

Patient Participation Group Notes - 6th MARCH 2024

1. **Attendees** – Michael Varley (welcomed as new member); Pam Smiley; Martin Liddle (ML); Pam Wright (PW); Sue Hague (Chair); Sheila Wetton; Joan Bramley; Chris Hudson; Karin Ward (KW SPLW) joined for the update section; Dr E Fordham joined for the surgery news section; Chelsea Webster (Deputy Practice Manager) joined for the GPIP section. Paula Elliott (Practice Manager)
2. **Apologies –** *Lynda Hewitt; Mrs Chambers; Cathy Hickton*

ML apologised for missing the last 3 meetings and welcomed back

1. **Matters arising from last notes not on the agenda:**

All on agenda

1. **Social Prescribing Link Worker (SPLW) –** Karin Ward update:

PW sent an email to KW who then contacted all the groups on this list. Some of these groups have waiting lists and some others have to have people by referral.

PS is the Tuesday Group Leader. PS has trained 2 additional walk leaders – John and Baz.

KW is struggling to get leaflets from the Community Centre. Does anyone else have access to any? PW there is a plan to do new leaflets.

Currently about a 4month waiting list from first referral to see KW. Patients will be triaged (assessed regarding their need) within about 2 weeks and information is sent out at this point to help bridge this gap.

The SPLW role is for linking people to assistance and services, as not a counsellor or clinician.

Case load is around 36 to 38 pts across the practices KW works at.

KW has contacted Enid at Village Friends.

KW shared referral rate figures from other practices just as a benchmark for what is happening in Brimington.

There is a new SPLW joining the team next week.

Unanimous thanks was given to KW for the service she is providing

1. **Pt feedback - (standing item)**

Good feedback - Dr North

1. **Surgery News – (standing item)**

GP Improvement Programme (GPIP).

We have signed up to a 13-week programme and have 2 weeks left of this. An

external facilitator comes in to look at our systems and make suggestions. We then work on projects we identify from her data.

From this work we had quite a few "quick wins". These are things that might only save seconds but with the current pressures GP Surgeries are facing, these all add up. E.g. refining systems to two mouse clicks in the IT system from six.

Bigger projects identified:

Long Term Condition (LTC) recalls (e.g. Diabetes, COPD, Heart disease) – we are working on refining these systems and continue to aim for birth month recalls. Currently these take hours because the admin team have to go into each record check about blood tests, add them if needed, review and send letters. We are moving to "self-book" – pt to book own appointment which we hope will help reduce non-attendance (DNAs) and reduce staff time. It will also reduce duplicate appointments, e.g. when a patient has more than one LTC they will hopefully be able to come for one longer appointment and not multiple ones.

This will be carefully monitored and the new system will not be relevant to those who do not have IT access, have requested we do not use texting or are over a certain age – they will still get the traditional recall. Every month a list will be run both prospectively and retrospectively to ensure those who have not managed to self-book/book are contacted again.

Care Navigation – Two Patient Support Team (PST) Members are going on course and we are reviewing what systems are already in place that we do not use but can or that we use and can refine.

We did a data capture week in Jan where every phone call that came through to the PST was logged and all clinicians filled in a form for patient contacts.

Various audits were then done.

e.g. for the clinicians - was it appropriate for you and if not, where should it have been directed to (e.g. was it a medical appointment, admin issue or a social request - this generated some useful information to support Care Navigation.

We found that 44% of all calls are for appointments but the rest are for other things which surprised us. So we are auditing the other calls and how can we deal with these better.

Over 50% of all calls for results were for normal. So we are planning to amend our IT so if a result that is completely normal and expected and needs no follow ups. The GP will send a message to the patient when filing the result in the records.

There has been a system change by the clinical system providers which means that when results come in they can be seen via online patient access – this means that they can be accessed BEFORE a GP has had time to review it, this is generating more work for the PST team as people call in too soon after a result coming in.

GPs when reviewing their results will try and make a comment that is more informative.

All of this takes up more time.

The telephone data collected in January shows that our average answer time for answering the phone is under 2 minutes. We analysed data regarding who had called and hung up and not returned the call and how long into the call they hung up - e.g. did them hanging up coincide with the part of the message asking if they had you gone to pharmacy? Or when we stated that the prescription line was open after a certain time.

All the IT solutions help free up the phones for those who do not wish to use the IT.

**Staffing** –

We have 3 GPs on Maternity leave and 3 locums covering these sessions – all male Drs Blagden and Smith who are very experienced and Dr Ronan who is newly qualified.

We have 1 GP on medium term sick leave and are trying to find more GPs to cover this.

Our Nurse Practitioner is leaving in April and one of our Nurses is leaving in May – this is not to go to other practices but either to leave Primary care due to the pressure or to have a better work life balance moving into retirement.

Our Lead Nurse has qualified as a Nurse Practitioner (NP) so will be doing some practice nursing and some NP work.

We discussed the underfunding of GP Surgeries across the country a practical example is that for the 2024 contract which is being imposed on Practices by NHS England will afford a 2% increase however the National Minimum wage is rising by 9.8%. This will affect our Administrative, Patient Support and Health Care Assistant Teams which will be a considerable cost to the practice. They all, more than, deserve this, however it means that we can not afford to replace Alison our Nurse Practitioner.

We believe that 2024 will continue to see GP Partners hand back their contracts which means essentially closing the practice. There are more doctors coming through training however there are fewer being employed as practice income across the nation falls and costs rise.

Our list size is slowly growing and whilst this links to income, it is not sufficient to employ another GP or replace our Nurse Practitioner.

Please be reassured we will always look after our patients and we have no intention of handing back our contract. This is an overarching Primary Care issue which we think is not hitting the headlines because traditionally GPs do not engage with this kind of fuss and do not want to worry their patients.

Currently there are meetings being run by the BMA about balloting for industrial action again, not something GPs usually engage with.

1. **Social prescribing walking group update** – going very well. No more notes as PE (note taker) had to leave the room. Can't take anyone with mental health
2. **Practical help**

Best Practice Guide page 10 onwards – all to read for feeding back at next meeting

The PCN Survey is due this month – volunteers please? Michael Varley volunteered and PE will send information out

Newsletter -no appetite for taking this on at the moment

Letter to schools to get younger members – PS will speak to a Netherthorpe teacher; JW will try the school at New Whittington. PE to send info out

1. **Any other business**

Pharmacy First – paid more per appointment than we are. An update with more information at next meeting. Some pharmacies do ear micro suction e.g.: Brimington Pharmacy and Calow Pharmacy.

Covid Vaccinations – Spring booster; 6m but Sept flus. We do not know if we will be permitted to do these this year. Also, there needs to be a 6m gap between Covid vaccinations so the dates of the Covid booster is key.

DNA – very time consuming so is on hold whilst we do the GPIP project.

Query when a pt given lots of new meds at the hospital. Small supply given. Went online to order them and they were not there. When phoned in was told that it had been sent to Pharmacy and it was done and waiting for pt collection – we did not inform the pt.

Need to check our system for this.

1. **Date of next meeting:** WEDNESDAY JUNE 19th 10.30am

**PLEASE NOTE THIS ALTERATION.**