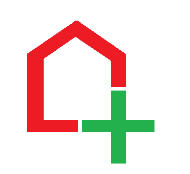
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**Peel House Medical Practice – Part of Hyndburn Central PCN**

**Patient Participation Group Meeting Minutes**

Date: 24th September 2024

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

**Key notes:**

Katy opened the meeting, thanked everyone for coming and for taking the time to come in for the mental health awareness week coffee morning held earlier in the year and welcomed our new member, Diana.

**Flu clinics-** This year the flu clinics have been slightly different. NHS England have instructed that children and pregnant women are the first cohort and over 65’s and those with a long-term condition can’t be vaccinated until after 3rd October 2024. Eligible patients will be offered the RSV vaccine at the same time, this is new and helps protect against respiratory syncytial virus (RSV). It was asked if patients don’t want this at the same time, will they be able to book at a later date which Katy confirmed they can. Anyone volunteering to check patients in at flu clinics was asked to see Katy after the meeting.

**General Practice Improvement Programme (GPIP)** – call times. Peel House has been taking part in GPIP over the summer. As part of this we have been looking at the telephone data. The reception staff answered an average of 339 calls per day in August but the volume of calls coming in means we are missing a large number, and the average wait time is 7 minutes, on face value this doesn’t seem long, but some patients will be straight through and others will have waited up to 40 minutes which needs tackling.

One of the options that has stood out when scrutinising the data is the prescription line where we are missing 12% of the calls coming through. GPIP gave us the opportunity to talk to other Practices and see how they handle the volume of prescription requests. Most GP practices have removed the option to order over the phone completely. We know from previous engagement that this is not popular with our patients and our proposal is to go back to the old system of an answering machine for acute prescription requests or for vulnerable patients which will free up staff answering calls. This works well in Blackburn and has worked well in the past at Peel House. Discussion around this and the group are in agreement, the majority of the patient group order prescriptions online and commented that they have also used the message option when they needed an extra month as going on holiday or an amendment and all had had a positive outcome from this. It was acknowledged that not all prescriptions can be ordered via the app, if something is an ‘acute’ this is maybe a new medicine or short term one then it will not show as an option online.

It was asked how patients would know if their prescription were ready, this wouldn’t change, patients can see on the NHS app if the prescription has been authorised and they can also contact the chemist. We aim to have prescriptions ready within 2 working days and it is rare that they are not processed in that time frame.

**Physiotherapy self-referral patient survey**- we have been asked by the musculoskeletal service to complete their survey around a proposal for patients to be able to self-refer. Surveys were handed out, completed and returned to Katy to pass on to the service.

**Enhanced access service** – survey was previously sent out regarding this via email to the group. ARG Healthcare – (Dr Motupali) has taken the contract for enhanced access. This means that the new provision will all be at ARG on Blackburn Road in Accrington as opposed to spread between Great Harwood and the Acorn. This is up and running. Any feedback is welcomed. Initial feedback was concerns about it being held at that Practice, Katy explained that as ARG own their building they are free to open evenings and weekends as needed, which is in contrast to us. We have recently enquired about holding a Saturday flu clinic, we have been told it is outside of the building agreement and the building owners refused point blank to let us, this is despite having done so in previous years. The restrictions and red tape when dealing with the NHS lift building we pay a huge amount of money to rent space in is very difficult and PHMP feel fortunate that we have practices in our PCN who in in the position to be able to deliver this for us.

**BMA industrial action** – It has been covered in the news regarding industrial action by GP’s. There are 10 recommendations from the BMA (British Medical Association) of actions that they support our GP’s taking. Out of the 10 recommendations PHMP will be taking part in 8 of them. The 2 points we are not taking part in is;

*1-Limit daily patient contacts per clinician to the 25.* We know already from patient feedback that more appointments are needed and not less, and by limiting the number of patient contacts to 25 it is the patients and the on-call doctor who would suffer.

2, *Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings (rather than the clinical benefit of your patients). –* We haven’t switched this off. As a practice we feel we need to be responsible with public money and the medicines optimisation scheme that is embedded locally is something we support.

The actions we will be taking are,

*3-Serve notice on any voluntary services currently undertaken that plug local commissioning gaps and stop supporting the system at the expense of your business and staff.*

*4 -Stop rationing referrals, investigations, and admissions​  
- Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so. ​  
- Refer via eRS for two-week wait (2WW) appointments, but outside of that write a professional referral letter in place of any locally imposed proformas or referral forms where this is preferable. It is not contractual to use a local referral form/proforma –*

*5-Switch off GPConnect Update Record functionality that permits the entry of coding into the GP clinical record by third-party providers.*

*6-Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care).*

*7-Freeze sign-up to any new data sharing agreements or local system data sharing platforms.*

*10-* *Defer making any decisions to accept local or national NHSE Pilot programmes whilst we explore opportunities with the new Government.*

We are auditing expedite letters that are requested, some secondary care waiting lists are up to 2 years, like neurology, cardiology. We know from staff contacting the booking office that expedite letters are not looked at, yet patients are told to see their GP for an expedite letter to be seen sooner. The audit is to try and gage the number of appointments being booked by patients to try and bring forward a hospital appointment and be able to feed back this data. As this is even more pressure on our appointment availability.

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| Action | Owner(s) | Timeframe |
| FLU volunteers | All | 2 weeks |
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