Action Greater Bedminster

BS3 beyond 2025
Health Care: What's the Plan?

A growing population with ever changing health care needs: How are Bridge View Medical responding to meet community needs?

Wednesday 19 July, 7pm - 9pm
St Francis Church, North Street

Presentation from:
James Ingham - Executive Manager Bridge View Medical
Dr Andrew Pratt - GP and Primary Care Network Clinical Director

BVM = Bridge View Medical

BACKGROUND
Much change over the past 5 years:
- Merger of 4 surgeries to make operating systems more robust
- Establishment of the Primary Care Network to increase local partnerships, attract more funding, and one shared vision

CURRENT POSITION
Ageing population, more complex health needs, NHS backlog, transfer of work from secondary to primary care (hospital referrals to GPs)
Then there's the population growth which will further increase demand and put pressure on BVM services.
The constant is that demand is growing faster than the capacity BVM and the NHS are able to provide.
This is the underlying challenge.

STRATEGY
To meet the growing demand the approach needs to change.

2020 - Covid, complete transfer of services to focus on one clinical area. Good example of Practice, community nd the voluntary sector coming together

2021 - Recognised there was an inequality in provision - Commencement of dedicated housebound service with housebound team to deliver consistent care and manage chronic diseases

2023 - System created to see named doctor primarily, supported by Micro team. Why? (1) Helps improve healthcare outcomes (2) helps create better environment working environment and therefore aid staff retention

Looking at the multidisciplinary approach in more detail… it's better to see the most relevant clinician / support worker

Primary care is changing and evolving to meet demand.
The GP role is now head of a multi disciplinary team – mimicking the hospital approach

The GP old model has changed. No longer phone up and get an appointment with your GP
Not everything needs to be seen by a GP or best to be seen by a GP. BVM to be well connected with other local services such as physios, mental health practitioners, social prescribers etc.

NEW APPROACHES
We want to create a health and wellbeing destination focusing on prevention and wellbeing as well as acute and chronic illness working with our partners to embed us in the community to get the support needed but also to empower people to be equal partners in their health, not a paternalistic old fashioned model.

We know that only 20% of health outcomes are to do with the medical care received. Therefore it is vital we work with our partners to take a holistic view of health care addressing people's needs and to meet demand.

Partnership working is key e.g. community pharmacy schemes on blood pressure and minor illness, Development community integrated mental health teams and mental health MDTs with AWP, Frailty MDTs and proactive care with Sirona, (reviewing recently discharged patients project) Link up voluntary sector BS3 community and social prescribers and Asylum outreach work, New partnerships Robins Foundations to provide health and wellbeing coaching

Our ultimate vision is to form a co-located health and wellbeing hub with our partners at the centre of the community for a true one stop shop for your health and wellbeing needs (estates is the big issue here).

CURRENT CHALLENGES
If you appreciate how we are addressing these, there's spill over into the growing population challenge.

Underlying issue – no amount of increased supply will keep pace with demand. Then there's the population growth which will further increase demand and put pressure on our services

The constant is demand is growing faster than the capacity we can provide.
THIS IS THE UNDERLYING CHALLENGE.

Patients are struggling to access the current system. Access forms the largest % of our complaints per year. We recognise this as the number one issue and a source of great frustration for patients.

STATISTICS

Calls increased 10% year on year: ongoing trend..
2022 – 240k, 2021 – 219k, 2022 – 200k, 2019 - 185k
However once you get to see BVM patient satisfaction is good. It's a two-tier service – hard to access but once patients are in, feedback is very good.

Complaint ratio: 168,000 Appts booked, 160 complaints +25 compliments.

New Innovation coming: KLINIK
- New system will replace current E-consult system
- Submit your enquiry online from anywhere, at a time that suits you.
- Enquiry goes directly to a response team – quicker response times
- Better prioritisation – system and clinical triaging
- GP will be involved at the receiving end
- Will be used to manage access as will be quicker than calling
- Leaves the phone lines with less waiting times for those without internet access etc.

Care Coordination Hub: Better support, consistent offer, greater sense of belonging, better environment = shorter call wait times, reduced average call time.

New website, more functionality online. Standardised layout. Jean, the Chair of the Patient Participation Group has been on the planning committee

STAFFING
BVM has never had a full complement of GPs. You read in the news about the shortage.

Delivering over the BMA recommendations to try and cope. Can not increase capacity this way.
1800 patients per FT GP FTE BVM 19.5 / 38000 =1974

Large team.. 100 FTE 50% clinicians
GPs: 32
Nurses : 19
ARRS 11

We will have to employ more staff and use hybrid working (eg working from home, telephone support etc.)

We are working hard and will continue to roll out innovative ways of working solutions. We offered 178,342 patient contacts last year. We forecast to grow this by 5% to 186900 through increasing capacity.

We are linked into the local BNNSG (Bristol, North Somerset and South Gloucestershire) system via Locality and Locality Partnership and GPCB (GP Collaborative Board). We are connected to the system in a way we were never before. GPs have a stronger voice at system level from uniting to form one representative body.

Q from audience: Would it be possible to offer mentoring to young people from South Bristol and encourage them to pursue a career in medicine? **A**: Yes, it is worth considering

FACILITIES
4 surgeries across the neighbourhood and one site in the city centre. Not all are easily accessible by public transport or provide parking spaces. No plans for any of the surgeries to be closed.

Have been told by the Integrated Care Board that there is no funding for a new building. There are conversations taking place about the establishment of a community health hub in a central location.

IN CONCLUSION

- We will continue to fight and put the community and primary care needs to the system to get the funding, facilities and staff we need to meet the rising demand

- We will grow and become more efficient through the areas previously mentioned, but the solution is not entirely in our gift.

- What can the community do to support our primary healthcare providers? There is a Patient Participation Group which meets quarterly. It road tests ideas (eg Klink). More members are needed: younger people would be welcome!

- A great example was the way in which volunteers supported the COVID vaccination programme.

- Maybe a volunteer transport scheme to get people to their appointments?