**Burnley Group Practice**

**PPG Meeting**

**2nd May 2024, 11am - 12pm**

**Boardroom, Kiddrow Lane Health Centre, Burnley, BB12 6LH**

**Attending:** Ca Ha - Patient (CH), Ch Jo - Patient (CJ),   
Helen Harrison - Practice Manager (HH), Jo De - Patient (JD),   
Ma Mi - Patient (MM), Ni Be - Patient (NB), Va Fa - Patient (VF)

**In attendance:** Lauren Anderson - Practice Secretary (LA)

**Apologies:** Fr As - Patient (FA), Lo Ha - Patient (LH), Ly Ha - Patient (LH)   
Mi So - Patient (MS), Sa Wh - Patient (SW)

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| **Reference** | **Discussion** | **Action** |
| 12.24 | **Previous minutes**  Everybody was happy with the contents of the previous minutes. The majority has been added to this Agenda as matters arising. Therefore, it was unnecessary to go through those individually. |  |
| 2.24 | **Appointment system and triage**  HH advised that over the next few months there would be an implementation of changes incorporating a new appointment system. There will be more of a choice of F2F appointments for patients. This would include a daily triage via AccuRx and the completion of an online form, although patients will still be able to ring the surgery if they prefer, the Receptionists would complete the form on their behalf. This will allow for signposting for the most appropriate practitioner, this helps the practice make the best use of our appointments and will help efficiency as we do not have enough capacity.  Explained that the number of wasted appointments will be much lower than it is now. The current triage system on certain days is done by the on-call GP and is not having a negative impact, it is well received by patients and the reception team who have to deal with a number of frustrated patients over what is out of our control and this new system will have a positive outcome on access.  We have the equivalent of 6 ½ full-time GPs. Essentially, we have 11 partners to cover 25,000 patients. There is no perfect solution, and we are trying our best to meet demand.  MM advised the way the booking office process referrals isn’t the best, there is a 12-month backlog. HH advised patients can check the status of their referrals on the NHS app, but we cannot chase these and explained it is out of our hands, although patients can follow these up on the NHS app. This is one way the NHS app is a useful tool for patients, and all staff are really encouraging patients to download the app.  VF wanted to inform the Practice Manager that she recently contacted the practice regarding a prescription request, her details were passed on and Andrew Grierson (Pharmacist) called her, she wanted to pass her praise on to him. He did a thorough medication review and booked her in for a blood test. This is an example of signposting to the relevant practitioner can resolve queries without the need for an appointment.  Furthermore, concerns were raised whereby NB was recently signposted to the Pharmacy under the Pharmacy First scheme, and they told him he needed to see his GP and, in the end, he had to ring 111. Advised that we would get TT to contact him to discuss this.  CH explained her husband is undergoing treatment at the Rosemere Centre and they sent a prescription to us, we processed it but it was cancelled by the pharmacy, as it is available over the counter. It was explained prescriptions cost the NHS a lot more than the cost of the medication, she explained he is undergoing cancer treatment and although available over the counter it is a considerable cost for the dosage he requires.  Explained that the NHS has banned certain over the counter medication and dietary supplements, and it is out of our control. Advice was given and CH agreed she would go back to the Rosemere Centre for them to prescribe. |  |
| 3.24 | **Recruitment and retention**  Advised we have recently recruited four new receptionists, advised that when they start with us, they are given extensive training and provided with a well-experienced ‘buddy’ and are gradually released onto the phones with the support from their ‘buddy’.  Advised that the new phlebotomists are working well, both patients and staff seem to be happy. It gives the receptionists a break from the phones for a day and saves appointments with the nurses. |  |
| 4.24 | **Document workflow**  In terms of document workflow, this now been outsourced to the Alliance and a number of our coders have been TUPE’d over. We have no backlog, although some queries do come through from time to time, but they seem to be managing this well. |  |
