



Bury Older People’s Network

Date: Wednesday 10th July 2024
Time: 11 – 12.30pm
Venue: Bury Unitarian Church, Bank St, Bury BL9 0DN

Attendees:

Joanna Mawdsley (JM) – Chair	Jan Wiczkowski (JW)
Sarah Thornton (ST) – Bury VCFA	Rhoda Myers (RM)
Stephanie Boyd (SB) – Bury Council	Gill James (GJ)
Rachelle Schofield (RS) – NHS	Chris Darrock (CD)
Katherine Warburton-Gibb – Bury VCFA	Gillian Stainthorpe (GS)
Trish Ribchester (TR)	Pauline Smith (PS)
Carol Kemp (CK)	Dorothy Cowen (DC)

Apologies

Shirley Waller - Healthwatch
 Gary Hardman
 Julie Southworth
 Lucette Tucker
 Jayne Harrison
 Nikki Ledger – Bury Council

Agenda

Item	Action
<p>Welcome, introductions and apologies. ST – Welcomed Katherine Warburton-Gibb, Capacity Building Officer from the Bury VCFA.</p> <p>Everyone introduced themselves to the group.</p>	
<p>Minutes & Matters Arising from the last meeting JM looked through the minutes and agreed they were correct. Points were made below:</p> <p>JW – The Cancer group who wanted to present are short staffed. They will definitely come when they can.</p>	<p>JW – Chase up contact with Cancer group</p>

<p>JW – Prestwich Clough was successful and a very sunny day – next time we agree to bring the gazebo. RM – What happened to the picture I took? ST – This has been shared on social media. There were not a great deal of people but a steady stream. We enjoyed it but there were lessons to be learnt. Feedback after the event stated people enjoyed the event.</p> <p>ST handed out information back from TfGM to the group. It was decided we needed to read information on TfGM and bring to the next meeting. JW - Drivers are waiting to drive off now, which is a welcome change. JM – Buses with a 23 registration have nothing between priority seat and bus driver. She has known about someone who has fallen and cracked her head.</p>	<p>ST to send links to the picture to All</p> <p>Read TfGM for the next meeting (All)</p>
<p>Discussion about Primary Care Rachele introduced herself. Wanted to print out documents but printer wasn't working. Happy to respond to questions so please email.</p> <p>Rachele Presentation The traditional way of doing things is now changing – it is more difficult to get your named GP at a specific time and day like you used to. This is still possible, but you may need to wait quite a few weeks and this causes frustration.</p> <p>They are aware of how difficult it is to get an appointment with a GP these days and people are used to ringing for an appointment although there are other options such as Ask My GP. They are looking at video and telephone appointments where they can but it is understood that this is not ideal for some.</p> <p>There are over 1 million appointments made every day nationally and over half a million more than before the pandemic.</p> <p>This document is called the Greater Manchester Blueprint for Primary Care - sets out a quite a strong charter moving forward. It sets out ways to ringfence</p>	<p>RS to answer any questions after the meeting.</p> <p>Send any questions to ST to pass onto RS</p> <p>RS to send any linked mentioned in the meeting</p>

appointments for patients who need it the most. The ultimate aim is to keep those valuable GP appointments free for people who really need them.

Rachele sympathised with the group that getting GP appointments can be difficult – especially those who cannot or do not know how to use Ask My GP, and services are trying to improve slowly.

Primary Care has tried to free up GP appointments for those who need it the most. This is through increasing capacity in other areas, so patients can be signposted to the relevant person rather than always going to a GP, who would then need to refer them to the relevant support/service.

She stated we want you to see the right person at the right time in a personalised way. Receptionists are now not considered ‘gate keepers’ and have gone through sufficient training to be able to point you to the right person in the practice or externally. Due to the turnover of staff, it is difficult to ensure all staff are fully trained, but they are trying their best to ensure the staff have this training. GP’s employ their own staff and they do training needs analysis as a team. They have GP webinars, member engagements events, nurse forums and master classes.

