**Burnley Group Practice**

**Patient Participation Group Meeting Minutes**

**Monday 14th December 2020, 10am - ZOOM**

**Present:**

**Staff**

Helen Harrison – Quality Manager - HH

Dr Richard Daly – GP - RD

Dr Katie Clarke – GP – KC

Dr Ayesha Rehman – Junior Doctor - AR

Julia Moseley – Strategic Director – JM

Hazel Burrows – Nurse – HB

**Patients**

LCW, JD, SO – Secretary, minutes, GS, MM, SW – Chair, DA, GSh, LR, LL, LP, MS

**Apologies:**

BC, MG, LH, CJ, SR, KR, AS, MW

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| **No.** | **Minute** | **Action** |
| **1.** | **WELCOME**  HH welcomed all to the meeting confirmed she had received apologies as above and the attendees introduced themselves. |  |
| **2 (a)**  **(b)** | **ETIQUETTE FOR ONLINE MEETINGS – as per last meeting, for those not in attendance at last meeting:**  All were asked to mute themselves if not speaking to minimise any background interruptions, there is an option on Zoom to ‘raise hand’ to speak, or if you can’t find that on your device raise your physical hand, please don’t put backgrounds on as this can slow down the chat and if you don’t have a microphone and / or a camera there is the option to use the chat function  HH reiterated that any personal issues that attendees wished to raise be sent to her prior to the meeting so that if relevant they could be added to agenda but if not could be forwarded to the relevant Practice Personnel to address/resolve | **ALL** |
|  |  |  |
| **3.** | **MATTERS ARISING** |  |
| **(a)** | **Terms of Reference**  Terms of Reference have now been issued and Positions of Chairperson and Secretary were filled at last meeting; Mrs Lynda Joll volunteered to be Deputy Chairperson |  |
| **(b)** | **Merger update** – alignment of telephone systems is now in place and works better, no concerns from patients other than the long message which is due to Covid information that has to be made available. Unfortunately, the message will get even longer when further information concerning the vaccinations is added but this is unavoidable.  The problems re speaking to the secretaries between 12.00-14.00 have now been resolved |  |
| **(c)** | **Online access to medical records** – waiting for form to be finalised – on its way  Proxy access – this is outstanding and more complicated due to data protection legislation and is due to be looked at  There has not been any promotional literature for online access to medical records due to Covid, this will probably be set up when things return to normal or near normal  **Online access for prescriptions, messages** – there are numerous apps available the one currently used is MyGP for text messages (but this is not as good as it used to be) NHS app is the easiest to use, EMIS has a lot of advertising.  DA said it would simplify matters if there was just one system recommended by BGP. RD explained that BGP is unable to recommend an app for legal reasons but would appreciate all feedback on any of the apps to enable a choice to be made based on patient preference.  The app AskMyGP was mentioned but this has not been evaluated yet due to the merger/Covid. It was queried whether a poll re this system would be beneficial.  The system of asking questions via email on an app rather than F2F or telephone to GP was raised and concerns were raised that an issue would be missed if it was not forwarded correctly.  JM explained that if this system was adopted a response from a clinician would be within a stipulated time frame and all emails would be carefully scrutinised to ensure nothing was missed. A system would have to be put in place to manage this.  It was asked if this system would spread the load or require additional resources.  KC advised that due to Covid a triage system was now in place so could be extended if necessary for use with the chosen app. There are now a lot of telephone and video consultations but F2F consultations are still being done and if necessary a telephone or video consultation will be escalated to an F2F with the GP. Any system would not be a replacement but an additional option.  It should also be borne in mind that not all patients have access to online services or mobile telephones for various reasons, equality of access must be maintained. HH to bring forward to next meeting.  RD thanked attendees for the feedback, the ultimate aim of the practice was to provide the necessary healthcare in the best possible way and feedback was always helpful. | HH  BGP  HH |
| **(d)** | **Flu Clinic feedback**  HH said that from the Practice point of view these went really well with only a few minor blips, there was a lot of work went in prior to the clinics due to the Covid restrictions to keep patients safe. The patients also confirmed that the clinics were very well organised and everyone was happy with the safety measures taken. |  |
