



ANNUAL REPORT OF THE CHAIR OF THE PATIENT ADVISORY GROUP -2020

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 ^[SEP]is kept confidential.
5. Written Risk Assessments as such have not been ^[SEP]formalized, but arrangements are in place to cater for all ^[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 ^[SEP]to a member of the clinical staff.
7. All triage judgments are made by staff with ^[SEP]clinical knowledge: non-clinical staff deal with procedural ^[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.



2. PAG BOWEL CANCER AMBASSADORS

We have so far contacted 73 patients who had not returned their screening tests encouraging them to take part in the screening,

(This initiative has been put on hold pending the easing of the pandemic.)

3. CERVICAL SCREENING

We recognise that many women are simply unaware of the vital importance of Cervical Screening. There are many ways of convincing women that Cervical Screening is very important, such as –

- leaflets left on reception,
- leaflets highlighted in surgeries,
- automatic information to patients by clinical staff (and actual screening appointments made),
- automatic information at six-weekly maternity checks (and actual screening appointments made),
- translation of leaflets in different languages,
- information given out at drop-in sessions (for example, at Valley Community School),
- information in E-Newsletters or Patient Bulletins,
- joint working with other GPs and others, and
- use of social media.

PAG decided to ask the Board of BCP to:

1. Consider whether or not there are further ways in which women can be convinced of the vital importance of Cervical Screening, and
2. Launch an on-going SCREENING CAMPAIGN to increase the number of patients screened.

(This initiative has been put on hold pending the easing of the pandemic.)

4. YOUNG CARERS

PAG sent a letter to Bolton Clinical Commissioning Group (the BCCG) and Bolton Council drawing attention to the urgent need to make further resources available to identify and support young carers.

We agreed to invite the BCCG's Director of Transformation to attend the PAG Meeting in May.

(This initiative has been put on hold pending the easing of the pandemic.)

5. DEALING WITH COMPLAINTS AND COMPLIMENTS

PAG has procedures in place to receive feedback about both the quality of BCP's services and the achievement of Targets. By raising issues with BCP we hope we help to make a difference.



6. APPOINTMENTS

Prior to the start of the pandemic BCP introduced a Call Champion Rota. The Call Champion is responsible for the calls on his/her rota day. The call data will be used as a performance indicator in his/her regular performance reviews and annual appraisal. However, It is too soon to know whether or not this initiative will improve waiting times to make appointments.

(This initiative has been put on hold pending the easing of the pandemic.)

7. COMMUNICATION: BCP AND PAG (AND PATIENTS)

PAG has not been given permission by BCP to input non-clinical information direct into the PAG Webpage on BCP's Website or into the BCP Website. This means that PAG is totally dependent on BCP for keeping the PAG Webpage on BCP's Website up to date, for the release of information to PAG (for the Bulletin) and for putting the Bulletin into the patient domain through the BCP Website.

Full and prompt communication of information between BCP and its patients is an essential aspect of what must happen for the benefit of patients.

8. PRIMARY CARE NETWORKS

PAG is watching the progress of the Primary Care Networks in Bolton. This is an initiative to achieve more collaborative working between all primary care providers. BCP is already benefitting from additional staffing provided on a network basis.

9. OTHER IT ISSUES

PAG has given its views on BCP's triage system with Online Patient Consultation Tool. These include an acceptance in the emergency circumstances of the system to recognizing there is a pressing need to ensure that not a single patient is inadvertently excluded.

The Deputy Chair continues his dedicated work and toils away on IT issues for the benefit of PAG and patients. He has regularly provided information for the PAG Webpage on BCP's Website.

10. PROPOSED NEW PREMISES AT HORWICH AND LITTLE LEVER

It is hoped that the Horwich Health and Wellbeing Centre will proceed, but BCP are not confident enough to give any sort of estimated opening date.

The new Surgery at Little Lever is planned to be ready in 2021. Whilst BCP has offered Little Lever patients more home visits and face-to-face appointments, there has been a lack of openness by BCP about the use of the present Health Centre premises during the pandemic.

Bill Lawley, Chair of Patient Advisory Group

December 2020