

GREAT HARWOOD MEDICAL GROUP

PATIENT PARTICIPATION GROUP

Date & Time: 21st May 2024 1.00pm

Venue: Library / Resource Room
Great Harwood Health Centre

Members Present: Dr. Tyagi, Sarah Lord, Lindsay Williams, Carol O'Brien, Alan Wilkinson, Christine Jackson, Julia Ashworth, Karen Clark

The meeting was opened with a short Eulogy read by Carol in memory of our recently passed Chairlady Mrs. Pauline Quinn OBE RIP

Pauline was an extremely active member of our PPG since 2015 where very quickly she realised that we needed a Chair rather than myself doing Chair and Secretary.

She threw herself into PPG work and always had Patients at the forefront of her mind.

On behalf of our PPG she was a member of the Hyndburn PPG which was made up of representatives from groups all over the area where they focused on problems which were common to all groups.

She was a member of the committee which helped smooth the pathway for Patients when the Walk In at Accrington Victoria was set to close.

More recently she was part of the driving force behind the Community Activity Booklet, which as we all know was a huge success.

As Secretary she was a great sounding board and helped me slow down on some projects which were far too grand to be accomplished.

Pauline was a Rock for our group of which we will be always be extremely grateful –THANK YOU

I'm sure you will join with me in sending all our loving thoughts to Brian (her husband), Jennifer (her daughter) and all the family.

There's no more pain now Pauline Rest In Peace

MINUTES SILENCE

Dr Tyagi then opened the meeting by explaining that over many years the Practice have tried all different measures to provide greater access for Patients to see a GP. The previous daily 'drop in clinics' were popular and a success but resulted in Patients often having long wait times and following Covid this is no longer possible.

Changes in the NHS are taking place fast and it's hoped that by implementing the new 'Modern General Practice' model this will improve Patient access to see the right person at the right time for their precise complaint.

The triage system will be conducted through both GP and Receptionists. It is hoped that this system will perform more efficiently, with the NHS believing this is an improved way forward.

He then went on to say that he is already aware that Patients have concerns but asked the PPG to support this new way of working.

It was then mentioned that full information was needed for Patients as the brief introductory message on the phone has alarmed them.

Dr Tyagi asked what information had been disseminated of which Sarah agreed that indeed a telephone message was heard when Patients contacted the Practice also text messages had been sent to all who had registered a mobile number. We then asked what percentage of Patients have a patches account? As it was only 41% this was deemed that more information was necessary.

Doctor Tyagi concluded that this Model shall be trialled and will be constantly monitored

Please see further discussion regarding the new model later in the minutes.

Lindsay (our acting Chairlady) stated it was a pleasure to have Dr. Tyagi present and thanked him for the insight to a future way of working.

Item	Minute	Action
1.	Apologies: David Cockett, Margaret Morrison	
2.	Accept Minutes from March Proposed – Christine Jackson Seconded – Alan Wilkinson	
3.	<p>Matters Arising</p> <p>a) How is the colour printing arrangement working? There hasn't been much of a need at present. Alan has agreed he can support with any colour printing needs.</p> <p>b) It's brilliant to see 'sugar content' display complete again.</p> <p>c) Practice Personnel, their roles and description and photos – Although it's great to see a description of roles on the Perspex screen no names are evident and no photos of the personnel. It's also in black and white. The group suggested that a larger display on a colour card background with Personnel names (detachable) and roles would be more easily seen by Patients. Sarah will look at acquiring a new notice board as there could be room next to the disabled toilet.</p> <p>d) Footpath between the car park and the road (this was first mentioned in 2019) Alan wrote off to LCC on the 2nd May 2024 and received a reply 21st May. This detailed that the LCC was not responsible for the roads and they were the private responsibility of the Health Centre. The original email from NHS Property shall be sent to Alan so this can be investigated further.</p>	<p>Carol</p> <p>Sarah</p> <p>Sarah</p>

	<p>e) It was stated that the tea trolley idea for reception is not feasible due to Health & Safety issues.</p>	
4.	<p>GHMG - a) On-going b) new developments</p> <p>a) Modern General Practice discussed in next section.</p> <p>b) A question was asked to Sarah about the dedicated time for appointments and does this time include reading your past history/notes and can more than one issue be discussed? Sarah stated that it depends on the doctor and is between 10-15minutes. It is also the decision of each Practitioner if a second condition can be discussed.</p> <p>c) It was stated that Reception staff are again being subjected to unacceptable aggression from Patients both on the phone and in person. Sarah mentioned that these members of staff do not make the rules and they work incredibly hard doing probably one of the toughest jobs at the Practice.</p> <p>The PPG agreed that this is most definitely unsatisfactory. Therefore it was decided that a new poster for Reception (and published in the Newsletter) shall be produced in the hope that it will help stamp out future occurrences.</p>	Carol/Lindsay
5.	<p>PPG –</p> <p>a) Prescriptions – is anyone having issues with paper prescriptions not being fully generated with items that Patients have written on themselves? It seems that this is not an isolated incident therefore Sarah agreed that paper prescriptions shall be kept longer before shredding so mistakes are more easily traced. It was also suggested that Receptionist to be gently reminded of diligence.</p>	Sarah

