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**Peel House Medical Practice – Part of Hyndburn Central PCN**

**Patient Participation Group Meeting Minutes**

Date: 4th December 2023

Apologies: Dr Eccles

In attendance: Katy Tregartha PHMP, Jillian Robinson, Jean Battle, Geoff Evans, David Woodcock, Judith Halstead, Ann Parkinson, Patricia Ramsden

**Key notes:**

**AOB’s**

The meeting started with AOB’s; Jean asked if the Practice could raise awareness of the Helping Hands Fund Charity that some of our PPG members sit on the board of. There is no online presence for this and the referrals coming through are minimal. Patients can apply for this through 1st Call in the Arndale Centre or Home wise. The charity is not cash grants but if someone is on a low income and in poor health they can apply for things such as white goods, washing machines and carpets, furniture etc. Katy will email for an up-to-date referral form and forward the information to help raise awareness.

Patricia asked how many staff answer the phones in a morning, this varies, fully staffed we have 8 staff on the phones first thing plus reception, if there are holidays and sickness this is less, the minimum number we have had is 4. The staff answer an average of 390 calls a day, the demand is much higher and some Mondays we have had over 1000 calls coming in to practice. Patrica asked how they can call in at 8 and be in the queue for 50 plus minutes, Katy explained that the system is cloud based. This is now part of the core GP contract that we have to have a cloud based system, on the old system, we had a number of lines, so if you rang through, the maximum number of people that got through was the same as the number of lines, so 20 lines meant 20 patients got through and anyone else ringing got an engaged tone and would call again, whereas now, there is no limit to the number of patients that can be in the queue. This has to be better as there is nothing worse than a contact engage tone.

Discussion around the number of appointments available and number of patients, the group asked how many patients we have and why can’t we close the list. We currently have almost 17,000 patients and we are not allowed to close our list. The group asked about online appointments and why is it that they disappear at 5 past 7 and how can patients book an appointment if they don’t have internet, the group have had queries about this from other patients who are struggling as they don’t have internet access. Katy responded that under the GP Contract all appointments that don’t require triage are supposed to be available online, however, following feedback from this group the on the day appointments were split with half online and half available to book over the phone or in person, we have also had 2 very similar complaints recently about this and when we looked at the appointment book, the pre-bookable appointments that patients can book 1 week and 2 weeks ahead were all available online, as an action from the complaints these are now also split with some available online and the rest available to book in person or over the phone, however, ultimately we have the capacity that we have and when we move some from one area it leaves a gap in another, we do focus maximising the appointments we have and use them responsibly. The group asked if the advanced nurse practitioners could be booked online, Katy explained that we can’t as these need triage. We did try in the past; however we had patients boking in for things like a weight check with an advanced nurse practitioner which is not a responsible or appropriate use of their time and on the opposite side we had a patient who was suicidal book in with a health care assistant which again is not appropriate and certainly not best for the patient. The group asked if we take patients on from other local practices, we do, that is patient choice and patients are free to choose where they register provided it is on the Practice boundary. The group asked if we could reduce the boundary, this is very difficult to do and not what NHS England want, they would prefer that we take out of area patients as well, however, as this is not in core contract the Practice have taken the decision not to and stick to current policy. Peel house do not currently take on out of area patients and are strict with the boundary which is quite large. Peel house are actively recruiting for new salaried GP’s, and have met with several over the last month or so, however they are more keen to do locum work, locum GP’s are clinically safe and do provide appointments, however they do not work as a Partner or salaried GP who clear down the labs, prescription requests, clinic letters and all the other paperwork requests that come in from outside agencies and patients. David remembers gp’s clearing labs at 3 in a morning years ago and can only imagine what the workload is like now. Discussion around the support staff that GP’s have, we have a full cohort of advanced nurse practitioners and ow have 4 in post, 2 first contact physiotherapists and pharmacists that support the GP’s as well as the nursing team so it is not all doom and gloom, we have replaced Dr Cooper and Dr Emery joined us in July and Dr Nasser Hussain started in November working 3 days a week. We need to be promoting more of the other roles and focusing on preventative medicine which is where the survey comes in.

