Minutes of the Patient Participation Group held on Tuesday 21 March 2024 at Clayton

Present: John Stone (Chair), Kathy Bairstow (Minutes), Sharon Barraclough (Business Manager), Nicola Farrar (Operations Manager) Dr Sarah Marris (Partner), Sandra Shallcross, Patrick Gilligan, Fred Stone, John Samuel, Andra Matthews.

Welcome and Apologies

The Chair welcomed the group. Apologies were received from Adeeba Malik (Co-Chair), Diane Burke, Wilma Nichol, Saba-Gabrielle Moussa, Howard Turnpenny, Janet Wilkinson, Jane Dransfield (who has now left the Group), Sylvia Fawbert-Harvey and David Harvey

The previous minutes were accepted as a correct record.

Matters arising

Refurbishment

The group were delighted to hear that pot holes in the Allerton car park have been filled in. The overall refurbishment proposals are gaining traction with Heads of Terms and the Schedule of Works being considered. The landlord wanted our commitment for a 25-year lease, We previously asked for 15 years, but the landlord insists on 21 years. Hollyns and the Manor have now instructed a Solicitor to see if the schedule of Works would be future proofed for 21 years.

The Manor section of the building will also have to be done, as the whole roof needs renewing. It is anticipated the work would be finished before the lease needs renewing at the latest in 2027. Whilst the works are being completed, it is likely that Portacabins may be in use, and although the timescale seems lengthy, we want it right, not quick. A Project Manager will manage timescales.

Issue with Trust Pharmacy Team (TPT)

Kathy and other members raised concerns about accessing prescriptions through TPT. These were mainly related to annual reviews and TPT staff not being accessible to patients, particularly older patients with mobility problems who couldn't answer the phone immediately. Kathy spoke about one of her neighbours, who was struggling to get her prescription meds as she didn't

realise that the TPT pharmacist was not related to her community pharmacist, or that reception staff couldn't tell her when a callback could be arranged. She was encouraged to email the practice but, at age 83, this particular lady had no experience of using the internet, nor any wish to learn. The reception person didn't seem to realise that patients are not familiar with TPT.

While acknowledging these difficulties and offering to raise them with TPT, Dr Marris explained how TPT works. There is a specific pot of money ring-fenced for 400 hours each month pharmacy input. This is for complex patients who need medication reviews every 9 months. All repeat meds must be reviewed, and new meds added as needed. They deal with most queries and stock issues, and find suitable alternatives when needed.

The group acknowledged this, but still had concerns that patients' needs were not always being met and communication could be improved. Dr Marris said the care navigators should be able to deal with most of these concerns.

Phone system

The Practice are now on a cloud based telephony system that works through a computer. It is more efficient as wrap-up time can be programmed into the system to allow call-handlers to make notes after the call, rather than being under pressure to do so while speaking to patients. It makes it a better experience for patients too.

Sandra asked why she could hear tone changes in the internal dialling tone when calling recently. This was due to the call working its way around the system to find the first available call-handler.

Staffing and Practice Update

Since November we have employed Mohameen, an HCA, and a salaried GP, Dr Master, who will work 6 sessions each week. Dr Farrah Hussain restarted working with us again in January, but she will go on maternity leave in May, when her role will be covered by Dr Kamal. We have also been successful in employing one of our current registrars, Dr Tasneem Malik. This means we are in a much better GP situation than previously and there should be more appointments available.

Sandra told the group that she had recently seen Dr Master and felt listened to, which she felt was really important.

Practice Website

This has now been completed. Some PPG members have been to look at it and all snags have been sent back to the developer. The only things missing now are staff photos, which will be added shortly.

The site is now easier to navigate and has a more useful self-help section. The Blog has been broken down into different subjects and should be clearer. When the final version of the site is available, the PPG will be asked to view it.

Covid Spring Boosters

From around 15 April to the end of June, spring boosters of the Covid vaccine will be rolled out. These will be available to people over the age of 75, all those in care homes and those aged 6 months and over with a weakened immune system. Not everyone who was previously targeted with these vaccines will be included in the booster campaign, as Covid is now downgraded to just another winter virus.

Through the Primary Care Network (PCN) nurses from Hollyns, Manor, Ashwell and Leyland's will work together to vaccinate people in care homes and housebound patients. Some Hollyns patients might be seen by nurses from the PCN, and the Hollyns nurses may see patients from the other practices. This will be more efficient than all the nurses seeing their own patients in all the different care homes.

