



ANNUAL REPORT OF THE CHAIR OF THE PATIENT ADVISORY GROUP - 2021

1. APPOINTMENTS

Thanks to all staff for the professional and dedicated manner in which they continue to provide services during the pandemic.

BCP undertook the Vaccination Programme for their own patients and also patients from other Practices and, in total, some 38,000 injections were administered.

BCP introduced a new appointments system, a triage system with an Online Patient Consultation Tool, for the emergency.

PAG asked for clarification on aspects of the triage system, and BCP confirmed:

- **1.1** Face —to- face consultations are regarded as very important.
- **1.2** Arrangements for contact times and time slots must be practical for patients and clinical staffs
- **1.3** The Online Patient Consultation Tool is not compulsory for BCP, but was encouraged by NHS (England) for use in the emergency circumstances.
- **1.4** 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.
- **1.5** Staff are aware of the importance of ensuring all information step is kept confidential.
- **1.6** Arrangements are in place to cater for all wulnerable patients and all patients in disadvantaged groups.
- 1.7 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 on line is then dealt with as having 'phoned the Practice and is referred in a member of the clinical staff.
- **1.8** All triage judgments are made by staff with clinical knowledge: non-clinical staff deal with procedural matters and doctors or nurses deal with clinical matters.
- **1.9** Friends and Family Tests can only be sent to text users.

Following the ending of BCP's involvement in the Vaccination Programme and the beginning of the process to return to "normal", the appointment arrangements have been amended to increase the proportion of face-to-face appointments and to take into account more practical contact times and time slots.





2. PAG BOWEL CANCER AMBASSADORS

Before the pandemic PAG had 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.)

3. CERVICAL SCREENING

Many women are simply unaware of the vital importance of Cervical Screening. Before the pandemic PAG decided to ask the BCP Board to launch an on-going SCREENING CAMPAIGN to increase the number of patients screened. (*This initiative has been put on hold.*)

4. YOUNG CARERS

Before the pandemic 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 a PAG Meeting. (*This initiative has been put on hold.*)

5. DEALING WITH COMPLAINTS AND COMPLIMENTS

By raising issues with BCP we hope we help to make a difference. We have asked BCP to reduce the delay in making appointments

6. APPOINTMENTS – PHONE WAITING TIMES

BCP have 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 appraisals. However, It is too soon to know whether or not this initiative will improve waiting times to make appointments.





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.

A number of Patient Bulletins have been produced and are available on the PAG Webpage.

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 emergency circumstances of the system to recognising there is a pressing need to ensure that not a single patient is inadvertently excluded.

We press BCP to have put right the problems with its Computer System, particularly the occasional cutting- off of 'phone calls to the Practice.

The Deputy Chair toils away on IT issues for the benefit of PAG and patients and regularly provides BCP with 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.

The new Surgery at Little Lever is planned to be ready in March 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.

11. USE OF SURGERIES

For various reasons and at different times surgeries at BCP have been obliged to close for lengthy periods. We thank all staff and patients for their acceptance and understanding of the difficulties this has created.





12. POST OF CLINICAL DIRECTOR

This Annual Report gives me an opportunity to express PAG's gratitude to Dr Anne Talbot who retired as Clinical Director, and to thank Dr Penny Parr who took over as Interim Clinical Director pending a final appointment.

Bill Lawley, Chair of Patient Advisory Group

December 2021