**Peel House Medical Practice**

**Patient Participation Group Meeting Feedback Form**

Date: 13th December 2022

Apologies: - Dr Jane Eccles

In attendance: Katy Tregartha- Assistant Practice Manager PHMP, Annette Addison – Practice Manager PHMP, David Woodcock, Geoff Evans, Jean Battle, Judith Halstead, Patricia Ramsden, Anne Parkinson, Dorothy Westell.

**Notes**

KTr opened the meeting, thanked everyone for coming , introduced Annette who is our new practice manager and re-capped the last meeting.

Patient survey results discussed at last meeting – we will aim to run this again in April and hopefully this time we can have the PPG in handing these out in the waiting room and taking a more active role. Ktr has looked at resources available for the PPG group to come in and do some patient education. There is no funding out there. We do still have a stock of the alcohol measure glasses, but the unit calculators we purchased previously are now out of date following changes to guidance for unit allowances and have had to be binned. We do have the beer goggles still so can hopefully do some events in alcohol awareness week next year.

We do have a lot of new staff and they need dementia friends training. DWo and Ktr have delivered this in the past as dementia champions however are now unable to do this due to the changes that the Alzheimer’s society made around dementia champions now having to be dementia ambassador. Ktr will look at sourcing someone external to come in and deliver this for staff, all group would like to join these sessions.

**Pharmacy consult service**

Patient group generally feel that when have tried this in the past are then referred back to gp from pharm and a waste of time. All agreed with this and had very similar examples.

AAd brought a dummy patient up on the laptop and went through a demonstration of the pharmacy consultation service, this showed the questions reception staff ask pt’s and the safety net for conditions. Concern raised by all PPG members around the time that takes and surprising how long winded the process is and how long this would take up of a receptionists time on the phone. Feel on the whole a good idea but would be better if patients could book themselves. Discussion around the new phone system and reception staffing levels, KTr advised that we had been short staffed but all positions now filled. Phone system data showed that despite short staffing, we are still answering on average 380 calls a day because of huge demand.

DWe asked if the pharmacy service was private, KTr explained that there is no cost for the appointment but any medication would be a self-care item and there would be a cost to this. The Practice is working towards issuing zero self-care items on prescription. Clinicians should no longer be prescribing self-care items which means there should be no difference whether seen by a pharmacist or a GP, the cost for the self-care item would be the same. KTr explained that this isn’t popular with patients and is not her own preference but we are financially penalised if we don’t hit targets and ultimately targets are how we are paid and what enables us to employ staff and have a service to offer patients. For example, the cost of the NHS prescribing paracetamol every year is £80 million.

PRa asked if it was feasible to email info about self-care and pharmacy and what they can treat patients for , Ktr advised that we can look into that, would need to be a text via Accurx system and would need costing. Issues around GDPR and blanket emails. General discussion around communication and how we communicate to patients. Ktr looked at the lines of communication we have, phone system, website and Facebook. Discussion around having information on the phone line about the pharmacy service but all felt quite strongly that the phone messages are already long enough. KTr brought the website up on the laptop and we looked at this, there are gaps around info about what an ANP is and what they can see. This need looking at and adding to. The information around pharmacy and self-care is already on and is already on the Facebook page.

GEv asked about the phone system, he has had a couple of times queuing up or a while and wondered if the team on the phone in the morning are tied up with other things like the pharmacy service. AAd explained that they aren’t tied up on other things, they take one call after another and try their best to get the right problem with the right clinician. KTr explained when fully staffed we have 6 staff members answering the phones in the morning, we purposely don’t call our reception staff care navigators and when going out to advert we advertise for telephonists/receptionists as the nature of the job has changed dramatically over the last few years and it is more like working in a call centre with one call after another. On Monday morning we opened at 8 and there were over 90 in the queue.

GEv asked if we would consider releasing some appointments for the following day that can be booked in the afternoon. KTr will feed this back to the partners an ask if this is something we can accommodate. The appointment book is incredibly complex and there are so many different types of appointments needed, annual reviews, new acute problems, on-going issues, patients who have been asked to come back, routine issues that can wait, follow-up appointments following tests requests etc. When we start with a blank appointment book and start to whittle down the appointments into appointment type based on demand, the on the day capacity is soon reduced. Although we have been successful in GP recruitment, we do have long-term sickness in our clinical team and are backfilling with locums where available.

General discussion around members recent experiences, this focused around A&E hospital wait times. Ktr advised that this ties in with complaint themes, one of the common themes this year has been the hospital waiting lists, and patients wanting to be seen sooner. We are seeing more and more patients coming back to see their GP because they are waiting to be seen following a referral. As much as secondary care is under pressure and working incredibly hard, it does put extra pressure on our services with people having to come back or being advised to come back for expedite letters.

JBa wanted to pass on her praise to the in-house pharmacy team, has found them incredibly helpful. JBa explained that she volunteers in a charity shop nr Blackburn and she is always surprised by the complaints she gets around patients not being able to get into their GP practice and to being able to be seen face to face. Feels that we are doing a good job and is glad that we offer face to face and pre-bookable appointments.

Meeting closed.

**Actions**

|  |  |
| --- | --- |
| Action | Owner(s) |
| Feedback to gp partners request for appointments to be released for the following day in the afternoon | KTr AAd |
| Information to be added to website around what ANP’s, physician associates and ARRS staff can do.  | KTr AAd |
| Costings around communications for patients about self-care | KTr AAd |
| Dementia friends sessions to be sourced for staff and patient group | KTr |