Ponteland Medical Group
Patient Reference Group
1st May 2018

Ponteland PCC meeting room 5pm

Minutes

Present: Gordon Allan (GA), David Hesselberth (DH), Peter Hopley (PH), Alan Mee (AM), Ian Morton (IM), Georgina Morgan (GM), Nirmal Sehgal (NS). Beverley Wears (BW)

James Groves (JG) – Chair
Abigail Stewart (AS) – minutes

Apologies: Shirley Hill (SH), Elizabeth MacFarlane (BM), Marion Prince (MP)

Previous meeting minutes

The minutes were approved.

1. Ponteland Medical Group Update on Standing Items

JG went through the attached presentation on Ponteland Medical Group, the following points were discussed;

Complaints and Compliments

There was a reduction in formal complaints with only one being received in March and April.

There were 3 informal complaints about lack of appointments, prescription errors and the phone queue system.

AS explained the phone queuing system and how option 3 automatically queued behind option 2. This was causing unintended delays in the telephone queuing system (at Ponteland Medical Group). The voice message has now been changed to only 2 options (1 for the prescription voicemail and 2 to speak to admin or make an appointment). This will avoid unnecessary and unfair delays for patients who had previously taken option 3.

DH queried how many staff members were answering calls. AS answered that 3 receptionists should be on the phones throughout the day. However, at present we are currently short of two receptionists due to internal promotion, other staff are helping to cover.. BW asked if these are long term vacancies. AS responded one was starting next week and it is hoped to be fully staffed by early July.

JG discussed the 5 compliments received and how they are currently logged and communicated to assist staff morale and motivation. 3 were for clinical care and 2 for the service provided by the admin team.

Key Performance Indicators (KPI) Report

JG discussed the KPI statistics and highlighted that the time taken to see a GP had increased from 7 days to 11, this was primarily due to the need to achieve Quality Outcomes Framework (QOF) targets.QOF is the monitoring of Long Term Conditions with NHS targets set for seeing patients on an annual basis to review their treatment.. For the year ended 31st March the practice achieved 99.4% out of 100%. This was an excellent performance which will does mean higher payments to the practice from the NHS.

The Year of Care (YoC) system that has now been set up should hopefully reduce any QOF chasing in March. Invites are now sent out by birthday month, three invites will be sent out and if the patient doesn't contact the reception to book an appointment after the third invite they will not be followed up for another year.

YoC will see patients get their full annual review in two appointments. First appointment will be with a Health Care Assistant (HCA) to gather the information and take samples for tests and the second appointment with a Practice Nurse for a review once the test results are available.

GA asked if all patients would be seeing a Practice Nurse under this system. GM confirmed that it would be the Practice Nurse; as it is the right person for monitoring long term conditions and it frees up GP time for other patients. The Practice Nurse will refer any issues that require it through to a GP, as the practice nurse does not make clinical decisions.

JG went back to the KPI report and highlighted the Did Not Attend (DNA) rate had increased to 4.1% from 3.1%. The recent bad weather was a factor but the Practice has plans to advertise DNA rates to patients and to start sending letters out to those patients who fail to attend their appointment.

DH asked if it is the same patients who regularly DNA. AS responded, at the moment we can't answer. Once we start sending letters out it will highlight any repeat offenders.

2. Latest PMG survery results and trends

JG went through the patient survey results. The surveys are sent to 100 patients per month with returns ranging from 31-53.

The changes in the scores up and down tend to correlate to staffing levels in reception. Once reception is fully staffed in July the scores should improve as there has been a lot of staff changes this year, due to promotion and the need to cover with temporary staff.

There was a discussion about continuity of care. With the majority of doctors working part time and high patient demand it isn't possible to meet patient expectations. JG said the Practice was very aware of the issue and was trying to take steps to improve continuity of care. Telephone appointments were one solution as the patients with existing conditions may only require a short conversation, rather than a 10 minute appointment, this saves the patient and the GP time. The GPs have capacity in their clinics to book in telephone appointments with patients they think require a review. Members of the PRG had tried this system and agreed it had worked well for them.

NS asked how do you get to see a GP if you wanted a full review? AS responded that patients should see a Practice Nurse first, any clinical decisions would be referred to a GP.,A Practice Nurse would not make a clinical decision and would always seek advice from a GP, for example getting them to approve a prescription. If the GP thought it necessary they would book the patient an appointment with them.

GM added that the Practice are upskilling the workforce however any clinical decisions would continue to go through a GP.

BW added that a lot of patients don't understand current roles within a GP practice. GM said this is across all GP practices. It was agreed that there was a need to improve communication with patients.

Online registrations

AS discussed what the practice has done to try to increase the % of patients registered online. The telephone message has been updated to advise patients to register online for easy access to prescriptions and appointments. There is now a 'pop up' protocol on the clinical system for every patient that currently isn't registered which will allow receptionists to persuade patients to register on-line.

BW suggested adding a message to the end of prescriptions and a message on the TV screen in reception. This was agreed.

BW also suggested more and better communication and social media for campaigns like this and adding social media sites to the Practice letter heads.

