Burnley Group Practice
Meeting Room, Kiddrow Lane Health Centre,
Burnley, BB12 6LH

**PPG MEETING MINUTES**

**Thursday 30th March 2023**

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| **Present:** |  |
| Helen Harrison | (HH) |
| Carol Tillotson | (CT) |
| Lauren Anderson (Secretary) | (LA) |
| Francis Ashworth - PPG member | (FA) |
| John Dell - PPG member | (JD) |
| Margaret Mills - PPG member  | (MM) |

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| Minutes Ref: |  | Action: |
| 1.23 | **Online access/digital update**We are currently utilising AccuRx for the purpose of appointment notifications by way of SMS reminders, this was an upgrade from iPlato and seems to be working more efficiently as it means we can send mass SMS messages at once rather than on an individual basis. AccuRx allows patients to reply to text messages and lets patients send in BP readings. It is also a powerful tool in terms of sending out path lab results.We are encouraged to promote use of the NHS app. There is going to be a huge campaign this summer, the only downfall seems to be if patients are using older phones, this can cause an issue with new apps and means it cannot be used correctly. |  |
| 2.23 | **Appointment system**This is a challenge daily; GPs seem to be coming and going and simply there are not enough appointments for our amount of patients and there is a lot more demand. The number of patients we have has gone up by 30% and our number of practitioners have gone down. We have lost 4 of our senior GP’s which means we are down by 20 sessions which is causing an impact on productivity. We are now running a multi-disciplinary team which incorporates ANPs and paramedics as well as ARRS roles from the PCN including physiotherapists and mental health nurses. |  |
| 3.23 | **Recruitment/retention**We are putting an advert out for a salaried GP. The amount we are spending on locums is high and more work is being carried out by the partners. There are sessions being booked out for mentoring, so we are missing out on patient focus here. In terms of the appointments with various roles, it is queried whether these were monitored and if receptionists are booking with the appropriate practitioner. It has been confirmed that this is something we are looking into and that receptionists have been given the relevant training to follow care navigation.We have struggled with the retention of receptionists, the way they work is more of a call centre environment with low rates of pay and high stress. There has been a 2.1% uplift for National Minimum Wage, and we are not getting funding for this. However, we have recently recruited several new receptionists to relieve some of the pressure. It is probably the hardest job in the practice, as we are now a bigger practice there is much less of a personal feel. We lost experienced staff, and this lost that personal touch, we are in the process of trying to rebuild that.The stigma with BGP is that we have lost touch with families. From a GP perspective, it becomes a lot of stress, and they are opting for that work/life balance. There are more attractive benefits as a locum.The new GP contract throws off the quality of care, this is an ongoing dispute.Many doctors are leaving to go and work in the hospitals as it is much easier. Consultants have much more support than GPs. There is still a huge Covid backlog with little resources.We are struggling with accommodation; we have no desk space for additional staff and are struggling to accommodate ARRS roles.There has been some positive feedback as to the new phone system, it now gives you an option to hold your place in the queue and a receptionist will give you a call back allowing patients to go about their day as they would - this seems to be working.A suggestion was made to have some sort of script added to the website to include what different staff can do. From a receptionist point of view, they already have this for care navigation.JD advised of a very efficient consultation he recently had with the Paramedic. He was given relief and pointed in the right direction, given timescales and exercises he can do in the meantime. He came across very compassionate/caring and it felt personable.  |  |
| 4.23 | **Nova document workflow**The backlog is giving the coding team more work, we are getting new documents in and are struggling to keep up with the backlog. We have a full team working through it and we are only managing to partially get through it, covid caused a lot of sickness.GPs used to read new documents that came in and task them appropriately, these are now relied on by the coding team which is causing more pressures. This is a role that developed gradually.We have a local company dealing with the backlog, but they aren’t managing this in the long-term. |  |
| 5.23 | **Prospective online access to records**This has been a push from the government which they asked us to do. Previously the process was for patients to fill in a form and hand in to the practice to gain access to their records via the NHS app.There was an issue as to sensitive data within records, which meant they put things on hold. Individual practices then had the task of reviewing the medical records of their patients, and redacting any sensitive data for safeguarding purposes as some records can refer to other individuals (i.e., family members) and this could cause an issue of confidentiality.  |  |
| 6.23 | **Any other business**It was suggested for SPC to have better signposting. Some of the lifts still say “St Nicholas Health Centre” following the merge. Advised that this is down to building management. CT confirmed she would mention this to them, but we are currently struggling getting them to do maintenance for us. It could be problematic for patients attending the surgery for the first time.Parking seemed to be an issue for some patients attending SPC, it was agreed that we would arrange the next PPG meeting for the end of June and that we would alternate the meetings between SPC and KLHC. Advised that TK Max directly across from SPC has free parking.In relation to prescriptions, it was queried whether when medication reviews were due was the patient responsible for making these appointments. Medication reviews are usually annually, and sometimes things can be overlooked by staff due to the ever evolving system however, we are looking to improve our recall system with the help of the PCN.AccuRx has the ability to schedule different tasks, standard prescription prescriptions and acts as a reminder for what we need over the year, for QOF purposes.It was advised that it would be possible for patients to book their appointments online, but this would only be for appointments that would not need triaging. There would be slots opened for nurses and HCAs and the patient would be able to choose which slot they get.Finally, it was also queried whether we have volunteers at the practice. Advised that we did not but we would be holding some open days in the summer to help with digitalisation of the app for the older generation or those not confident with technology.It was noted that patients want continuity, and this is important. |  |
| 7.23 | **Patient experience (MG)**Patient did not attend meeting, so we agreed to leave this for the next meeting. |  |
| 8.23 | **Community pharmacy consultancy scheme**This should have been brought in around 12 months ago although some pharmacies are not participating and is useful for appointments for minor ailments. It is used as an extra step of triage, if the pharmacist recommends that the patient needs to see a GP this will be referred to us and will free up some appointment space. |  |
| 9.23 | **Pain relief (AE)**Patient did not attend meeting, so we agreed to leave this for the next meeting. |  |
| 10.23 | **NHS App**We are also looking to trial the online triage through AccuRx, this will have the same purpose as the NHS App. |  |
|  | **Next PPG meeting:**The next PPG meeting would be arranged for the end of June (preferably on a Thursday) at SPC. LA would be in contact in advance of the meeting with the relevant arrangements. |  |