	<p>b) Carol advised the committee that she is on the re-purposing of the Mercer Hall facility (formerly the swimming pool). She informed the group that it is very early stages but described some early thoughts as to how the community wanted it used and this would be for the whole age range of the town. Carol also stated that she had already mentioned that a community room would benefit our group as we in the past have struggled to acquire a room for the purpose of 'health talks'. Also this could be used as a community cafe (not for profit). This could also house a uniform swop (for all school age children).</p> <p>Some suggestions mentioned by our committee were; a mini version of King Georges Hall, mother and baby groups, bands, musical performances, benches restored as they were so the community can easily talk to each other and dances. Alan mentioned that he would be interested in the idea of a cafe run by adults with learning difficulties and would be able to support with this. The cafe run at Whalley Abbey is a great success run in the same way. Carol will report at the next meeting.</p> <p>c) Telephone line issues</p> <p>i) It was advised that some Patients were not being given a 'ring back' call. Sarah stated that anyone with issues should contact her so this could be traced.</p> <p>ii) Some Patients have intimated that if you press option 4 (other enquiries) even though at position 1 then a fifty minute wait could ensue. However, on ringing back and pressing option 1 even though they are in a lesser position their call is answered quicker. During the meeting a short experiment took place which proved investigation was necessary.</p>	<p>Carol</p> <p>Sarah</p>
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	<p>d) Missed blood appointments – Patients are advising that on waiting at Reception to pick up ‘blood forms’ there can sometimes be an excessive wait which results in them missing their appointments down in the treatment room. It was advised that forms can be picked up immediately a doctor has requested tests be conducted.</p> <p>e) The Modern General Practice Model/PATCHS continued.... Comments from Facebook were read out regarding the new Model. They were a mixture of; positivity, confusion and negativity. With this in mind and the discussion held earlier with Dr. Tyag it was proposed that the following should be put in place;</p> <ul style="list-style-type: none"> i. Leaflet detailing ‘How the new Model will work’ should be sent to all those who have not got a current mobile number registered with the Practice. This will also appear within the Newsletter and Facebook. ii. The above shall be preceded in the Newsletter with ‘Help us to Help You’ which shall also be placed on the notice board. iii. A price for a ‘pull up roller banner’ shall be sought and implemented in Reception if it’s cost prohibited. iv. Video to be put on our website and in Newsletter and a link sent to mobile numbers. <p>It was stated that it was not known what other Practices within the UK were doing to publicise this new NHS Model of working.</p> <p>We were advised that anyone not willing to disclose information when being triaged may have a longer wait as the GP will prioritise the</p>	<p>Sarah</p> <p>Sarah/Lindsay Carol</p> <p>Sarah</p> <p>Sarah</p> <p>Sarah</p>
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	<p>requests which details the problem. Patients need to be advised of this by the Practice.</p> <p>Anyone wishing to see a female doctor can still do so.</p> <p>It is stressed that the New Model is not like the present PATCHS (10 appointments per day), clinical requests will be accepted from 8am – 4pm Monday to Friday, requests may be paused if the number of requests reaches an unsafe level. Requests for medication and fit notes can be submitted from 8am on Monday – 4pm on Friday (24 hours per day).</p> <p>Lindsay questioned whether Patients can contact PATCHS at any time day/night with non urgent queries supporting working Patients. Sarah said this wasn't possible and any contact outside of core hours would be directed to 111.</p> <p>The new service is in addition to the present way of working and is hoped to free up the telephone line for those who are technically non proficient.</p> <p>Patients can still contact the Practice by phone if they so wish. However it could pose a longer wait due to triage forms being completed.</p>	
<p>6.</p>	<p>Feedback from Patients</p> <p>a) Very positive feedback was received; "Beth was exemplary and a true professional in her approach when ***** was at her lowest this week, she says she can't have been easy to handle as she was very anxious/upset, mid breakdown and Beth's attitude helped her seek the help and gave her confidence to attend today."</p> <p>b) Some comments had also been received via Facebook regarding PATCHS</p>	

	<p>c) It was stated that Pauline (our departed Chairlady) thoroughly praised Dr. Radice for all her care throughout her illness.</p>	
7.	<p>Newsletter & Facebook Content</p> <p>a) 'How the New Modern General Practice Model will work'</p> <p>b) The above then to be put on FB</p> <p>c) Video publicised</p> <p>d) New member post on FB and in Newsletter</p> <p>e) 'Be Kind to Reception Staff' poster.</p> <p>f) 'Help us to Help you'</p>	<p>Sarah</p> <p>Lindsay Sarah</p> <p>Carol/Lindsay Carol Carol</p>
8.	<p>Any Other Business</p> <p>a) It was mentioned that the 'check-in' machine sometimes does not work. This shall be looked into.</p> <p>b) A member asked what is happening with the broken weigh-in machine within Reception. It was suggested to contact the council for removal.</p> <p>c) Members will look at where there is an accessible weigh scales within our area.</p> <p>d) It was put to the committee that a permanent memorial should be looked at for our past Chairlady due to her valued contribution not just to our group but to the town and beyond. Suggested was a bench or tree. This shall be further discussed at the next meeting so shall be put on the August Agenda.</p>	<p>Sarah</p> <p>Sarah</p> <p>Lindsay/Julia</p> <p>Carol/Lindsay</p>
9.	<p>Next Meetings Tuesday 13th August at 1.00pm</p> <p>The meeting was closed with the sentiment that Pauline's family send their love to the PPG.</p>	