**Patient Survey Results** – Katy summarised the background for the patient survey, in the PPG meeting in March the group expressed an interest in the H&WBC (Health and Wellbeing Coaches) and SPLW (Social Prescribing Link workers), they didn’t know who they are or what they do and thought that running this years survey around their roles would help with patient education around this. A further meeting was held where the H&WC and SPLW attended, the survey was written and this ran in September with members of the patient group coming into Practice to survey patients, hand out leaflets around the roles and promote these appointments. The results of the survey were shared with the group and Septembers figures show an increase of 13% in uptake since August, digging deeper and looking at the dates of appointments, this shows that the work done by the Patient Group raising awareness whilst collating surveys and the active signposting in-house had a positive impact on appointment uptake, the figures were similar for October and November and shows an upward trend with a 32% increase since the start of the project. Katy thanked the group for their time, the data shows that face to face engagement with patients really does work to promote services and the work done by the PPG on this is valuable to the Practice and is very much appreciated.

The survey results show that patients would like information about the H&WC and SPLW available in the waiting room, on social media and on the phone hold message. The group are not keen on this at all and would prefer the message to be shorter, Katy explained that the feedback is there on the survey. David suggests that patients change their mind, if you are poorly and you just want to get through then you don’t want any information and just want the phone answering whereas when asked another day it would seem a good idea to have the information played to you so you are kept in the loop of what is available. Maybe look at removing something to swap a message out.

The information about the H&WBC and SPLW is now available on the website as well as the leaflets in reception that the group gave out. The group asked about the profiles for other staff, this is a work in progress, Katy will chase up. Patricia asked about staff photos for the website so patients can see who they are going to see, Katy will speak to staff, however we do need their consent and this wasn’t popular last time it was discussed. The H&WBC have also been trained on Enhanced Health Checks, however, out of 126 invites sent out for these only 17 patients responded and booked in. The enhanced health checks are a little like the NHS Health Check just more in-depth and are a full MOT for patients who don’t have a chronic disease but are at risk of such, the premise is to catch it early and prevent from developing, which in turn helps the patient live healthier and longer and will also save GP appointments further down the line. Ann asked about Carolyne who she had heard had left, Katy confirmed this, Carolynne was a H&WBC. There are 3 in total who are employed under the ARRS scheme by the PCN. Peel House is part of Hyndburn Central PCN which is us, Oswald, ARG Healthcare (formerly Blackburn Road Medical practice), Richmond medical and Accrington Victoria. The PCN have no plans to replace Carolynne but have realigned the hours of the others, previously the coaches split their time between all 5 practices, now we have Matthew H&WBC who is at Peel house 4 days a week. This should be better for the H&WBC as it allows them to embed in the Practice and be part of the team.

Geoff asked how the group can promote patient education and how they can help the Practice, Katy responded; the work the group have done this year is proof that their involvement works and the data shows an uptake in appointments with the H&WBC and SPLW. The survey will need re-running in March so we can compare results and the Practice will continue to promote their services. Discussion around patient education and coffee mornings so the group can come in and talk to patients in the waiting room. Katy apologised as we did plan this 12 months ago, however as she is still caretaker manager has been limited with time. We have a new manager joining us in February and hopefully this will free Katy up to be able to plan events and coffee mornings. We still have the beer goggles and equipment for alcohol awareness so we should hopefully do something around that next year. We could engage with the H&WBC for this.

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| Action | Owner(s) | Timeframe |
| Meeting to be arranged for end Feb – beginning of March | KTr | 31/12/2023 |
| Survey to be re-run in March | KTr | 15/03/2023 |
| Missing role profiles to be written and added to website  | KTr | 31/01/2023 |