Other mobile patients may be seen somewhere other than Hollyns in the evenings, weekends, and out-of-hours. And some patients will receive their vaccines during their routine appointments. The full plans are still being worked out, but should be available shortly.

NHS Access to Primary Care Recovery Plan

Sandra talked to the group about some Patient Association webinars that she and Kathy had been looking into. Concerns were raised about patient care, equality of access to GP services, and the widening of the reception team role.

One particularly interesting webinar looked at the increasing use of the multi-disciplinary team (MDT) in caring for patients with specific needs. Multi-disciplinary teams can be made up of doctors, various clinicians, therapists and

social prescribers, as well as others. There was an example of one practice who talked about how their MDT worked; how patients received better care when being treated for example by a physiotherapist for their MSK problems, rather than having to be referred to a Physio after a GP appointment. The Social prescriber spoke about their knowledge of local social issues and helpful local agencies, which were more appropriate than a GP appointment. In effect, working this way ensured GP appointments were reserved for acutely ill patients.

Another GP talked about their triaging system when people needed an appointments. In this instance, all patients filled in an online form which was then reviewed by a GP, with the most appropriate being offered a GP appointment. The remainder were dealt with by other team members, and signposted by two care navigators. This system meant that patients were not continually calling back to try to get an appointment. The patients who needed the GP were seen the same day. Others were referred to the MDT. Patients who were unable to use the online system were able to call the Practice and have a care navigator fill in the form for them, or attend in-person and have the same form filled in. Whichever method they used, they were prioritised in the same way. This system had reduced their complaints by a large margin.

There were some concerns about patients having a lack of continuity of care, possibly being seen by someone different every time, as well as concerns that staff might direct away from the GP. However, it was pointed out that, patients are seen by MDT in secondary care, which seems to work well. It was acknowledged that MDT members may be self-employed, so not answerable to their Practice. The question was asked, do patients know who they are being referred to and give their consent? No response was given.

It was also a concern on the webinar that patients do not always want to give personal information to care navigators, However, there are two modules relating to the care navigator role; one being advanced, as local staff need to be confident they are directing staff to the right services. Many practices were following these modules.

Currently, pharmacy and community referrers can also triage patients. Pharmacies, under the Pharmacy First guidance can also prescribe for 7 common medical conditions, including antibiotics. The pharmacy will then send a report to the GP. They will also make GP appointments, if needed. GPs will also refer patients to pharmacies.

The group were told social prescribing for Hollyn's patients may include a referral to Health Action Local Engage (HALE). HALE provide outreach programmes, activities and education on topics associated with mental and physical self-care. They also do work around social isolation, and have a befriending service. These referrals reduce the number of GP appointments, as there is not enough purely GP time to meet patient needs.

The Hollyns care navigators have done one of the modules, which pre-empts the situation of patients being asked brief information. Although this can't be enforced, they are not aware of patients not wanting to divulge any time recently.

AOB

Access to appointments at Allerton

Sandra asked why there were fewer appointments available at Allerton than Clayton, using her example of being given a 9 week wait at Allerton, although she could be seen at Clayton within 3 days. It was suggested that there were gaps in the nurse appointment system due to some training still being needed.

Kathy spoke about one of her elderly neighbours who had had appointments on two days the previous week at Clayton, one being for blood tests. As she had to take a taxi from Allerton to Clayton, the cost to her for these two trips was £28 – a lot of money for a pensioner. Dr Marris was shocked to hear this and wondered if the appointments had been urgent. Possibly, one had, but this flagged up the consequences of Allerton patients feeling they had a second-rate service compared to Clayton. Ironically, the patient Kathy had spoken about was waiting for her taxi outside Clayton when she left. This was for an MSK related appointment, and cost her another £14 in taxis. Many older, and even some younger patients, will not be able to pay for taxis

Nicola suggested that, if Kathy's neighbours needed an appointment, they would be offered one in Allerton, where possible. She asked Kathy to contact the practice if she heard of other patients unable to get Allerton appointments, other than urgent ones. While she will do her best, there are elderly patients in all 43 houses on her complex.

Practice questionnaires

Alongside the practice survey, the results of which will be made known shortly, there are now two other questionnaires for patients. One of them is the Family and Friends survey and another for feedback from anyone who has had a recent appointment. The latter has 5 quick questions that will be analysed to see how the practice is doing. They are being sent out by text links and QR codes.

Date of next meeting: TBA