Additional Roles Reimbursement Scheme – Extra funding to help with capacity and it is important to utilise it as much as possible.

They have to look at their patient cohort in each GP/local area and it's not one-size-fits-all – it depends on your local area. We are expanding the workforce -the ‘GP family’. There is a website link which introduces all of the staff. They have a video which tells you who they are, what their training is, what their backgrounds are and what they can facilitate for you and how they can treat your care. Patients have control and choice when it comes to the way your care is planned and where it's delivered. It considers your personal needs and

RS to provide link to the different roles in the ‘GP family’

preferences. The roles below may not be for each GP practice, but they may work across them and not full time in one place. Roles mentioned:

- **Health and well-being coaches** – using health and coaching skills to support people to help you develop the knowledge and skills to increase self-confidence to become active participants in your community. They are there to help people focus on what matters to them as identified in any care plans that they've got that connect people into community groups and agencies that can offer practical and emotional support - sometimes not all health needs are physical
- **Clinical Pharmacists** - They work within the general practise in a patient facing role that clinically assess and treat patients using their expert knowledge of medicine without the need for a GP
- **Physiotherapists** –qualified clinical practitioners can assess and diagnose muscular skeletal MSK problems without a GP
- **Care Coordinators** - provide expertise or provide you with support with the follow up clinical conversations that take place with the clinical teams. They work closely with the GP's
- **Care Navigators** – Receptionists who signpost you to the relevant support/service
- **Physicians associates** – There to support the administrative burden on GPs

GP practises are now working in neighbourhoods so geographically working with the services. To access this increased capacity, it maybe that you need to go to a different GP in your 'patch'. It is worth asking for these people when you contact your GP to ensure you get support quickly. If you do not have the people mentioned, it is because your GP has decided it is not needed for the whole cohort of patients they have.

You can request longer appointments for multiple health issues. You just request from the receptionist.

TR - Why don't we know about the clinical pharmacists? People are not aware. RS - we are trying to spread the message.

CD - You cannot make a future appointment. RS – you should be able to.

JW – the premier contact is Ask My GP and this is a problem if you do not have access to the internet or know how to use it. RS – We want the majority to use Ask My GP, to allow the phone line to be free for those who do not know how to use it.

JM – I didn't realise the practice has a pharmacist directly who knew the person as all the medication went through there. It is a very good system.

PS – I know my GP doesn't have an internal pharmacist but one across the road. The pharmacist is amazing and I go there when I can. My GP is clinically sound but no bedside manner. The model is different to the one Rachele is describing.

Rachele – The pharmacist you see usually (eg Cohens) is different to the pharmacy in the doctors. They work across different practices.

Pharmacy First scheme started in January 24. They can offer care through walk ins, via 111, your GP who can refer you if you happen to be in outpatients or urgent care.

There are 7 clinical pathways:

- ear infections for children to 17 year old
- impetigo
- infected insect bites to age 1 and above
- shingles for ages 18 and over
- sinusitis for 12 years plus
- sore throats
- uncomplicated UTI for women 16 to 64

Anything outside of that complicated or older would be with a GP

General Practice - 8:00am or 6:30pm

Enhanced access - 6:30pm till 8pm (General Practise appointments but may not be with your specific GP)

Out of Hours – Can have an appointment with GP or nurse and you can have them all night if you need them

A&E - a GP sat on the front door to triage any of those patients as they go in. GP can ring their local GP to book an appointment.

GS – I have a lot of health issues and when the services work, they are really good but they cannot be relied upon. They are not getting the service they really need because they are not signposted appropriately. They shut their Ask my GP very quickly. Sometimes getting up to make that call is very hard. There are no mental Health services for over 65. In the clinical reform group, there is a real willness to make a difference and change things. There is a ray of light.

ST - Is it possible to have under each GP a description of the list of the services that they provide?

RS – Yes, but some of the practises websites are better than others some of the notice boards are better than others. It is not something we can mandate as GPs are private businesses.

