**Burnley Group Practice**

**Patient Participation Group Meeting Minutes**

**Monday 8th November 2021, 10am – ZOOM**

**Present:**

**Staff**

Helen Harrison, Richard Daly, Katie Clarke, Aneela Khaliq (Junior Doctor / GP Trainee), Paula Crake (PCN Care Coordinator, Health and Wellbeing Team)

**Patients**

JD, DA, SW (Chair), MM, GS, LR, LP, CJ, LL, SR, AS (Secretary)

**Apologies**

**Staff**

Julia Moseley

**Patients**

FA, KL

All were welcomed to the meeting and usual reminder regarding online etiquette.

HH introduced Paula Crake (Burnley West Health and Wellbeing Team) and Dr Aneela Khaliq.

PC explained about Burnley Health and Wellbeing Team; there are 6 team members: 2 Coordinators, 2 Health and Wellbeing Trainers and 2 Social Prescribers. They are all non-clinical. They can do follow-ups form the Drs e.g. social support, on-going appts and information giving. They are based at Gannow Community Centre, GPS have referral forms to the service. They are part of the Primary Care Network (PCN).

They are taking on an additional project to try to address the negativity re GP surgeries ongoing at present and try to explain why problems are arising. A working group is to be set up for this purpose, but there will be no magic wand. Attendees were asked to email HH post meeting if they were willing to be part of the group and to give consent for their email addresses to be passed on.

LP asked what form this would take

KC took over to explain the Primary Care Network which consists of 5 practices, Burnley Group Practice, Padiham, Riverside, Rosegrove and Ightenhill. All are trying their best to resolve issues and are promoting alternative ways for patients to access practises rather than phoning at busy times.

HH pointed out that last week 10% of the workforce were off last week, and 5 members off this week all of which compounds the problem. Also have very few applicants for job vacancies at present, many staff have retired earlier than they should have done and new staff need training. Education sessions will help patients understand the problems better

LR said she may be able to help with recruitment

CJ said this is national problem due to over demand on services. Can only be resolved at national level, NHS being completely overwhelmed. There are about 50,000 patients across 5 practices. He has contacted Chief Exec of Amazon, re resources and help

JD Should we push to avoid contact with GPs unless absolutely necessary, patients responsible for self, e.g. going to pharmacies for flu jabs etc rather than ringing health centre

PC reminded us that that they will be starting the working groups & to email Helen if want to volunteer to join these

LR asked if there was chance of changing message on answerphone to say they are busy, to prevent having to ring many times to get through, which causes anger and frustration

HH looking into this

KC changing message is difficult, but patients can email in for enquiries that do not necessitate an appt & flu and Boosters can be booked online

GS Is practice too big? pointing out that BGP has 25000 patients (1/4 of Burnley population) Do we need to work smarter rather than employ more staff? Can we use external help outside of the NHS? What can the PPG do to enable the practice to help itself?

RD Lots of time spent on looking at improving efficiency. It is complex and practice getting outside help at present from the Local Medical Committee (LMC, which is like a doctor’s union). He feels practice is not too big and lots of staff cover for each other regularly

LP Feels practice has deteriorated since amalgamation, particularly for those wanting appts out of 9am -5pm

KC Recruitment of GPs very difficult and this has been the problem with the small practices, if BGP had not taken them over, they would sadly, no longer exist. There will be 3 month utilising the outside help mentioned by RD

RD Reaffirmed above. It has been nightmare getting all 4 practices working together and with Covid. Yes, it is imperfect, but we need to make it work

GS Agreed with RD, still need to find ways to improve

HH Pointed out that we had started to look at this when Covid hit

LR Can we have sub group to look at what the external help comes up with?

RD Our shared aim is to improve practice and NHS. A large practise means that use of paramedics and other professionals etc, allows GPS to deal with patient’s complex problems and maintain continuity of care. We are teaching recording and communication skills to our new DRs and to help with continuity

AK It can be helpful to have a fresh pair of eyes on a problem and maybe see problem from different angle, seeing different DR can be an advantage!

SW In view of the mental health problems at present, we do not want to add to the pressures on health Service staff.

CJ There are limitations with IT system, it does need to be upgraded & working hard to try and facilitate this.

JD Is phone problem technology or staff related?

HH Combination, but not only that, but no of available appts and extra work due to Covid.

RD Paula and her team will be able to help with all this

We agreed at the next meeting to discuss the outcome of the LMC consultation / report if available

Next meeting Monday 10th January 2022