

Ponteland Medical Group
Patient Reference Group (PRG)
31st July 2018

Ponteland PCC meeting room 5pm
Minutes

Present: Gordon Allan (GA), David Hesselberth (DH), Shirley Hill (SH), Peter Hopley - part only (PH), Elizabeth Macfarlane (EM), Ian Morton (IM), Marion Prince (MP), Nirmal Sehgal (NS), Beverley Wears (BW).

Nigel Twelves (NT) – Chair
Abigail Stewart (AS) – Minutes

1. Apologies:

Alan Mee (AM)
Robin Hudson (RH)

NT explained that Robin Hudson is on annual leave and he was deputising for him at the meeting.

AS thanked the PRG for allowing the 3rd July meeting to be put back to today as a result of the CQC inspection. AS confirmed the draft CQC report has not been received by Ponteland Medical Group (PMG), it would normally take 4 to 6 weeks for it to be issued.

2. Previous meeting minutes

GA queried if the trial of telephone appointments with GP's was still working well. AS explained they were and as a result they were now rolled out across all GPs and responses have shown great satisfaction from both patients and clinicians.

EM asked if PMG still have the triage system for urgent appointments, as it works well. NT confirmed it is still running and Ponteland Medical Group (PMG) hope to switch to Nurse Practitioners being fully in control of the triage system, with support from GP's as required.

MP suggested asking questions of the Virtual PRG when the agenda is sent out so that they have an opportunity to be a bit more involved, as they may struggle to respond if they just have the agenda. All agreed this was sensible idea and AS will meet with GA and PH to facilitate this before the next meeting.

The minutes were approved.

Actions

What	Who	Status
AS, GA and PH to meet to agree questions and format for the Virtual PPG members	AS, GA, PH	Not started

3. Actions Arising from Minutes

What	Who	Status
Add online registration message to the end of prescriptions	AS	Complete
Add online registration message on to the TV screen in the waiting area	AS	Complete
Add social media sites to letter heads	AS	Complete
Start discussions about a Patient newsletter at next PRG meeting	All	Complete
Start discussions for Pont News and Views section	GA	Not started

4. Main Items for the Meeting

a) PMG Update on Standing Items

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

Staffing Update

Dr Robin Hudson has been appointed as Clinical Executive to PMG, replacing Georgina Morgan who is now Associate Medical Director for Northumbria Primary Care (NPC). RH has previously been a partner at Corbridge and is currently the clinical improvement lead for the CCG.

MP queried where to find a staff list for PMG. AS advised the PMG website has up to date details on all clinical and admin staff. NT uploaded the site on his phone to show MP who said she had not seen that when she searched.

BW noted that from her own experience the PMG website is not fully compatible with an iPad and possibly other tablets and mobile devices.

Complaints and Compliments

AS went through the number of complaints and the trends that were received in June. All had been dealt with and none were outstanding, none had been referred to the Ombudsman

MP asked how patients made a formal complaint. AS advised a formal complaint can be in writing or verbal when a patient is requesting a written response.

Key Performance Indicators

NT noted that that the patient list size had dropped from its peak of over 11,000 in recent years and that it was now fairly stable at just over 10,000 patients.

GA asked if PMG had developed any plans for Dinnington given the significant house building taking place there. NT replied there were no plans. Newcastle City Council had been approached but there were no funds from the housing developers to invest in the current inadequate building.

The majority of performance indicators had improved in June compared to the last figures shown for March. The improved performance was primarily due to the fact there were only 3,651 clinical contacts in June, this was over 1,000 fewer than the figures previously shown for January and March.

The average time taken to see a GP was 7.55 days compared to 11.15 days in March.

The lower demand in the month was partially offset by staff taking annual leave and summer holidays.

Latest PMG survey results and trends

AS said PMG did not have the latest results to share as the survey is still being processed by NPC.

However from the text survey's in June 89.6% of patients would recommend PMG to family and friends, this was up from 85.26% in March.

b) Communication with patients

GA started by saying that the PRG believed the majority of the patients did not understand why changes were made at PMG due to a lack of communication. As a result patients were often left confused and were more inclined to react negatively to the changes made. As an example GA said that some patients had reacted negatively to the recent trial of telephone appointments, however after he had explained the reasons and the potential benefits, such as improved continuity of care, they were more positive about it. Social media and the website also needs to be real time, it currently is not, with any communication having to be carried out by the NHS Trust's communication team. The PRG would also like to see links to local government organisations, health charities and other community groups involved in physical and mental health. If communication is poor patients won't engage with the practice and this encourages negative thinking.

