Ponteland Medical Group
Patient Reference Group (PRG)
4th September 2018

Ponteland PCC meeting room 5pm

Minutes

Present: Gordon Allan (GA), Peter Hopley (PH), Elizabeth Macfarlane (EM), Alan Mee (AM), Marion Prince (MP), Nirmal Sehgal (NS), Beverley Wears (BW).

Robin Hudson (RH) – Chair
Abigail Stewart (AS) – Minutes

1. **Apologies:**

David Hesselberth (DH)
Shirley Hill (SH)
Ian Morton (IM)

Introductions took place.

2. Previous meeting minutes

The minutes were agreed.

3. Actions Arising from Minutes

Actions to carry forward

What	**Who**	**Status**
AS, GA and PH to meet to agree questions and format for the Virtual PPG members	AS, GA, PH	Started

4. Main Items for the Meeting

a) PMG Update on Standing Items

Staffing Update
No changes

Complaints and Compliments

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

GA requested that reviews posted on NHS Choices should be included in the standing item for complaints and compliments.

What	Who	When
Reviews on NHS Choices website to be included under standing items	AS	Next meeting

Key Performance Indicators

These were not available at the time but will be circulated with the minutes.

What	Who	When
Latest Key Performance Indicators to be circulated with the minutes	AS	Circulated with minutes

b) **Latest PMG survey results and trends**

The Practice is discussing what to do going forward and whether to carry on with the monthly patient surveys. The latest annual National NHS GP Patient survey scores have been released and they need to be compared with the monthly surveys. A decision can then be taken on whether or not the monthly surveys are worthwhile.

GA said he thought the Practice needed to have some way of assessing patient views as once a year was a long time to wait for feedback, particularly if performance was poor. GA asked for the PRG to be updated at the next meeting.

What	Who	When
Update on monthly patient surveys and comparison to NHS Patient Survey results	AS	Next meeting

PH asked how many patients are registered with PMG and what the recent trends were. AS responded, just over 10,000 patients are registered and registrations were stable at the moment.

c) **Appointments and Communication with patients**

GA prior to the meeting had circulated a summary of the latest National NHS GP Patient survey results for PMG and other surrounding Practices. The survey results confirmed the CQC reports finding that access to appointments was the main concern of patients. Only 38.2% of patients were satisfied with their experience of making an appointment at PMG, this compared unfavourably with all the other Northumbria Primary Care practices and other local medical practices.

GA stated that the latest National NHS GP Patient survey results showed the practice performed as well, or even slightly better on clinical care; this was consistent with the latest CQC report.

Appointments

GA expressed his opinion that poor communication was contributing to patient frustration about appointments. During the past two years there has been several changes to the appointments system and the ways in which patients are triaged have also changed. Whilst the practice is making these changes to increase capacity, improve continuity of care and to allow GP's more time with patients with complex medical conditions, this is not understood by the majority of patients. From his own personal experience GA had found that after he had explained the reasons behind changes in the appointments to people they were far more positive about them. The practice needs to improve its communication with patients in order to improve its National NHS GP Patient survey scores.

BW added that patients don't always know if staff are male or female when booking an appointment and this can cause problems when the attend. MP contributed that patients don't know who staff are at all. RH confirmed that this information is all on the website and the practice leaflet and the receptionist will let the patient know if requested.

GA asked RH how does Ponteland compare to Corbridge, as Corbridge's National NHS GP Patient survey scores are better than any other local practice. RH replied that the Corbridge model works because its GPs start work at 7am and do not leave until 8pm, RH believes this heavy workload isn't sustainable and in the longer term can put clinicians own health at risk. Corbridge also has more long serving, full time doctors which improves continuity of care.

MP asked if all the GPs at PMG were full time. RH answered that no, nearly all of the GPs were employed part time. PH added that this is an issue for patients continuity of care. RH agreed.

RH stated that he believes one of the main issues is continuity of care. Since joining the practice he believes PMG does urgent and one off on the day care well; however it does find continuity of care for patients with long term complex needs and routine follow up work more challenging to arrange. RH said he is trying to make changes to address these issues.

