**Burnley Group Practice
Meeting Room 1, 2nd Floor, St. Peter’s Centre,
Church Street, Burnley**

**PPG Meeting Minutes**

**Thursday 6th July 2023**

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| **Present:** |  |
| Helen Harrison - Practice Manager (Finance and Quality) | (HH) |
| Carol Tillotson - Practice Manager (Operational) | (CT) |
| Terri Tomlinson - Office Manager | (TT) |
| Lauren Anderson - Practice Secretary | (LA) |
| MM - Patient | (MM) |
| CH - Patient | (CH) |
| JD - Patient | (JD) |
| **Apologies:** |  |
| Lauren Barton - ELA | (LB) |
| MS - Patient | (MS) |
| LH - Patient | (LH) |
| GS - Patient | (GS) |
| SW - Healthwatch | (SW) |
| CJ - Patient | (CJ) |
| LR - Patient | (LR) |
| DE - Patient | (DE) |
| FA - Patient | (FA) |

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| Minutes Ref |  | Action |
|  | The members confirmed that they were happy with the minutes from the previous PPG meeting.As there was only 3/41 members in attendance, it was agreed for LA to get in touch with members who had not been in touch/sent apologies in the last 3 months and advise that if we do not hear from them in the next 28 days, we would remove them from the list. |  |
| 2.23 | **Appointment system**It was advised that we have been trialling the triage with the on-call doctor on a Friday, and have had some very positive feedback from this. The last one, we triaged around 177 people and all of those got to speak to the doctor or got some positive outcome. Patients are not being turned away because of this.There is high demand at present. JD advised that from a patient perspective it is an excellent service once a patient has got through however it can be problematic being kept on hold for long periods of time. TT advised she would provide the reports from the last triage and these are embedded within this document.Looking at other ways in which patients can contact us, there is AccuRx which is the digitalization through the NHS app. This can be used to book appointments; the system takes the patient through a series of questions, and this is a part of the Access Online Consultation Service. Patients agreed they would take a look at this.CH (patient) recently ended up in urgent care after a doctor deemed it not necessary/urgent enough for an appointment with us. TT advised she would do an audit and look into this for her.Confirmed that the call back option is still available for patients trying to get an appointment, to avoid having to wait in the queue. |  |
| 3.23 | **Recruitment/retention**We have recently taken on some independent contractors to help us with the admin backlog, but this comes out of our budget.A few members of staff have left us recently, but there are some receptionist interviews coming up. We are trying to offer benefits for new staff with higher pay, but we don’t get the same funding that the hospitals do as we are not included in the agenda for change. We are unable to compete with agencies who pay more. We have just undergone a consultation on changes to the T&Cs in our employees contracts to offer more holidays and better sick/maternity rights. CH (patient) advised that she recently had a really positive experience with our Pharmacist (Nelam). She found her to be “absolutely fantastic” and so helpful. Advised that we don’t always have availability for an appointment with a GP which is why we employ ARRS roles, and these helps free up appointments. For example, a patient may be offered an appointment with our pharmacist for a medication review.It has been recommended in our job advertisements, to try and use attraction tactics rather than referring to “Burnley town centre”. Examples include attractions such as the countryside, places to live such as Whalley and Cliviger and Clitheroe Grammar School. |  |
| 4.23 | **Document workflow**We are currently using Local Primary Care (LPC) which are an umbrella organisation, that are already quite established in dealing with this sort of work. They have already processed 7000 documents, but as we now have less staff that backlog is building back up but we are hoping to get on top of that in the next couple of months. It is too difficult to train for if we was to employ new staff. A lot of the work in the backlog, involves picking up the work from secondary care. This can include lack of communication. |  |
| 5.23 | **Prospective online access**NHS England want to switch on the online access for everyone from November 2023. We originally resisted due to safeguarding issues, and this may put additional work on to us, we may need to provide explanations to patients to explain why certain things are in their records or what they mean. We may be inundated with phone calls and requests to take entries out of their records which we are unable to do.We need to redact certain aspects if they include another person, this is problematic as we are having to do this in bulk and it is a long process. This also includes mental health and domestic violence entries as these could induce stress if patients were to read over this. |  |
| 6.23 | **Maintenance at St. Peter’s Centre**The building managers at St. Peter’s Centre have advised us that the maintenance requests are under review. There is a new estates group and we was invoiced an extortionate amount which if we paid would have sent us into bankruptcy. As a result, they are now unwilling to do any work for us although they have just installed some new data entry points although we had to pressure them and pay for this work to be done. |  |
| 8.23 | **Community Pharmacy Consultancy Scheme**This is not running efficiently at the present time. It seems to be pushing people around, it just has not got off the ground yet. Not all pharmacies are participating, this is their choice to opt out.However, the pharmacies that are doing this are ensuring that we are kept up to date and that records are updated.It was asked whether it would be helpful for patients to come to us for their flu jab, or to get this from their local pharmacy. Advised that an SMS will be going out in September for the flu jab. |  |
| 10.23 | **NHS App** |  |