**Burnley Group Practice**

**Patient Participation Group Meeting Minutes 21/02/2022**

Held on Zoom

Present:

Staff: Helen Harrison; Julia Moseley; Aneela Khaliq; Fozia Bashir; Khatija Jabeen

Patients: SW (Chair); MM; AS (Secretary); CJ; LR

Apologies

Staff: Richard Daly; Katie Clarke

Patients: JD; SR; DE

Matters Arising

1. Telephone System / online access / digital update

HH A bit of progress. Research has been done onto the availability of new telephone systems and a suitable one has been seen, but this is still on-going , but not anytime soon, possibility of May. Re digital update, local NHS is looking at different options and costs of apps. This will be separate from the phone system.

CJ said there has been some improvement at the Padiham Practice, however they only have 12000 patients as opposed to Burnley group Practice who have 25000. He also pointed out that the phone system is not just a local problem, but both a national and regional problem

1. Appointment system

Not much improvement with this as yet. This is being looked at, It is very complex and needs careful consideration due to the practice operating over three sites. At present, appointments are urgent, seen same day and non urgent up to three weeks ahead, with patients told to ring at 8am and also after 1pm. It is not working due to the huge volume of calls. It has been suggested to ask all to ring at 8am and to be given slots throughout the day

LR suggested to ring at 8am and maybe staff to say that slots will be available later. However, there is not an easy solution.

SW related her personal experience with getting an appointment and gave credit to the reception staff for their hard work during this period.

JM pointed out that face to face appointments are happening, just managed differently. It is a battle as a lot of patients are convinced there are no face to face appointments are available.

LR asked if a message could be put on the phone when demand was particularly high. JM said that can’t be done as the standard message cannot be altered & extra cannot be offered as there is not enough staff. It is a permanent struggle, however the support has been amazing and team spirit carries staff through.

4 Staffing at Christmas and New Year.

HH pointed out that it was a dire situation with 25% of staff off and at one point they thought they may have to close. Messages were put on the website to explain the problem. The staff who were well were brilliant, coming in at the last minute to cover each other, swapping and working additional shifts.

5.Digitalisation of Records

HH There are still some paper records even though surgery has been digitalising records for over 20 years. The remaining paper ones have now been sent away and will be returned in the form of single pdf records to be attached to the current medical record. From April, patients will have access to their prospective records, irrespective of whether they have completed the form which is currently required. For historical records, patients will have to fill in another application form as they currently do

6. New Teams

a. Acute Team

JM There will be specific team of professionals targeting specific areas: These will provide an alternative professional for patients who do not necessarily need to see a GP . There will be paramedics, physiotherapists etc It will not happen soon unfortunately as they will need to be trained, we have already gained a potential paediatric nurse, and are recruiting other good candidates. Training takes 6 to 12 months. They will need constant mentoring and coaching, especially as some will come from Hospital to Primary Care which is quite different.

b.Pharmacy Team

HH This will be based on the Accrington Model, where patients have to press a certain number to get a prescription. The team is being trained at present . KJ is the new lead pharmacist, there will also be a manager and dispensing assistant

1. Khatija introduction

KJ introduced herself. She has already done her Advanced Practitioner certificate. Protocols are being worked on, & they will have an admin team working across all 3 sites, to look at requests, & it is hoped the team will help patients to manage their medications better. Available to answer any questions patients may have. Medication reviews will be done by the team, which will free GPs up to do their clinical work. LR said this was a brilliant idea & mentioned it would free up admin staff too

1. Pharmacy ordering

HH Ordering by pharmacies is going to be discontinued as in many cases, medication is not always required monthly & it is wasteful, therefore not cost effective, patients will be encouraged to order their own medications unless they are vulnerable and unable to.

1. Repeat dispensing

Repeat dispensing whereby patients who are on stable repeat medication have their prescriptions set up to be automatically issued every month for 6 months has always been used; at the start of the pandemic the Medicines Management pharmacists helped set up many patients, since then it has been done opportunistically, but the new pharmacy team will be looking at starting as many patients as are appropriate as possible, to help reduce prescription requests each month

1. Online ordering

Once we know which digital apps are to be available to us, we will have a campaign on encouraging more patients to register for online services and to order medication this way

7. Any other business

There were no other issues

8.Next Meeting

Monday 9th May 2022

Helen will confirm later