conditions such as sore throats, coughs etc, for example by using over-the-counter medicines. The same is true for long term conditions where people often self-manage without intervention from a health professional. People with a long term condition spend on average 4 hours a year with a health professional, which means the remaining 8756 hours are spent self-managing.

At the opposite end of the scale is "major trauma" where responsibility for care is entirely in the hands of the healthcare professionals, until the start of recovery, when self-care can begin again.

The Practice website has lots of information and resources
https://www.blackmorevalesurgery.co.uk/self-help/

Integrated Neighbourhood Teams

Finally, Dr Yule, spoke about Integrated Neighbourhood Teams. This new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently, to improve patient care for whole populations.

This works best with populations of 30-50,000. The Blackmore Vale Partnership and Gillingham Medical Practice have become a primary care network (PCN), where teams from across the network, wider primary care providers, secondary care teams, social care teams and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.

This doesn't directly affect your relationship with the Practice, but will provide a much more joined up service in the future.

Health Champions

Jackie Monckton is a Social Prescriber alongside members of the Practice Wellbeing Team and she explained what Social Prescribing all about.

"Many things impact our Health and Wellbeing, sometimes multiple things affect us at the same time. The Social Prescribing approach helps patients explore what's important at that time and what matters to them. It aims to meet the practical, social, and emotional needs that affect their health and wellbeing by supporting patients to connect to groups/activities in their local community to address those needs. The goal is to empower patients to take control of their own Health and Wellbeing."

Part of Jackie's role is working alongside the Practice Health Champions, co-ordinating and collaborating with them.

Currently, there are 37 Practice Health Champions, local people who gift their time to work alongside the Practice, in a new way. Just a few examples are, Peer support groups, such as Bereavement, Menopause, Carers' and Parkinson's support.

The Health Hub at Abbey View on Thursday mornings led by Practice Health Champions, offers patients a fantastic opportunity to enjoy a cuppa and chat, this amazingly simple interaction helps combat loneliness and helps link patients to support in their local area. This has been so successful, they are now looking to launch a "Pop Up" Health Hub at Sturminster Newton Medical Centre during Carers' week taking place between 10th – 16th June.

The Falls Buddy Scheme volunteers offer up to 12 weeks of support on 1:1 basis to patients in their own home and Practice Health Champions welcome patients at Proactive Carousel Clinics offering refreshments and a listening ear and they support the Positive Strengthening Movement Group, a course helping patients to feel more confident in their movement and balance.

There are many more examples but the benefits are twofold -

- Stronger link between the practice and the community it serves.
- The practice evolves as it starts to use new ways of doing things.

As Jackie summed up "Patients' needs are met differently, taking pressure off the service, reducing demand for clinical services, and making life better for everyone. Both services and our community become more resilient".

If you would like to find out more, or volunteer as a Practice Health Champion, contact - bvpwellbeing@dorsetgp.nhs.uk

And Helen Butler a Practice Health Champion, talked about why she became involved and her work as a Falls Buddy and involvement in the Marnhull Community Café.

Finally, we had quick overview about the recent Patient Survey (full report in the January PPG Newsletter)

Many thanks to everyone who attended, most found it really helpful to hear first-hand from the Practice and have the opportunity to ask questions.

PPG Administrator

We are still looking for someone with an interest in the PPG to join our Steering Group and to look after the membership database. This involves taking brief notes at our meetings every six weeks or so, sending out the monthly Newsletter to c1500 members and keeping the database up to date.

If you are interested or would like to know more then please contact us - bvpppg@gmail.com