

Hollyns Health and Wellbeing
Minutes of the Patient Participation Group
26 March 2025
Allerton

Present:

Sandra Shallcross (Chair), Sabiha Khaliq (Manager), Dr Sarah Marris (GP Partner), Kathy Bairstow (Minutes), Janet Wilkinson, Wilma Nichol, Hussain Mirza (Pharmacist), Pam Matwijciw, Gary Matwijciw, Sylvia Fawbert-Harvey, David Harvey, John Samuel.

Apologies:

Bahanu Bhikhabhal and Dale Town

Welcome and Introductions:

Sandra welcomed the group to her first meeting as Chair, and they briefly introduced themselves and which Practice site they normally use. All were from Allerton, apart from a member of the Pharmacy Team, Hussein Mirza.

Matters Arising

Sylvia pointed out some inaccuracies in the previous meeting. Kathy will amend these.

Prescribing/Pharmacy

Hussein is a member of the TPC Pharmacy Team. He works on behalf of the Practice. He is not part of the Hollyns Practice but works on their behalf to make sure that patient's get the right prescriptions at the right time. The Pharmacy Trust is separate from patient's individual community pharmacy who dispense the prescriptions. Dr Marris, as drugs lead, was also involved in the discussions.

Reviews

Patients were concerned about what a drug review meant for them and whether they needed to be involved before future prescriptions were dispensed.

A review may happen every 3, 6 or 12 months, depending on the meds being prescribed and for what condition. These are examples:

- Long-term conditions such as asthma and diabetes would normally be done at an annual long-term condition appointment at the Practice.
- Blood thinners may be reviewed every 3 or 6 months by telephone if no other monitoring is needed and may or may not involve the patient.

- Medicines for pain relief and mood or where patients take a lot of medicines, these will be done by a GP and can be done by phone.
- Rheumatology drugs on an individual basis.

Some drugs, such as statins do not need to be reviewed.

Although confusing, it very much depends on specific drugs and conditions.

There were concerns that when a new drug is issued, it doesn't automatically get added to repeat dispensing (RD) by the practice but must be ordered by the patient separately. The practice recognises that this can be communicated to patients better. Once the patient is stabilised on treatment the practice can send a task to the TPC Pharmacy team to request the new item to be added to repeat dispensing in line with other repeats.

Another problem for patients was that, although their medication had been authorised, pharmacies were not told to re-issue them by admin staff. Admin staff will be reminded to do this.

Some patients didn't know what to do when they received an SMS or a slip from their community pharmacist to say that their drugs needed reviewing. Did they need to make an appointment at the Practice or not? They were also not clear about booking their blood tests to make sure they continued to get their drugs. When they did it wasn't unusual for a blood test appointment to be unavailable for several weeks, meaning they would run out of their drugs in the meantime. Dr Marris said they would always dispense the next repeat prescription in that case and would never want patients to miss their medication. Kathy said this had happened to her and she needed to get an emergency supply from her pharmacist. Dr Marris said she would do her best to make sure this didn't happen in the future.

Sylvia was concerned that patients without an advocate and on lots of repeats who had a new medicine prescribed would not realise that this new medicine would not automatically be on repeat dispensing and so would run out. Wilma agreed and said that her pharmacist had told her some people had fallen through the net. Dr Marris said in future her team would make sure patients knew that their new medication wouldn't be on repeat until it was found to be stable.

Wilma received a call from the TPC Pharmacy team to ask her how she was getting on with a new prescription, but she couldn't take the call and when she tried to call back, the number was incorrect. Dr Marris said there wasn't a specific number for patients to call the pharmacy team. This is because our pharmacy team works remotely and are based at Ridge Medical Centre. If patients had queries regarding medication, patients should call their GP surgery for advice and guidance.

Janet was concerned that her medicines would run out when she was on holiday. Dr Marris said she could call the Practice and explain the situation and a prescription would be issued. She explained that this would take a few days so asked that they be given plenty of notice.

Sandra had concerns about the drug issue dates she had seen on her prescription. They didn't seem to make sense. She was told that that date is when the next batch becomes due. It is for the pharmacy, rather than the patient. The practice is unable to change how patients view this on the back of their prescriptions.

Pam was concerned that she's not on repeats and would like to get a warning when she needs to place an order. She was told that her community pharmacy or reception could tell her, but she could also put a date in her diary to remind her.

Total Triage

This was first implemented in December 2025, and staff are managing demand. Responses are largely positive. Clinicians are doing the triage, to make sure patients get seen by the right person at the right time.

Before Total Triage there were 1666 calls logged between 8am – 9am over a period of one week. In comparison the most recent figures for calls received between 8am -9am are around 120 calls in a week. Call time has increased but staff can now spend more quality time with patients. Before the new system, there were 215 abandoned calls each week between 8 am and 9 am. Now the figure is 18 or 19. Patient surveys in January 2025 show that 45% of Family and Friend Tests felt the Practice was very good. In February 2026, this was 70%.

