Burnley Group Practice  
Meeting Room 4, 3rd Floor  
St. Peter’s Centre, Church Street  
Burnley, BB11 2DL

**PPG MEETING MINUTES**

7th December 2023

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| **In attendance:** |  |
| Helen Harrison | (HH) |
| Terri Tomlinson | (TT) |
| Lauren Anderson | (LA) |
| GS - patient/chair | (GS) |
| MM - patient | (MM) |
| JD - patient | (JD) |
| CH - patient | (CH) |
| LH - patient | (LoHa) |
| **Apologies:** |  |
| LH - patient | (LauHad) |
| FA - patient | (FA) |
| CJ - patient | (CJ) |
| MS - patient | (MS) |
| KR - patient | (KR) |

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| Minutes Ref |  | Action required |
| **12.23\*** | **Previous minutes**  Introductions were carried out, and GS agreed that going forwards, he would formally chair the meetings in SW’s absence. GS ran through the previous minutes, and it was clarified that all outstanding topics were on this week’s agenda as matters arising. Everybody confirmed they were happy with the minutes, and we were able to proceed. |  |
| **2.23** | **Appointment system and triage**  We are still facing the challenges with high demand and not enough GPs. We are currently trying to reduce locums. We were advertising for a salaried GP but after months with no interest, we took the advertisement down. They either want to become a partner or locum, as the pay rates are more advantageous for them.  In terms of triage, there is a new facility on AccuRx that allows patients to message us. We used this for admin requests to begin with which included getting test results, chasing referrals, requesting prescriptions and sick notes however, we are now doing this for medical queries as well. Responses aren’t promised to be the same day and should not be used in medical emergencies. Once the query has been actioned by a GP, it will go onto the clinical system which adds it to the patient’s records.  We are also running doctors’ triage on Monday, Wednesdays, and Fridays. GP triage is where a GP sits in reception, and patients are added to a triage list for the GP to signpost who to book in with. We tend to have more spare appointments on these days, and patients are not coming away without an outcome. There is more patient and staff satisfaction with this. We are looking to expand but this is dependent on capacity, as not all staff are willing, and it is not in their contract.  We are expecting some monies for the Winter Resilience Program, this is to increase capacity, and this should be in December/January. They have been giving this to PCN’s in the past few years however, it will be coming to us.  More out of hours appointments are now being offered at evenings and weekends at SPC and Padiham. This service is provided by the PCN to help GP surgeries with capacity. We are turning less appointments away because of this.  It was queried what would if a patient needed an emergency appointments and all of the appointments were gone, advised for the patient to stay on hold to speak to a receptionist and they would be signposted appropriately, a GP would be willing to see them if they were available, or advised to ring 111 or attend urgent care. |  |
| **3.23** | **Recruitment/retention**  We had an advertisement out for some time regarding the recruitment of a salaried GP however there has been no interest.  We have a high turnover of receptionists, this is due to the high stress involved with the job and disputes over payrates as we are independent contractors under the NHS so we are not included in the NHS Agenda for Change however we are in the process of bringing in a new pay structure and this will hopefully be from January, but we still need to formulise this.  Money has been given to staff for the 6% pay rise that we missed out on under the Agenda for Change, the partners made a cut for this and although we are not included in the Agenda for Change, we are now on similar rates of pay to those who are.  A number of our receptionists have recently undergone their phlebotomy training, and this helps with retention and helps get the receptionists off the phones for a short while, while they have their clinics on.  We now have a better receptionist team than we used to, and we are now in a much better off position in terms of staff. |  |
| **4.23** | **Document workflow**  Most documents tend to come in electronically unless they come from an external source that is out of the area, it is the case that a lot of the electronic documents have been received in duplicate form. We had over 3000 duplicates in the summer. This caused a huge backlog during Covid. The workload increased and staff capacity reduced.  East Lancashire Alliance (the federation of Burnley) were in the process of setting up their own coding team although there were concerns of how established they were.  We are now down to a 2000 backlog. They are continuing to code for us, and our own coding team have been TUPE’d over to them, except for one member of staff who is expecting to retire in the next couple of months and she is going to help out with the odd residual amounts of work that crops up over the next few months.  LH raised concern over a procedure she had done 10 weeks ago, she has not heard back so she presumed everything was ok in addition to the brain scan her husband had 6 months ago, which they still have not heard anything back from. TT is going to chase this up for some reassurance and clarity.  There was another concerning factor which CH mentioned, she often struggles getting through on the phones so gives up following up on test results and trusts that if anything if wrong that we will contact her. This could be a situation for a potential significant event which needs to be monitored closely.  MM recalls when she saw the Orthopaedic Consultant, she should have been seen after 4 months however 4 months went by and she had heard nothing so she contacted the Consultant’s secretary, she was booked in 4 weeks thereafter. This is due to the failure of the booking office.  Patients were also reminded to check all test results via the NHS app. It will not be in a format that patients may find complicated to understand, it will show the range and the normal range followed by a letter by the doctor.  It was agreed that we would run a search for how many patients are on the NHS app. It is beneficial for staff and patients, and gives patients more ownership and responsibility over their health. | TT |