For example RH likes to keep seeing the same patients and in order to do this he will personally book the next appointment on the system rather than send the patient to reception. There is a potential problem with continuity when GPs are not full time, but this should not cause too much of an issue if the GP is proactively booking the patient in for their next appointment themselves.

RH also said he was very keen to work with the reception team so that they can better help patients to navigate the appointments system. For example, asking what the problem is and then judging if it could wait for their usual GP to return, or if it is urgent for that day whether they need to see another GP or a nurse practioner. If the receptionists can then explain their thinking to the patients they will have more confidence in the appointments system.

EM queried if all GPs would book a patient in for a review if needed? RH answered that he believes most of them are now starting to do this.

RH also explained that appointments capacity can also be increased if clinical staff are more aware that they can communicate with patients via a letter rather than booking a face to face appointment. Rather than book an appointments to review test results, capacity can be increased if the GP says he will write a letter to the patient if no further action is required or will ask reception to contact the patient and book an appointment once it is known what action is required and how urgent it is.

AM questioned how the new nurse practioner triage system will benefit GP appointments. RH explained that the nurse practioner currently works with a GP duty doctor who is blocked out for urgent on the day appointments every morning. Looking at patient volumes the majority of urgent on the day cases can be dealt with by a nurse practioner, trained to recognise acute / serious conditions. If the nurse practioner needs to consult a GP then they are able to discuss this with the duty doctor straight away. The duty doctor is available every day to support urgent on the day issues and the triage nurse practioner.

The new nurse practioner triage system has freed up 4 half day sessions for GP's and this means there are now an additional 60 GP appointments (mix of face to face and telephone) available ever week.

GA said these benefits of the all nurse triage system have not been communicated to patients many of whom are unhappy that the initial triage is no longer carried out by a GP. AS responded that it is not a huge change as nurse practioners have been triaging the majority of the urgent on the day appointments for a while.

Communication

GA went through the letter that the PRG had sent to Julie Danskin and the response received from her. In summary GA felt reassured that Julie Danskin understood the concerns raised by the PRG patient representatives however there were a number of organisational barriers (staff, processes and policy) that would need to be addressed before communication with patients could significantly improve.

RH added that Nigel Twelves had updated the team about the concerns raised at the last meeting and that he is having conversations about the website and bringing control back in house; away from the NHS Trust communications team.

Following the last PRG meeting AS explained an interim plan had been put in place until further discussions and decisions are made.

AS explained one nominated NPC staff member (David Hedgecock - DH) now sends all routine communication requests through to the NHS Trust communications team on a monthly basis. Every NPC practice manager sends it communication requests for that month (staff changes etc) to DH. DH then reviews and forwards on to the NHS Trust communications team to update the website, Facebook and Twitter as appropriate.

AS went on to explain that any urgent requests get sent through to Julie Danskin and David Hedgcock who then forward it on the NHS Trust communications team to get the website and social media updated.

AS said the new interim arrangements are working for the moment but she is aware further discussions are taking place.

MP stated that this was not good enough and that in her opinion it is not working. AS replied that the interim plan had only been put in place during the past week, it would take time to work.

BW asked if there were any areas of communication where the practice could take its own decisions, or would it always need to get NPC agreement. RH answered that arrangements would need to be in place so that NPC could manage sensitive and major announcements however for routine communication matters he did not see a huge issue with the practice taking back control.

PH highlighted potential concerns over 'secret shopper' proposals made by Julie Danskin.

BW added that Julie Danskin has agreed to come to the next PRG meeting in November where we can discuss this further.

What	**Who**	**When**
Julie Danskin to attend the next PRG meeting to discuss communication with patients	RH/ AS / JD	Next meeting

d) Interim CQC Report

RH gave a brief overview of the CQC report that had already been circulated to members.

GA replied that the latest report is very encouraging and should have a positive impact on staff morale as they had all worked hard to achieve this improved score.

