

Minutes of the Patient Group held on Thursday 11 July 2024 at Allerton

Present: Adeeba Malik (Chair), John Stone (Co-Chair), Kathy Bairstow (Minutes), Sharon Barraclough (Business Manager), Nicola Farrar (Operations Manager) Louise Lewis (Partner), Sandra Shallcross, Wilma Nichol and Dale Town.

Welcome and Apologies

Adeeba welcomed the group. Apologies were received from: Patrick Gilligan, Fred Stone, John Samuel, Andra Matthews, Diane Burke, Saba-Gabrielle Moussa, Howard Turnpenny, Janet Wilkinson

The previous minutes were accepted as a correct record.

Matters arising

All the matters arising were covered by the agenda, as well as NHS Access to Primary Care Recovery Plan, with areas discussed as follows:

Care Navigation

The group was assured that care navigators (CN) triage according to their training and experience, not to a computer programme. TCNs document notes from their conversation with patients and note any signposting. Not all patients need to speak to a clinician and some will be directed to their pharmacist or a social prescriber, if not directly health related.

Nicola told the group that, should a CN not be confident to decide, they would speak with a more senior colleague for advice. And also, that senior colleagues can listen into conversations to make sure the patient gets the right care.

Sharon explained that it is difficult to keep CNs long-term, as they burn out, and leave for different types of work. There was then a conversation about retaining admin staff, and suggestions where adverts could be placed, including the local Jobcentres.

Care navigation is not always received positively by patients. Adeeba was told many patients refuse to speak to anyone other than a clinician, as they see that as their right. Adeeba suggested an open day could take place to explain how care navigations works and to get patients onboard. There was also a Patient

Group Newsletter, initiated by the ICB (integrated care board) to explain issues such as this and other initiatives, which each practice can contribute to. It was suggested that this newsletter could be posted on our website each month, with links also available by text message, to help patients understand more.

John said the CNs he had dealt with recently had all done a great job.

Equal access to services

The above NHS Plan states that there should be access to all, in a way that suits their needs. Kathy told the group about a neighbour who had lost his hearing in recent days and struggled to speak with CNs or clinicians on the phone. The care navigator said there was absolutely no way he would be able to speak to a clinician in person without screening. This caused problems of confidentiality with the patient. Nicola advised the group that there were measures in place to deal with patients in this type of situation, and suggested some training for some CNs to be confident about these options. Kathy wondered about text messaging conversations with patients with hearing loss.

Continuity of care

This is also referred to in the NHS Plan. Sandra told the group about the struggle she had had sending in BP readings that a clinician had requested. At her telephone follow-up with this clinician, the readings had not been made available to them. She had been told by the clinician concerned that they *must* have the readings, but the CN told her that that would not happen, as all admin such as that was dealt with by admin people. As a result of this, the clinician had to track them down, before making a further telephone appointment with Sandra. She had also had issues about making the further telephone appointment, as requested by the clinician in two weeks time. She was told it must be booked on the day, and that not all doctors worked every day, so it couldn't be guaranteed.

Sharon explained to the group that, now more doctors were available, discussions had taken place with clinicians to book their own patients for their clinics for any follow up appointments. All agreed that continuity of care saved time. They could also then have multi-morbidity issues dealt with by one person.

The group also heard that, with more clinicians, options were being looked at around online bookings. The difficulty being that some patients abused the service in the past, so it needed to be reintroduced carefully. And people don't always cancel appointments, which can be done from by text.

Regarding not being able to make appointments at reception, the group were told this is due to confidentiality issues. They were also told that there are 81 out-of-hours appointments, on various sites, for patients. They can be booked 5 days and 3 days in advance. Care navigators can book these.

Discussions followed about patients not being clear about which clinician they would see at their appointment, with some people being seen by nurses when they were under the impression that they were seeing a clinician. And the nurses only seemed interested in what they were dealing with, with patients being told, they couldn't help with x, y, or z, but that they'd have to make another appointment. This would mean starting the same process off again.

Wilma and Adeeba, who hadn't needed any appointments within the last 2 to 3 years said they were surprised how complex it was now to be seen by a clinician. All agreed that this was not an ideal situation, but was the way of the NHS at this time.

Staffing Update

Dr Master has been with the Practice since February and he is now a salaried GP. Dr Hussain is on maternity leave but Dr Kamal is covering for her. Dr Malik is one of our previous Registrars who we are very happy to welcome to the team. We will have some Year 5 medical students from later this year, which means we will have more capacity for face-to-face appointments, although they will need a lot of GP support. No one can now afford locums, but clinically we are in a better state than for a long time.

Nursing numbers have been maintained from last time. We did appoint one more, but they gave backward.

However, we are struggling with admin staff. There is one person on maternity leave, one on long-term sick and one leaving for a new job. There are also admin people away with covid and, of course, holidays need covering.

Refurbishment

Not a lot has happened since the last meeting, due to delays by the Manor, so we are waiting for the process to start again. Also, the landlord of the medical centre development is on holiday. It's hoped there will be a Schedule of Works by the next meeting.

Practice surveys

The group were given two patient surveys to look at comment on, to decide which issues to prioritise to improve the patient experience. One survey is the Family and Friends survey, which is sent by text following an appointment. The other is the Annual Patient Survey. Adeeba will organise a meeting in a few weeks to share our findings before they are shared with the public.

AOB

Access to appointments at Allerton

Sandra asked why there were fewer appointments available at Allerton than Clayton. She was told that there is the same number at both Clayton and Allerton, but that the Allerton ones were always used up soonest. Kathy wondered whether this was because there was more need in Allerton, with it being one of the most deprived areas in Bradford

PATCHs

A question was asked about the availability of spaces for the medical section of PATCHs, as it never appeared to be available at the advertised times, which were between 7 and 8 am and 1 and 2 pm. The group heard that there are only 10 spaces available each day for the 7 am slot and 5 for the 1 pm slot. The reason given was that these are very clinician time intensive and there is no capacity to increase this number. Kathy wondered whether it should be advertised so widely when capacity is so limited.

The Admin section of PATCHs is open from 7 am to 2 pm, for non-clinical services, such as Fit notes and DVLA forms.

Date of Next Meeting: TBC