| **5.23** | **Prospective online access**  In terms of access, originally everyone had access to just prescriptions.  Full access was put on hold during Covid, and was supposedly being turned on 1st October and it has still not been turned on yet. This is due to the worrying aspect of patients being able to view LD entries, issues with safeguarding and domestic violence patients.  However, patients can be granted full access if this is requested. They just need to bring some form of ID in. |  |
| **6.23** | **Maintenance at SPC**  It has been a long time coming but, the building managers of SPC are going to be undertaking maintenance over the next couple of weeks. |  |
| **8.23** | **Community Pharmacy Consultation Scheme**  It was advised that the reception staff are highly trained and have the skills to care navigate and signpost patients appropriately. A number of these are deflecting to pharmacies if it is something they can deal with. There is a new scheme in place called Pharmacy First, which means that they can prescribe now which will take a lot of pressure off GP’s. This is due to start in January 2024, although it may be trial and error to begin with.  There are problems with pharmacies and their access to certain stock, there is a nationwide shortage on certain medications. This can cause complications if a patient has requested a batch of medications, and one or more is out of stock, the whole prescription gets sent back to the GP to alter the prescription. If it is just the one medication, pharmacists do have the authority to prescribe an alternative without having to consult the patient’s GP under the SSP. |  |
| **14.23** | **Flu vaccines**  In terms of figures, we have done extremely well with figures this year although we have had a surplus of vaccines left over at the end of the clinics. More people tend to be going to pharmacies, this can be problematic as we are required to order our vaccines 12 months in advance. It was communicated to us just weeks before the first flu clinics that they would be co-administered with the Covid vaccines, and this caused a lot of upheaval and an impact to our workload.  We are losing profit with flu vaccinations, and each year we find we are reducing the amount we order.  LoHa advised that she works in a school and at one-point schools were administering flu vaccinations but after trial-running it, they decided against it as it was too much work. Nurses were going into schools to carry out the clinical side of things but there were a lot of admin commitment required by school staff including getting parental consent and it was not always straight forward. |  |
| **15.23** | **Feedback**  Feedback received is mostly negative. We have recently received one good review on NHS choices, although feedback post-appointment via the Friends and Family is mostly positive.  We have found that in terms of feedback. Patients don’t tend to spend their time writing us a review unless they are unhappy with an outcome.  We are consistently promoting the NHS app via the website, Facebook, waiting room posters and we will add it to our email automatic reply. It is already on prescription slips. |  |
| **16.23** | **Social Media**  This is an item that was mentioned at the last meeting, this is now up and running. We have recently promoted this in our patient newsletter.  This is used to communicate with patients, including relevant training days, advice on how to seek help externally when we are closed, related updates about the practice, posts are shared from other healthcare pages about health, diet and making the right lifestyle choices and local news and events, such as Christmas Fairs. |  |
| **20.23** | **Research**  BGP is looking into becoming a research practice.  Various practices are involved with research and nominate patients via searches within our clinical system, this is related to Cytoprime which is appropriate for patients who suffer gastric symptoms, they swallow a tablet and there is a sponge attached to the string, this collects acid, and then a sample it sent off. It is a very short procedure – we are running this in the practice to evaluate the results. Our paramedic is running these clinics, and it is a pilot programme.  The Alliance are coming to us with other research opportunities.  EMIS recruit is a part of the programme with access to our clinical system, pharmacy and research companies let us know what cohort of patients they require. If patients would prefer not to participate then they just need to let us know. It does not compromise GDPR as we will send information to patients by text messages which they can opt out of research if they wish. |  |
| **21.23**  **22.23** | AOB  **Emails**  GS advised that he orders his repeat prescriptions by email but has noticed that he no longer receives the automatic reply, and another patient advised that a message has been received stating that the inbox has a maximum capacity of 250 emails per day, HH advised this is not the case.  Advised that patients can also order their medication via the NHS app. It is audited this route and patients who have used this, have never had any problems.  HH advised that if you send us an email, and then another a few days later you may only receive the same auto reply once so this may be the reason why.  **Appointments**  It has been queried whether on the call back option, if patients could be given a window as they are unable to keep their phone on them at all times, especially if they are at work. TT is going to look into this. | TT |
|  | The next meeting will be 7th March at Kiddrow Lane Health Centre. |  |