GA said it was no surprise that it had highlighted the issue of access to appointments but that overall it was a good report. The appointment system is not working the way patients would like it to but all the clinical work is rated as good.

GA said he personally felt the issues to be addressed as a result of the report are appointments, communication with patients and how patient expectations needed to be managed to reflect the current state of the NHS.

GA asked RH how do you achieve outstanding? RH answered that to achieve outstanding you need to be performing well across all the categories. Access needs to be right and working. All areas need to be over and above the standard. To achieve that, you need to get the basics right before aiming for outstanding.

EM asked why the appointments system model description was blank and why there was no mention of receptionist training. RH responded that there are many models for access; a hybrid model is used at Ponteland which is a mixture of different systems. RH added that a lot of work training the reception staff had already occurred. We are currently pulling together an action plan on access to appointments which includes a review of reception training.

PH said that he was disappointed not much was mentioned re the input from the PRG and in the 'well-led' section he was surprised the role played by NPC is not mentioned. AS responded that the CQC audit is a very busy and full day and whilst the inspectors will try to fit in as much as they can in the report, some items they deem to be less important will not be covered.

AS added that David Hedgecock and AS were interviewed under the 'well led' category with questions asked about both Ponteland Medical Group and NPC.

RH also added that the NPC practice model is one of a kind, there are no other comparable practices to compare to.

GA asked that AS put a note out to all staff on behalf of the PRG congratulating them on the improved score and thanking them for the effort they had put in to achieve it. Compared to the previous report there is a far greater sense that things are under control.

What	**Who**	**When**
Note to be sent to all staff on behalf of the PRG congratulating them on the improved score and thanking them for the effort they had put in to achieve	AS	Asap

it.		

5. Any Other Business

NPC Non-Executive Vacant Post

Both AS and RH have no update on this post and said it would need to be discussed with Julie Danskin.

Flu Clinic

AS advised that the Saturday flu clinics will take place on the 29th September and 13th October this year between 8.30am-12pm. Could members of the PRG help to get the word out to patients.

Macmillan Coffee Morning

AS informed everyone that PMG will be holding a Macmillan Coffee morning with cake sales etc. Anyone who would like to contribute or be part of the day is more than welcome. Emails will follow for date and times.

Collingwood Medical Group - Blyth

GA explained that the PRG members were disappointed that they weren't updated on the decision to close Collingwood Medical Group at the last meeting. This was a major change within NPC and had PRG members known in advance they could have helped to address concerns and rumours within the patient community and explained how it would probably benefit Ponteland Medical Group.

EM asked if PMG could if it wanted freeze its list of patients and stop taking on new patients. RH responded, no, you have to take new patients in.

AM added, how do practices accept patients if they are at their full capacity. RH responded, the local NHS CCG would help manage and support the practice. The CCG will help with any funding needed to get practices through until they're stable.

BW questioned if the closure of Collingwood Medical Group will impact NPC and PMG financially. AS responded that each practice still works as a standalone practice, the income for the practice is used only within the practice and not by NPC. The CCG fund the central NPC management costs and overheads.

RH explained the Collingwood Medical Group were struggling to recruit GP's and were relying heavily on locums which are expensive. GP Practices are individual entities and manage their own budgets.

GA asked what the pros and cons of the NPC model are. RH asked for the question to be added to the agenda for Julie or Nigel to respond to when next available.

What	Who	When
NPC management to explain the advantages and disadvantages of the NPC model of primary care.	AS	When JD is next available to attend the PRG and time allows

Dinnington

GA expressed concerns that with current house building taking place in Dinnington the population is expanding rapidly and this would put more pressure on PMG to manage an increased number of patients . RH said he would take this to the executive meeting to highlight and discuss.

What	Who	When
Feedback what steps are being taken to manage the expected increase in patients as a result of significant new house building in Dinnington.	RH	Next Meeting

Next Meeting

Date	Time	Place
Tuesday 6th November 2018	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 8th January 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 5th march 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 7th May 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room