NT explained that there is no dedicated resource within PMG or NPC for communication and so historically they have depended on the NHS Trust's communication team. NT said this was unsatisfactory and did cause problems due to misun-

derstandings, time delays and the fact it could be low on the Trust's list of priorities.

GA said change was required and the PPG wanted to work with PMG and NPC to improve communication as the current methods did not work for patients and needed to improve.

MP asked if PMG could have a list of clinical staff displayed in the reception area. AS said clinical staff information is shown on the TV screen in reception along with photos of GP's , not all staff want their photo shown and PMG have to respect that. GA said he thought the information displayed on the TV screen had improved. Given the programme is on a loop, the wide range of content displayed and the time taken to update, it was agreed the TV was not the best place to display staff available on the day. After a short discussion AS agreed to look at how information on clinical staff in the reception area could be improved, particularly those available on the day.

EM stated if we start using newsletters or articles in the local media these can go out of date very quickly. BW agreed and said this is why social media and the website need to be pushed, with information being updated as and when changes occur. For this to happen quickly information would need to be updated by PMG and NPC staff.

MP stated it would be good to share social media posts on Ponteland community sites and to advise patients of what communication forums were available. All agreed this was a good idea. IM added that communication need not be too complicated, keep it quick and simple and use social media and the website to get information out to patients.

BW asked if we are able to communicate to patients via email. AS explained due to GDPR guidelines this cannot happen without full consent. DH queried if this was the same for texting patients. AS clarified that we were able to 'soft consent' for texting as we sent a message out requesting patient to 'opt out' if they wanted to; as we have only been using emails since July we are unable to do this. The PRG stated the email consent could be rectified by putting a request out on social media or mail out for people to opt in to receive e-mails.

IM asked if PMG or NPC had editor rights, to which AS responded we don't have access to make changes to our website or social media, we have to put requests into the Trust's communication team. GA said if PMG's own staff were able to make edits it would have considerable benefits for patients and the practice and recommended that NPC senior management discuss this as a group at one of their meetings.

SH asked what the response for a PMG newsletter was. GA said Julie Danskin had sent him an e-mail supporting a joint PMG / PPG newsletter, the e-mail contained a number of suggestions for the PPG to consider. GA said he was reluctant for the

PPG to do any work on a newsletter until the it was clear if it had wider support within NPC and the NHS Trust . It should also be part of a communication plan.

The PRG believe the Board and senior management team at NPC need to discuss and reflect on communication. NT advised he is part of the senior management as Medical Director and he would speak with Julie Danskin. GA recommended that NPC develop a communication strategy as PMG and the PRG should have policies and procedures in place for communication with appropriate delegation to PMG staff to enable basic operational information to be updated without NPC or NHS Trust approval. GA had been informed by the CQC inspector that other GP Practices were responsible for their own communication and did not need NHS Trust approval. GA said it was regrettable that the NPC model for delivering primary care appeared to have communication systems that were not fit for purpose, this was an oversight that needed to be addressed by the board and senior NPC management. NT agreed and will take this discussion forward with senior management team.

To begin with DH suggested NPC develop a statement in principle which could be agreed with the NHS communication team.

NT requested that we focus on editorial access to the website first and leave social media due to the resource commitment social media needs i.e. response's to patients. All agreed to give priority to the website for now.

GA suggested and NT agreed the PRG should prepare a letter to Nigel Twelves or Julie Danskin expressing their concerns about communication with proposals on how they could be improved. It was agreed GA should prepare a draft for the PRG to review and approve.

Actions

What	Who	Status
Discuss with the reception team how best to display clinical staff available on that day	AS	In Progress
Write letter on communication for NPC senior management	GA	Not started

5. Any Other Business

Pharmacy Meeting

AS updated that only one pharmacy, Boots, attended the meeting JG organised with Omar (NPC Pharmacist) present. Boots seemed happy with current process, as there were no major issues PMG assuming everything had settled down after the changes earlier this year. Medicine Technicians were a new way of working and there was going to be teething problems. PH added the other Pharmacies have stated they have definitely seen improvements.

Next Meeting

It was agreed that the meeting scheduled for the 4th September should focus on introducing Robin Hudson and the draft CQC report.

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