



**BARCROFT MEDICAL PRACTICE**  
**Minutes Patient Participation Meeting**

Monday 25 September 2023, 3pm

1.	<b>Review Previous Minutes:</b> All agreed
2.	<b>Access &amp; Capacity Update:</b> Dr Jon Hughes attended the meeting and updated the Group.  Issues have been vastly due to sickness, leaves huge holes in capacity and over the last 6 months more locums have been working at Barcroft and improved capacity. Last month we moved to our new booking system, all appointments online, no longer needing to phone through to Reception but patients can phone if online is not an option.  New staff – Paramedic, Nicola, working 2 days a week helping with emergency calls and frees up for more routine appointments. Dr Ayo Oyedokun, previously our GP Trainee, is now working 2 days a week.  The Practice should be where we need it to be, interested in PPG feedback. Duty days a bit easier and we will be surveying patients again.  Phones, in a queue, known problem is reported upwards. New system due end of October, patients will be called-back, let us know your feedback.  Drive for all Practices to go cloud-based, suggestion to include in phone message ‘if you are inadvertently cut off, please let us know’. Not expecting any downtime during transition of new software, to send comms out. New software will recognise patient contact number.  Booking system will continue to be reviewed. Website, ‘ask the doctor a question’, response relayed by the Receptionist. Website activity (Footfall) comes through as a task to the clinicians, replies come from the GP, could be ‘make an appointment’, usually response through the clinical system. Clinicians do not have direct access to Footfall. Option to phone patients varies, can be text messages. In terms of efficiencies it is quicker to reply via the clinical system.  Access will be monitored, aim to reduce wait time. The Practice wants to improve experience, GPs like seeing patients, triaging online or via the phones, comment, 2x appointments – phone/triage then F2F. Online available only during core hours, most people can fill in forms online, replies during core hours.

	<p>Footfall, contractual obligation, limited and adds to the long list of workflow during the day. Consider extending – 8am-8pm <b>Action: Practice</b></p> <p>Disclaimer for inappropriate symptoms. Footfall works well for sick notes. Double appointments (2x10mins) F2F taking longer, but dramatically reduces capacity, sometimes consultations take less than 10 mins, it balances out.</p> <p>Patient experience – comment, surprised available appointments, choose between telephone and routine appointment. Warning disclaimer for patients to book in the right slots, clinically urgent patients directed to contact the Practice.</p> <p>Colleagues instruct patients to come back if adverse reaction to medication or problem persists, patients encouraged to go through Reception and speak to the Duty Doctor if urgent, the patient does have to triage themselves and has always been that way. Not clear cut if ‘routine/urgent’ and down to patient to convey.</p>
3.	<p><b>Jon Hargraves, PCN</b>  Primary Care Network, representing Castle/St Melor/Barcroft Practices. Digital and transformation lead – help with getting system through and improvements.  Helping with online access, to free up others.  Digital projects - accessing NHS App, supporting the Practices on increasing usage.  Wellbeing Group -working with Social Prescribers.  Digital Vanguard – looking to approach the Area Board, potential for IT Learning and Supporting Patients project. <b>Action: JH</b></p>
4.	<p><b>Stacey Luce, Lead Social Prescriber</b>  Manages a team of Social Prescribers to try to get people into walk-in groups and other projects, works within the PCN (Barcroft, Castle and St Melor Practices) – improves mental health and wellness, supports patients.  Michelle (Barcroft), works Wednesdays, Thursdays and Fridays. Person centre care, makes a plan, supports on things that impact the patient’s life, ie housing and will make referrals for them.  Lifestyle – access weightloss/physical education, priority loneliness.  Comment, social group of an evening, across the area as a lot run in the day, (Mon-Fri), less at weekends/evenings.  Most referrals come from the surgery, Reception can refer. Sometimes automatically offered social prescribing.  Brief intervention call and return contact is quite quick.  Over 75s club – is this happening?  Elderly Care Facilitator to support their welfare</p>
5.	<p><b>Elderly Care Facilitator</b>  Postholder on long-term sick leave.</p> <p>Comments raised as to reinstating the Coffee Club, patients miss the Club. Looking to join forces with Social Prescriber and other groups in the area are available to patients, ie Tai Chi .</p>

6.	<p><b>Any Other Business:</b></p> <p><b>Drug shortages</b> – Pharmacies continue with issues, frustrating for patients and not to be aimed at Practice staff. Stock levels at Pharmacies is out of the Practice remit. Solution, Pharmacy2U although stock issues have affected them, or Allied Pharmacy. Known nationwide problem for Pharmacies.</p> <p><b>Patient Leaflet</b> – a few additional comments, Jo will update again and liaise directly with Group members. Comment, more clarity on what people do,</p> <p><b>Complaints Leaflet</b> – needs updating to reflect patients should complain to the organisation first before contacting the Ombudsman, giving a chance to put things right. PALS details to also be available.</p> <p><b>NHS App/Airmid App</b> - both very user-friendly</p>
7.	<p><b>Date of next meeting</b> – Monday 18 December 2023, 3pm</p>