| 5.24 | **Online Access**  We should have switched on prospective access some time ago, but with the number of patients we have this would have been a big risk. Ideally, we would have reviewed all records and restrictive or hid certain information from appearing on their records, but this would have been a big task, and we don’t have the resources.  Patients can apply separately, and we will do this on a case-by-case basis before granting access.  Alternatively, it will be switched on gradually once we have managed to review and redact the records. |  |
| 6.24 | **Maintenance at SPC**  Advised that all maintenance at SPC has been resolved. New signage has been provided. It was agreed this could now be removed from the Agenda as a standing item. |  |
| 8.24 | **Pharmacy First**  A number of patients are now being signposted to the pharmacy, as they can be seen for common ailments and the Pharmacists are trained to prescribe.  When a referral is made, the pharmacist will be in touch with the patient to arrange a mutually convenient time for the consultation.  331 patients have been referred to date, agreed that an audit would be carried out to confirm how many of those were with a successful outcome. |  |
| 15.24 | **Feedback**  We are still collating the F&F results monthly, with a lot of positive feedback. If any negative reviews are made this seems to relate to the length of time it takes to get through on the phones, but patients seem to be happy with everything from that moment onwards.  NB would like to be informed of the complaints process, advised we would ask TT to give him a call after the meeting.  When a complaint is made, we do try to resolve it over the telephone first. If the complaint is made by letter or email, they will receive an automated response and an acknowledgement will be made within 5 working days. We will then start to investigate. If the complaint relates to a medical issue, this will need to be discussed with the GP in question before it can be investigated further.  All complaints are collated and are reported to CQRS on an annual basis, where we have an annual complaints meeting where they are reviewed, and we look to see what themes there are and if we can improve on anything.  Overall, we receive good feedback from the majority of our patients. |  |
| 16.24 | **Social Media**  We are actively updating our social media. The main purpose of this is to educate patients.  There are a lot of national health campaigns on there, and raising awareness for certain health conditions but there are also things relating to the practice as well. |  |
| 20.24 | **Research Practice**  HH advised we are hoping to become a research practice. This is via EMIS Recruit and EMIS collates data and lets us know if we have any patients that qualify for different studies. We then contact patients letting them know, and patients are given details to contact them if they are interested. They never hold patients’ data.  Patients can be made exempt if they wish.  There is a financial advantage on the practice, and there is little work involved.  If patients agree to partake this may include a little more work but we would need to review how much clinical work it would take, but this would need to be done at that stage. |  |
| 22.24 | **Call back option**  Advised this related to whether a time slot could be given for the call back option, HH would speak to TT, but it is thought not.  CJ advised that if you select the call back option, you should receive a text message with a link for the NHS app and if you click on that it tells you how far you are in the queue so you can track progress, and an estimate of how much longer you have to wait. |  |
| 23.24 | **Improvement in the telephone system with the call back option being introduced**  CJ provided some good feedback of the new call-back option that has been introduced. |  |
| 24.24 | **The process of blocking/unblocking of appointments by the Supervisor**  This is another item raised by CJ. He was being seen by the GP and they had asked him to book a follow-up with reception, he tried to do this, but the appointments were blocked. The receptionist then had to leave the front desk to get a Supervisor to unblock a slot.  HH advised we only have a limited number of appointments so we need to block them, and then unblock them in stages, or they would all go. Only Supervisors can unblock these, but advised GPs should be able to as well but trainees are not confident in doing this for different reasons, so we leave it for the Supervisors. |  |
| 25.24 | **Medical triage via the NHS app**  Advised patients can now submit medical queries via their NHS app. These are reviewed by our reception staff and/or called back by the GP.  In conclusion, the software will never meet capacity. We are trying to do the best we can.  We do get paid per patient per year but this is miniscule. The primary care budget are essentially the pauper’s of the NHS. |  |
| 26.24 | **AOB**  There are no other matters to discuss. |  |
|  | **The next meeting has been scheduled for 1st August 2024 at St. Peter’s Centre (11am – 12pm).** |  |