| **(e)** | **Appointment system**  SW advised that on telephoning at 13.00 there was no availability. HH advised that due to Covid appointment availability had been reduced in part due to clinicians having to self-isolate and additional time taken to sanitise between appointments. The situation is under constant review and all feedback is welcomed.  The question was raised as to whether there was still the option to make appointments for a few days ahead and it was confirmed that these have been revived, they had ceased temporarily due to Covid.  A problem with the call back procedure was raised. Due to current circumstances things are constantly changing, there is now a triage within triage, if clinicians have to self-isolate or become ill it is not possible to replace with temps/locums immediately. It is imperative that full details are given to the receptionists so any special circumstances can be managed.  HH advised that there had been problems with the telephone systems in the local area which was out of their hands.  The telephone system has also been inundated with additional traffic due to the people wanting to have a Covid vaccination. Some attendees were concerned that although they were vulnerable they had not been called for a vaccination.  KC confirmed that all patients had been given their groupings in accordance with the Government’s national grouping prioritisation and these groupings were noted on the records.  RD confirmed that there were 975 vaccinations available for the whole of Burnley and these have all been allocated. All the Burnley surgeries had collaborated and it was decided that St. Peter’s Centre was to be the hub for the whole of Burnley due to its position and facilities and a lot of behind the scenes work had been carried out to provide an effective service.  The vaccinations will not be provided to all members of a household as was done with the flu vaccinations; they will be provided on priority rating.  There will not be a “Covid Clear Card” issued as these would be too easy to forge but a system to provide this information should it be needed for travel etc. would be in accordance with national guidelines.  With 5,000,000 vaccinations ordered and 30,000,000 people in UK a sense of realism should be maintained.  HH stated that the additional work required in connection with the vaccinations would have an impact on the services provided by staff and facilities. | ALL  ALL |
| **(f)** | **Website**  A new website combining both sites following the merger is now available and is under constant review and updating is ongoing. |  |
| **4.** | **TIME FOR CARE – CARE NAVIGATION** |  |
|  | HH advised that training had been provided for this, there were “quick wins” i.e., things to do to free up time. If care navigation had been used it could have been better etc. Capacity, demand and communications all need looking into because of the pandemic.  DA asked if the little cards he and Francis produced giving information on the different agencies patients could use instead of GP if relevant, eg, opticians, mental health bodies, osteopaths. HH said they had probably run out but after the pandemic this was possibly something that could be taken up again. | HH  BPG |
|  | GS was dismayed that receptionists were “triaging” calls and thought the health service was going downhill. It was also pointed out that not everone was comfortable with giving personal details of problems to receptionists.  RD confirmed that it was all about managing limited resources, the receptionists had had additional training for this purpose and if patients were not happy talking to them they would be able to talk to a clinician. The use of the receptionists in this area is a widening not narrowing of choices. Care navigation was essential to direct patients to the correct place and free up valuable time.  LP requested that a person trained to deal with patients who had been in the armed forces would be provided and could this be added to the Agenda for the next meeting. | HH |
| **5.** | **COVID VACCINATIONS**  This has already been covered in item 3(e). |  |
| **6.** | **DATE OF NEXT MEETING** |  |
|  | The attraction of younger and a more diverse group of patient attendees was discussed in depth at the last meeting (item 9 on minutes) and it was felt the timing of the meetings would have no bearing on this so the next meeting is to be at 10.00 on a Monday in February date tbc. | HH |
| **7.** | **ANY OTHER BUSINESS** |  |
| **(a)** | JD queried whether patient reviews had been shelved as he is now out of kilter and is there a plan in place to reinstate them?  HH confirmed that the reviews are being prioritised and risk assessed and if necessary are then being carried out. If a patient has a problem they will be seen. |  |
| **(b)** | The question of sanitisation in reception by visitors was raised as some appear not to be as sanitisation aware as others.  HH confirmed that all necessary signage and additional to the required amount is in place and sanitisers are provided. There is nothing more that can be done. |  |
| **(c)** | SK requested the reinstatement of the bell  HH confirmed this would not be possible due to infection control, it was not possible to properly sanitise a bell. |  |
| **(d)** | Thanks were given for the attendance of the meeting and for the feedback provided.  SK gave special thanks to RD and the other staff for their input and giving the “other side” as this often explained why/how a procedure/system was being operated. |  |