Actions

What	**Who**
Add online registration message to the end of prescriptions	AS
Add online registration message on to the TV screen in the waiting area	AS
Add social media sites to letter heads	AS

Dinnington trial experience

AS discussed the Dinnington trial, which allows Ponteland patients to book appointments there. The practice is happy to carry on with the trial as it seems to be working well, all present agreed to carry on with the trial.

Balance of face to face and telephone appointments

GM discussed the trial of appointments that herself and Dr Thomas were running. There are 8 face to face and 7 telephone appointments. By increasing the number of telephone ap-

pointments and reducing face to face ones it would allow more appointments, as for routine matters telephone appointments are usually shorter and avoid patients having to travel and take time off work to attend. There were teething problems to start with; for example some patients turning up for a face to face appointment when booked for a telephone appointment. All issues seem to be solved and it has been agreed as a GP team to roll this set up out across all GPs from June.

The increased number of telephone appointments should also decrease the DNA rate and help to improve the continuity of care.

There has been positive feedback from both patients and GPs.

GA added that if this is linked to better continuity of care then patients would [probably support the change. GM agreed, GPs are booking their own telephone appointments to enable continuity. GA stated that again there was a need to communicate the changes and the benefits to patients who were used to seeing a GP face to face for every issue. He had spoken to some patients who were against telephone appointments but once he had explained the rationale they wee happy to give it a go.

GM stated there has been a lot of work to prove the 50/50 split method is successful and benefits access and continuity of care. GM added we have put a bid in to be involved with Skype consultation trials.

Any Other Business

Agenda

AS wanted to discuss the agenda and that it would be helpful if the practice could receive this at least two 2 weeks before the meeting. The practice needs time to agree the agenda items and get it sent to the Virtual PPG for involvement. It was agreed this should happen.

GA stated that the PPG patient representatives had met to discuss the agenda for this meeting and he had submitted an agenda over a week in advance of this meeting. It was disappointing to note that neither the appointments system or communication with patients were on the agenda, which had been issued without any discussion with him.

Appointment issues had been discussed at the meeting but there was now only limited time left at the meeting to discuss communication, which had been highlighted at the meeting as a major issue.

JG apologised and agreed that this would not happen in future and agenda items would not be dropped without a discussion.

Communications

GA stated that lack of communication seems to be having a big impact on the practice.. Without clear communication patients don’t understand the reasons behind the changes and therefore are inclined to react negatively to them. For example the potential benefits to them and their GP's of changes in the appointment system or annual review check are not being communicated. Communication would also highlight the many challenges being faced

by the Practice as it implements the NHS changes in the 5 Year Forward View for General Practice. There is a lot of change and if patients don't understand the reasons they are understandably concerned.

JG asked what we should be telling patients. The Practice needs help to know what and how to communicate. BW suggested looking at the individual patient groups and targeting certain populations. There was also an opportunity to promote local community health initiatives and signpost people to support groups.

GM added that we don't have a budget for communications and the current patient population expectation doesn't match what Ponteland Medical Group can deliver due to funding constraints. GA said that good communication would help patients to understand what they can expect and how the Practice is trying to make the best use of the resources it has.

BW questioned if we can access the website or social media locally as timely communication is important, particularly when there are unforseen problems ? AS responded no, it is all has to go through the NHS communications team for approval, this can take days.

GA was concerned that individual practices were in effect being discouraged from communcating with patients due to the time taken to get messages approved.

NS stated the NHS is changing but patients don't understand this and need to know how it affects them

GM agreed, this is a national issue and it is difficult for individual practices to address this locally. This is something to be discussed at a higher level than the individual practices and how we deal with it.

BW suggested having anonymous positive comments in the waiting room

GM agreed it was a good suggestion and whether patients would also find a narrative on each clinician beneficial?

BW suggested putting something in the Pont News and Views or having a patient newsletter

AS advised the previews Pont News and Views sections were quite small and costly and without a communications budget it is difficult. A patient newsletter is a potential for all NPC practices with a section for each local Practice like Ponteland.

It was discussed 1 side to be NPC related and the 2nd side practice based info.

BW suggested the editorial section for Pont News and Views with the newsletter coming from the PRG rather than the practice, GA agreed to talk to Pont News.

JG agreed it would be beneficial and a huge help to the Practice if the PRG could help to improve communication.

It was agreed that

What	**Who**
Start discussions about a Patient newsletter at next PRG meeting	All

Start discussions for Pont News and Views section	GA

Misc

PH reported that he attended, on behalf of the PRG a public consultation meeting of the Clinical Commissioning Group. It was poorly attended, but was a potentially useful event to meet the Chair & Senior Officers. Members from diverse localities such as Blyth and Wooler expressed very similar views to our own and felt that better and wider involvement across individual practices is needed.

PH recommended the Practice have discussions to be held with the three local pharmacists to discuss common issues, improvements in the prescription system and feedback on how the new medical technicians were doing. JG agreed to discuss this with PH outside the meeting.

Date	Time	Place
Tuesday 3rd July	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 4th September	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 6th November	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 8th January (2019)	5pm – 6.30pm	Ponteland Medical Group Meeting Room