Ponteland Medical Group
Patient Reference Group
6th March 2018

Ponteland PCC meeting room 5pm

Minutes

Present: Gordon Allan (GA), David Hesselberth (DH), Peter Hopley (PH), Shirely Hill (SH), Alan Mee (AM), Betty MacFarlane (BM), Georgina Morgan (GM), Nirmal Sehgal (NS). Beverley Wears (BW)

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

Apologies: Ian Morton (IM), Marion Prince (MP)

Previous meeting minute

All happy with previous minutes

JG had met GA and PH to go through the minutes of the Patient Representatives meeting to understand their position and understand the how the the PRG could be more effective.

GA went through the minutes of the Patient Representatives meeting.

JG discussed point 3 of the minutes and advised the Practice can only discuss themes of complaints due to patient confidentiality. All members happy with that.

GM discussed point 2 of the minutes and queried what was meant by 'key developments' BW replied we would like to discuss significant planned changes that would have an effect on patients

GA added not operational details but strategic issues or problems that needed to be discussed and actioned as soon as possible.

BM would like to see updates on staffing arrangements and changes.

AS replied at all meetings we will put staffing updates as a standing agenda item to keep PRG members updated.

All members agreed the proposals, and understood any the final decisions would sit with the practice, however working in partnership to reach agreement would be the objective.

It was agreed this is not a forum for individual patient complaints.

Action Points from previous meeting

Terms of reference have now been agreed for the PRG

Ponteland Medical Group Update on Standing Items

JG went through the attached presentation on Ponteland Medical Group

Staffing Updates

Since the last meeting one nurse, one receptionist and one secretary had been recruited to fill vacancies, these weren't new posts.

JG introduced medicine technicians (Meds Tech) and explained this group of staff worked with a clinical pharmacist on the admin side of prescribing rather than using a GPs time for this.

For example the medicine technicians would deal with any dose change or prescription changes that do not require a clinicians input.

GM added we get 100's of requests per day which was originally taking up GPs time instead of routine appointments. This group of staff went through an intensive training / induction week to ensure they are fully up to speed on the role.

BM queried if this was what the original clinical pharmacist was doing. GM answered yes, but said this was not a good use of their time and the work did not make the best use of their expertise. This was recognised as an issue which is why the medicine technicians role has been introduced.

This is not a clinical role and you will not be able to make appointments with the med technicians team.

PH queried how many clinical pharmacists we had. GM responded we have 1 clinical pharmacist working across the 7 practices. JG added that he is overseeing the medicine technician team.

Overall this will have a positive impact on GP time saving half an hour per doctor per day.

JG added that this went live on Monday 5th March so still early days with reviews in place.

BM queried if there were 5 medicine technicians just for PMG or if they're across all 7 practices. JG replied that there are 5 meds technicians for the 7 practices in NPC that are centrally based. BW queried if we knew how the staffing was shared across the practices yet. JG responded that they are shared across the full group with no set allocation to a practice, at the minute.

BW queried who Jeanette Duffy is and where she is based. JG replied she is a Nurse Practitioner currently based at Ponteland with a speciality in Urgent Care.

Complaints and Compliments

In January 2 formal complaints were made to the Ombudsman (one clinical and one communication), neither of which were upheld.

One complaint had been made to the Ombudsman in February about records, this was a reopening of an old complaint it wasn't upheld.

JG showed the formal complaints on a chart with the complaints themes.

DH asked if we could see informal complaint trends and themes (not individual detail) as they would be more appropriate for the PRG to review and help with. All agreed and will report back at the next meeting.

JG went through compliments received at PMG and pointed out that there have been more formal compliments than formal complaints. 3 compliments were recorded in January and 2 in February.

We have adopted a new system where we have placed a compliments book in reception for receptionists to keep note of compliments they receive.

BW suggested feeding back to patients the compliments we have received on the waiting area. GA agreed that this would be beneficial .

Actions

What	**Who**
Add informal complaints to standing agenda	GA and PH
Add compliments to the screen in the waiting room	AS

Key Performance Indicators (KPI) Report

JG went through the KPI report with the members.

JG and GM said the practice had coped well during the recent bad weather with all clinical managing to attend for work as normal.

The list size is currently 10,111 patients.

BW queried if it was a national target set for 'timely appointments'. JG responded, there is no national target, the target of 8 days is set within NPC, current performance was better at 7.05 days.AS stated that this is valid data that is pulled from the clinical system.

JG went through the appointment availability and how online appointments are made available in proportion to patients registered online, currently around 20%. Under the old system the number on-line was 55% so there is a need to get more patients to register on-line, to do this they need to come to reception and bring documents to verify who they are before being issued with a user number and password.

AS discussed how receptionists now have an alert that pops up on their screen when they have contact with a patient that is not online registered. This triggers a conversation with the patient to see if they would like to register online.

3.13% of patients did not attend (DNA) for an appointment in January, this was higher than the 3% target. It was suggested putting a sign up to ensure patients details are up to date, especially mobile numbers for receiving text message alerts.

JG explained what a SITREP is and how it stands for 'situational report', which is a score used across Northumbria Primary Care to assess the performance and pressure on each of the medical practices. The practice SITREP score for January was 8.84 compared to the target of 8 meaning the practice demand was busier than expected. This was reflective of the fact 12% of patients were seen each week compared to the national target of 10%,this was a measure of the high patient demand. Note December was closer to 10%.