The number of appointments has reduced from before Total Triage, but the Practice still had 12 unused appointments for the first week in March, which is amazing.

Several members of the group said how impressed they are with the new service, as are other patients they know. There was one query about patients being advised to not submit duplicate requests. This was because they had both a medical and admin enquiry. Dr Marris asked to not take this personally, but it is to prevent patients from submitting multiple requests per day. Some patients are making 5 or 6 submissions in one day. Admin staff will be asked to be aware and only send those messages to people who are abusing the system.

Staffing:

One GP has left and been replaced, as has one receptionist. Neither have left due to stress or problems in the Practice. One medical trainee has now been made permanent and will do 7 sessions each week. Another GP on a fixed term contract will be made permanent in August covering 6 sessions. Adverts have been placed for one salaried doctor to cover for maternity leave.

Sadly, the group was told that a member of the nursing team has died.

Premises:

The whole of the admin and waiting area was flooded on 9 February due to a leaking radiator, meaning the Allerton site had to close for 2 days. The Practice is waiting for the insurance claim to be finalised. New fencing is to be installed to keep children off the roof, and the landlord will be carrying out remedial work.

The draft lease has been signed off by Hollyns, but Manor has yet to sign off. There is no known timeline. When the work is started, the two Practices will need to share premises.

Flu Surveys before Total Triage

These have been done over the past three years and, as there is no member of staff to input them, Kathy has done so. Depending on numbers Kathy has spent between 25 and 40 hours inputting them, due to the very large amount of free text included. She made the point that the people who fill in these surveys are not representative of the Practice as a whole.

Kathy asked why the surveys are done, what do they tell us and what changes have been made as a result of them. Sabiha said she was not aware of any mandatory requirement to do them every year. She doesn't know of any particular action that has been taken as a result of the surveys. Dr Marris felt certain that their contents had been taken account alongside 2 other regular surveys. Someone in the group suggested that other practices do more targeted surveys, asking about specific topics such as immunisations and prescriptions. Sabiha and Dr Marris will look at targeted questionnaires. If the flu survey is to continue, it will be discussed again at the June meeting.

Any other business:

Test results by SMS - this is still a work in progress but still on the radar.

Website – the current one is not very accessible for phones and laptops. It also needs key areas to be highlighted so will be replaced by a more standard website. Sandra would like it to include information about the different professional roles and what each discipline does.

Continuity of Care – meaning people can see the same clinician as much as possible. The ICB considers this good practice, and it can be done better with Total Triage. Sabiha is looking at a toolkit to facilitate this.

PPG recruitment – there are 27 members on the membership list, but many have not taken part for a long time. Sandra will send messages to all and ask if they still want to be involved and ask which Practice they normally use. Currently there are only members from Allerton. There has been a recruitment drive in Clayton and Sandra has

invited 4 people but has had no response. Until we have Clayton people attending it seems fairest to continue holding the meetings in Allerton.

Social prescribing:

This is for non-medical issues such as housing, benefits and employment that can affect people's health. Prior to April 26, the practice could only make 4 referrals per month. Post April 26, social prescribers will be available on site for 5.5hrs per week (4 telephone appts and 6 face to face appts per week) and can offer 30-minute appointments. We offer support with social isolation, low level mental health, benefits/debt, housing, employment, carer support and connecting you to local services.

What are Social Prescribers?

Social Prescribers work with adults who may need help and encouragement to access activities or support.

Social Prescribers work with people facing all kinds of issues - they may want to make new friends, find out about local activities, seek benefit/debt advice, or they may have low mood/self-esteem. They may be adapting to a major change in their life such as those who have suffered loss, are lonely or isolated, or have moved to a new neighbourhood.

Social Prescribers can help them to take the first steps and find the right places to go.

How does it work?

Social Prescribers listen to you and connect you with people and activities that could improve your wellbeing.

Social Prescribers will find out about what interests you and support you to access local groups or services. Your Social Prescriber may go with you to help you feel confident enough to attend on your own.

Social Prescribers also offer support and advice around a range of issues and link you in with specialised services who can help further.

This is a personalised service – Social Prescribers work with the needs and pace of each individual.

Key themes for next meeting:

Sandra introduced this as it seems a good way to deal with recurring issues, which is why medication reviews were on the agenda this meeting. If anyone wants to put forward a topic for the next meeting, please let Sabiha know. Sabiha wondered whether SMS test results would be a good topic for next time.

Date, time and venue of next meeting:

Thursday 11 June 2026 5 pm to 6.30 pm, venue TBC

Deadline of 5 May for key themes

Deadline 25 May for agenda items.