

Minutes of the Patient Participation Group

Allerton

15 May 2025

Present:

Adeeba Malik (Chair), Dr Asim Suleman (GP Partner), Sharon Barraclough (Business Manager), Sabiha Khalik (New Manager) Nicola Farrar, Kathy Bairstow (Minutes) David Harvey, Sylvia Fawbert-Harvey, Carol Thirkhill, John Samuel, Patrick Gilligan, Dale Town, Wilma Nichol, Janet Wilkinson, Sandra Shallcross

Apologies:

Mrs B Bhikhabhai

Introductions:

Adeeba introduced Sabiha Khaliq, our new Practice Manager

Update re Chair of PPG:

There is now only one chair after John Stone's retirement - Adeeba Malik. The group were asked whether they would like to elect a Co-Chair, possibly one from Clayton. They will think about this and respond at the next meeting.

Action PPG

Terms of Reference for the PPG:

The is a working document that will be revisited regularly. It will formalise the relationship between the PPG and the Practice. The Chair will be elected annually but on re-election there is no maximum years they can serve. Any group members should divulge conflicts of interest. These were briefly discussed and a copy made available to all present. The Terms of Reference were approved by the group.

Staffing/Practice Update

Sharon Barraclough is leaving at the end of May and Sabiha Khaliq will become the new Practice Manager. The group were very appreciative of Sharon's time with the Practice.

Two new Practice nurses have been recruited: one with community experience and one with A&E experience. They will both undertake further courses to cover different areas of need. Nurses are very difficult to recruit. We are most successful in recruiting newly qualified and upskilling them.

One new Health Care Assistant has been recruited. They have A&E experience.

One new full time Admin Team Leader is now in place to be based at Allerton but work across sites as needed.

Two new part time Admin workers have been recruited: one male and one female.

Maternity leave: Cairo has returned from maternity leave, as has Dr Hussain. Dr Malik is starting maternity leave in August and talks are ongoing with one of the GP Registrars to cover this period.

A Modern General Practice Assistant (MGPA) has been appointed to look at five new areas, as required by the ICB: These areas are:

- Optimising contact channels
- Structured Information gathering
- Use of one care navigation (and workflow) process across all channels
- Better allocating existing capacity to need
- Building capability in general practice teams

We are fortunate in recruiting new members of staff, but have an issue with retention, people leaving for a variety of reasons. Exit interviews have blamed the Practice for their decisions.

The Management Team are looking at 'soft' ways of making staff feel valued: providing Easter eggs, team meals out, Personal Development Plans annually, and appraisals. Staff feedback is also encouraged. Sabiha is also considering 360 degrees appraisals for staff comments for the future. These measures are aimed at improving staff morale.

The Practice are now doing more with the PCN.

Questions then followed regarding the supervision of medical students, as the Practice was successful in bidding for training status. We have had Years 2, 3 and 4 students and now we have final year students. They have 10 patients' morning and afternoon and are supervised by doctors. Kathy asked whether they were always supervised by doctors and Dr Asim said ANPs may sometimes supervise them. Kathy felt this was important for patients to have confidence in clinicians. Sandra enquired whether students ever had the opportunity to see patients in their own home, to give them experience of social conditions. They are not visiting patients at home as they are not insured to do so, however they may accompany a Clinician.

Refurbishment update – Allerton

This has almost been agreed by Hollyns, Manor and the landlord, with Manor having one further question for the landlord. There is currently a scope of work agreed and is expected to cost between £2.4 and £2.6 million pounds. In return the lease will be for 21 years.

The end product will look like a new building with a new roof, floors, internal and external security. Potholes will be fixed, and the steps will be improved. A gate will also be made secure, and the middle courtyard may be improved. There is no current timescale for completion as the work still must go out to tender.

The Practice will have to function during the refurbishment, and we will work with Manor and share facilities, as necessary.

Care Quality Commission (CQC)

The initial feedback is largely positive, and the final report is due the third week in May.