JG then went on to discuss the friends and family score for January which showed 90% of the 189 people who responded would recommend the practice to family and friends. PH added it looks like a huge improvement. JG clarified this is a separate survey to the one PRG were carrying out. This survey asks one question and therefore, tends to get a higher responses.

100% of staff appraisals had been completed, however staff training was slightly target.

Actions

What	**Who**
Put sign up in reception re 'are you details up to date'	AS

Dr Georgina Morgan – Presentation on Appointments

GM went through the appointments presentation, she started by detailing the staff available for triage and appointments and the purpose of the telephone triage system.

BM queried if all staff on the list are located at PMG. GM responded, yes. All staff are now based at PMG.

When referring to sessions in the presentation the practice means am or pm. GM showed the clinical staff available by session Monday to Friday.

AM added the fact of personal information having to be discussed with receptionists when making an appointment, either in person or on the phone, a lot of patients are unhappy about doing so.

GM answered that this came in place due to the need to improve timely diagnosis by having an improved triage system. Previously there was no clinical triage when requesting an appointment and it was down to luck whether the patient received an urgent on the day appointment or not. The Out Of Hours (OOH) service asks the same question and their admin team are not clinically trained. It allows the clinicians to triage safely and to ensure the patients get contact with a clinician depending on the urgency. GM described how she had called out an ambulance for a patient, due to the response given to a receptionist.

GM discussed how we currently have an advert out for a 4 session GP. We are fully recruited at the moment but are wanting to over recruit. This is possible due to the cost savings made with the medical technicians.

AM discussed surveys on online appointments

GM explained that is what is visible at that time and if there are only 19% of patients registered online then we are only releasing 19% of appointments to make it fair.

BW questioned if we could have a survey set up for receptionists to ask patients about their experience of appointments.

GM responded, it is not practical at this time as short staffed.

GM added we are going to go through the presentation on appointments to show the demand. GP's are available for 364 routine appointments every week (298 face to face, 66 telephone), on top of this they can have between 350 and 650 urgent appointments and queries a week. This is a huge variation in demand and is difficult to predict. GPs and nurse

practitioners are having well over 1,000 patient contacts every week. Each patient query at reception can take a doctor 5-10mins to solve.

BM queried if Mondays are the worst day to which GM responded yes. BW queried if we could communicate with patients to advise them to call on Tuesday to Friday if the issue isn't urgent. To which JG replied this is something we can look in to.

BW queried if this high demand is seasonal, GM replied it is no longer seasonal. The demand differs week to week, there is huge variation and so the practice cannot guarantee the time needed to deal with urgent appointments. BW asked if there is any spare capacity. GM responded we are currently fully staffed and looking to over recruit.

GM highlighted there are currently national campaigns to communicate with patients for self-care etc.; the practice doesn't feel the benefit at present.

BM queried how appointments are released. AS explained they are staggered as releasing all appointments would mean all appointments would be taken with nothing left in the system to release or play with.

All online appointments are set in the system to release daily at midnight. Per session we have appointments released 28, 21, 14, 7, 2 and 1 day in advance. AM said very few were available in his survey, it is possible some patients were making early morning appointments online. It was agreed to try releasing at 8am instead.

What	**Who**
Release appointments at 8am instead of midnight	AS

AM queried the usage to online patients. If patients are seeing no appointments then patients will not use the online system. GM responded if there are no appointments available then we are unable to create them. AM queried if the online system is working and whether it was beneficial? GM responded it works brilliantly when there are enough patients registered and appointments are available. Once appointments have been booked there are no more appointments. GA said that on-line appointments still needed further consideration at a future meeting.

GM discussed a pilot we are currently doing with appointments. This allows for 8 face to face appointments and 7 telephone consultations within one session. Currently working well and hoping to roll out amongst all GPs who currently work 10 face to face and 2 telephone consultations.
GM added the Royal College of GPs recommendation is for 15 minute face to face appointments. We are hoping our pilot works which would then allow us to go to 15 minute face to face appointments and 5 minute telephone consultations.

All members agreed 15 minute face to face appointments would be beneficial for all.

BM added that from feedback a lot of patients have found telephone consultation reassuring and helpful.

GM went on to discuss long term Chronic Disease Management and how we are inputting a 'year of care' service. This will be a '1 stop shop' for multi long term conditions. Patients will first receive an appointment with the HCA who will then book a follow-up appointment with the nurse.

BM queried if this means you won't see a GP for chronic disease management. GM responded, you don't need to see a GP, this is the nurse's expertise. If the nurse thought a doctor was required she would make an appointment to see one.

NS queried how prescriptions would work. GM answered, there will be a GP aligned to the conditions who will sort prescriptions and any queries regarding medication. This GP will work alongside the Nurses.

BM thanked all for the presentation.

All members agreed it was very useful and an improvement on previous meetings.

GA said there was a lot of information to take in and asked the group to study the presentation and to e-mail any questions they had to him so they could be considered before the next meeting.

BW asked that communication be put on the agenda for the next meeting and it was agreed the patient representatives would meet in advance to discuss ideas and proposals in advance of the next PRG meeting. GA undertook to arrange the meeting.

Date	Time	Place
Tuesday 1st May	5pm – 7pm	Ponteland Medical Group Meeting Room
Tuesday 3rd July	5pm – 7pm	Ponteland Medical Group Meeting Room
Tuesday 4th September	5pm – 7pm	Ponteland Medical Group Meeting Room
Tuesday 6th November	5pm – 7pm	Ponteland Medical Group Meeting Room
Tuesday 8th January (2019)	5pm – 7pm	Ponteland Medical Group Meeting Room