ST – For older people, it would be better to have it as a leaflet or poster in the GP. Is it possible to offer best practice models to GPs and CCGs?

PS – Out of the three countries I have lived in, the mental health support is the worst in the UK. I understand the issues but it's frustrating when you're the near end of your life and things don't work as well as they did even five years ago and it doesn't matter how much you understand the system, it is really frustrating.

Do you have an influence of how GP's operate?

RS - We check they are compliant and review practises for clinical safety, effectiveness, care quality. There is a lot of scrutiny around them. They employ their own staff so we can't say you have to employ certain people. There are levels that they've got to meet in terms of numbers of GP's per head of population and number of appointments they've got to offer per per head of population and that's what we can be rigid around and that's what we enforce. This information is checked through patients too through patient feedback questionnaires in surgery, the friends and family test (available anytime) and the GP patient survey (available to a specific cohort each time). This information can be scrutinised.

JW – You are designing the system that's only accessible through the Internet

RS – It shouldn't be only available through the Internet

Are you going to open the drop in centres? As soon as it closed, people go to A+E. RS – Not within my remit.

GS - If you are over 70, you can walk in at Fairfield to get a chest xray, but only chest xray, nothing else. RS – Not within my remit.

JW – Wrote down a lot of notes and wants Rachele to read it and understand. Social Prescribing at Church lane with Julie Bentley is a fantastic idea. Some things are gelling together.

ST - Social prescribing are coming in in a future meeting.

RM – I hope all these new strategies come into fruition.

JW – To send the notes to ST. ST to send to RS

Drop in Day at the Green Café

DS – I turned up at 12.30 and it looked finished so we don't need to bother until 2pm in the future.

RM – I spoke to one man and he said I am lonely.

GS - I don't know if feeling isolated and feeling lonely are the same thing.

CD - Doing something on your own is difficult.

U3A have meeters and greeters and they don't have to meet in a big crowd.

Carol Kemp – A few people were not aware what the event was about and it was very noisy and this was off putting. Could this venue not do activities that the Jubilee Centre is not doing?

JM – There are loads of things. Where are the people? We did get a different set of people.

SB – the purpose of the events is to increase membership. The events are trial and error and we can learn for the lessons for next time. It is up for discussion for next year.

RM – why do we want to increase the membership?

SB – So more people are represented. In Bury there are 70K older people, which is a large proportion. The end goal is to have a diverse people and will evolve over time.

DC - Is it better to have sub groups with this group if we increase membership?

SB - I don't know. It is up to the group to decide.

Everyone – who will manage that?

GS – Never been to the Green Café before, and the bingo was distracting. JM – This event was always meant to be running and it was also to showcase what they were doing at the Green Café.

<p>JM – Big events are an effort to arrange it but not for much gain. Mainly it is a networking event for services.</p> <p>ST – Felt we should not let services attend next time. We can pass on the information they want to give moving forward.</p> <p>GJ – Roundtables at the events were very effective. SB – Workshop in January was effective. We could do that every January. All agreed.</p>	
<p>Bury Older People’s Network Webpage</p> <p>Due to running out of time, we decided to defer to next time</p>	<p>Defer to September</p>
<p>Any Other Business</p> <p>GS – GM is still evolving and a steering group. Has 2 representatives from each LA. 3 workshops at GM for Health, Transport and Housing and social care. Open to anyone who wants to go on them. RM – where are the decisions going?</p> <p>GS – the group would pass it on to the main group. Explained the mental health group and the activities included. GS – Explained 1000 posters came into Bury to go around where older people could see – not seen it in the places we thought they would be. This is where is breaks down in Bury. JW – we should ask why they are not being put up. Poetry books are very well GM wide, but very quiet in Bury.</p> <p>Next meeting agendas</p> <p>September - Town Planning/ Dementia</p> <p>October – Public Health Digital inclusion</p> <p>November - GP Fed/social prescribing</p>	

Next meeting date

Next meeting date – 11th September 2024

(Some people gave instant apologies - RM, GS TR)