



Bolton Community Practice CIC



Patient Advisory Group

**MINUTES OF THE MEETING OF THE BCP PATIENT ADVISORY GROUP
WEDNESDAY 7th JULY 2021
VIA ZOOM**

PRESENT

PAG (Patient Advisory Group Members)

Bill Lawley	(Chair)
Kishor Gandhi	(Deputy Chair)
Mary Barrow	
Kathleen Delaney	
Norma Mason	
Sohema Patel	
Liz Williams	
Karen Worrall	

Bolton Community Practice

Penny Parr	(Interim Clinical Director)
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BCP Patients (Non-PAG Members)

None



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The Meeting was chaired by the Chair (Bill Lawley).

Item No.		Action
1.	APOLOGIES Mary Meacher (PAG Member)	
2.	MINUTES OF ZOOM PAG MEETING – 26TH MAY 2021 Noted	
3.	MATTERS ARISING NOT OTHERWISE ON THE AGENDA. None.	



Item No.

Action

4.

APPOINTMENTS

The Interim Clinical Director was welcomed to the Meeting.

The Chair referred to page 1 of his Annual Report 2020 (**Appendix 1**) setting out the general background to arrangements for appointments during the pandemic. (BCP had confirmed that arrangements were in place to cater for all patients and disadvantaged groups to make appointments, including those who did not wish (for whatever reason) to complete the online form. They were dealt with as having phoned the Practice and referred to a member of the clinical staff.)

At the last PAG Meeting, there was a general discussion about appointments, including the difficulty in making appointments. The importance of patients' having face-to-face appointments with doctors was emphasised, as well as the requirement to provide review appointments.

There were also problems with the callback arrangements, with patients requesting a callback time with, if unanswered, another call after a further 10 minutes.

There was a situation where demand outstripped provision.

Dr Parr confirmed that the Practice was a little more back to normal, with the more routine work being prioritised by health needs.

It was noted that common sense had to be applied to the need to complete the Online Form.

Dr Parr recognised that the callback arrangements were unsatisfactory and not working as well as they could, and agreed to consider alternatives, such as callback times and time slots.

Dr. PARR

Dr Parr also agreed to investigate the issue of time arrangements for ringing for blood test results.

Dr. PARR



Item No.		Action
5.	IT ISSUES	
5.1	The Deputy Chair stated that existing arrangements designed to ensure the early update of the PAG Webpage on the BCP Website were not working and requested the reinstatement of his ability to input non-clinical information directly into the PAG Webpage. BCP agreed to investigate.	BCP
5.2	BCP also had technical problems with Emis (their computer system). It was agreed that BCP and PAG were to work together and report to the next Meeting.	BCP/PAG
6.	HORWICH HEALTH AND WELLBEING HUB It was reported at the last PAG Meeting that Horwich residents have had their say on proposed plans to bring forward the development of a new Health and Wellbeing Hub, with an approximately 170-space car park, next to the New Leisure Centre, on Victoria Road, Horwich. In excess of 90% of people who responded were in favour of the development. The proposal was to relocate GP services to a new Hub. The plans would see the relocation of two Horwich GP Practices, Bolton Community Practice and Pikes View Medical Centre, which would join up with Community Services from the Royal Bolton Hospital Foundation Trust to create an opportunity to merge health, wellness, and leisure services to the benefit of residents.	
7.	LITTLE LEVER HEALTH CENTRE Patients had now been informed that the Little Lever Health Centre was to remain closed until the new Health Centre was ready. The new-build was expected to be finished in November/December 2021. BCP anticipated being able to offer face-to-face services from the new Health Centre by early January 2022.	
8.	VACCINATION PROGRAMME As of 12/07/21 BCP have delivered 31,374 Covid Vaccinations.	
9.	ANY OTHER BUSINESS None	



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Item No.		Action
10.	DATE, TIME AND PLACE OF THE NEXT PAG MEETING	

The next meeting of the Patient Advisory Group will take place on:

Date: **WEDNESDAY, 1st SEPTEMBER 2021**

Time: **14:30 – 16:30 hours**

Place: **VIA ZOOM**

Future Scheduled Dates are:

3rd November 2021 14:30 – 16:30 hours

Minutes Prepared by Bill Lawley

Minutes Formatted by Kishor Gandhi



APPENDIX 1

PAGE 1 - OF THE ANNUAL REPORT OF THE CHAIR OF THE PATIENT ADVISORY GROUP.

1. CORONAVIRUS: COVID- 19

It is important to thank all staff for the professional and dedicated manner in which they have continued to provide all services during the pandemic.

BCP have introduced a new appointments system for the emergency, a total triage system with an Online Patient Consultation Tool. PAG asked BCP to confirm that arrangements are in place to cater for all patients and disadvantaged groups to make appointments, including those who do not wish (for whatever reason) to complete the online form, the homeless, ethnic minorities, the poor, vulnerable people, those who cannot read or write, the visually impaired, some disabled people, some elderly people, those not users of IT and those in an emergency situation.

We also informed BCP our view that:

Face to face consultations with patients are important.

Triage judgments should be made by staff with clinical knowledge.

The arrangements for callback (within 48 hours and a “four ring” call) are impractical from a patient’s point of view, and

It is very important to take into account the overall reactions of patients to the total triage system with Online Patient Consultation Tool, and not only those of text users who are more likely to be satisfied with an appointments system involving IT.

We also requested an assurance that arrangements are in place to meet service demands in the event of the Clinical Director being absent from the Practice.

In response to issues raised by PAG, BCP clarified:

1. Face to face consultations are important.
2. The Patient Consultation Tool is not compulsory for BCP, but was encouraged by NHS (England) for use in the emergency circumstances.
3. The use of the triage system with Online Patient Consultation Tool is best for patients in the Covid-19 Emergency. It enables the Practice to be as resilient as is possible.
4. Staff are aware of the importance of ensuring all information ^[L]_[SEP]is kept confidential.
5. Written Risk Assessments as such have not been ^[L]_[SEP]formalized, but arrangements are in place to cater for all ^[L]_[SEP]vulnerable patients and all patients in disadvantaged groups.
6. The principle of Patient Choice in making appointments is important. The use by patients of the total triage system with Online Patient Consultation Tool is not compulsory for a patient; a patient who for whatever reason is not prepared to give information online is then dealt with as having ‘phoned the Practice and is referred ^[L]_[SEP]to a member of the clinical staff.
7. All triage judgments are made by staff with ^[L]_[SEP]clinical knowledge: non-clinical staff deal with procedural ^[L]_[SEP]matters and doctors or nurses deal with clinical matters.
8. Friends and Family Tests can only be sent to text users.
9. Contingency arrangements are in place if the Clinical Director is absent.