What we know so far:

Their clinical searches on the computer were better than last time. This had previously been an area that needed improving. This time no issues revealed. However, this was not simply looking at issues from last time as the Inspector looked at different areas. They acknowledged that it is hard to hit Practice targets but were impressed with the teamwork, safeguarding, and complaints and the supervision of prescribing, appraisals. Teaching and training were all fine. We had to send out 150 documents for CQC before their visit, which was a very tight deadline, but was achieved.

The assessment also involved 3 hours of interviews with a mixture of staff and Adeeba, as Chair of the PPG. She was asked about her experience as a patient. They acknowledged that the Practice had learned from their previous visit. During the one-day visit they also spent time with Helena looking at infection control, health and safety and Nicola looking at staff files, training and the DBS register. Significant events, complaints and emergency drugs were also reviewed with Donna. They checked both premises and talked about access, friends and family test and patient group questionnaires. In fact, they duplicated a lot of questions. They looked at an anonymous staff survey and checked meeting minutes, and DNARs. All these policies had been sent to them prior to the assessment.

We don't know the marking criteria, but we can ask about specific issues before the final report is published. The overall rating will normally be good if there are no key question ratings of inadequate and no more than one key questions rating of requires improvement.

Patient Survey Responses

These results were said to be okay, although there were lots of comments about access to appointments, which the CQC had already been noticed. Dr Asim said that the Practice had had 5 years working with 50% doctor capacity and that they would never have the capacity that patients demanded. There is now a full complement of Clinicians but even so, demand doesn't match supply. There was then a group discussion, about, not being able to book appointments apart from the 8 am rush, not being able to book online and being unable to book non-urgent appointments in advance. Kathy reminded the group that this was seen as a priority the patient surveys. Sylvia told the group about her mother having to wait a total

of 3 months to have tests for potential bowel cancer. **Nicola will investigate this, as it is totally unacceptable.**

Sandra reminded the group that some issues were the same as 10 years ago, but then patients had choices – there was rapid access and they could book online, in the surgery where there was a 4-week schedule. Now patients don't have a choice despite government directives which state that appointments should be accessible online, by telephone and in person. Wes Streeting has made more funding available to enable more patients to see the same doctor during their on-going treatment and to be able to have appointments by various means, including video recording.

Dr Asim said in response that there is no excuse for anger and disrespecting staff. He noted that in the previous 20 years – prior to Covid, the access systems worked better for patients but from a clinical perspective, staff were burning out, so staff retention was difficult. The Practice could reset things, but the money from Wes Streeting would have to be used to pay NI contributions, so in effect, there was no extra funding.

He told the group that PATCHs will have to be open for 10 hours each day in autumn, rather than the current two hours. This would be very time consuming, as patients still might need a telephone call, and possibly a face-to-face appointment. It's being pushed as a solution, but it will make practice untenable.

Dr Asim also told the group that they are looking at some areas where booking online would be available. This would be limited to patients who received a text link and are invited to book their cervical smears. They may also try it for minor surgeries, such as steroid injections in the future. And they will keep trying to improve this when it has been tried. The Partners are trying everything they can to improve access. Nationally, most practices struggle with access and our survey showed that patients were very positive about their appointments once they had one, with staff considered caring.

The PPG were invited to take away the survey results and give their comments to Sabiha by the 6 of June.

Any other business

Dr Raw is looking at shortening the initial phone message as it is too long. All staff are being signed up to Call Connect, which means that a patient's telephone number will automatically bring up their details when they call the Practice. This will save time. There was concern about the Practice Pharmacist not calling back when this has been promised. This will be looked in to.

Patrick Gilligan told the group that, reluctantly, due to his health, he is moving out of the area, to live with his daughter. He told them that he has always been very well treated at the Practice and thanked them, the group thanked him for all his hard work and wished him well.

Date of next meeting: **TBC** (*potential date Thursday 14th Aug 25 5:30pm – 7pm at Clayton*)