

**Ponteland Medical Group**  
**Patient Reference Group (PRG)**  
**5<sup>th</sup> March 2019**  
**Ponteland PCC meeting room 5pm**  
**Minutes**

**Present:**

Gordon Allan (GA), Shirley Hill (SH), Peter Hopley (PH), Beverley Wears (BW), David Hesselberth (DH), Robin Hudson- (RH), Abigail Stewart (AS) minutes

Guest- Allana Mason (AM), Locality Care Co-Ordinator for Castle Morpeth

Guest - Samantha Davidson (SD), Northumbria Primary Care (NPC)

**Apologies:**

Elizabeth Macfarlane (EM), Nirmal Seghal (NS), Ian Morton (IM)

AM and SD who were welcomed to the meeting and introductions were made.

AM explained her new role as part of the three year Empowering Communities project funded by the County Council and Public Health. Her area included Ponteland and she had already engaged with a number of community organisation in the town. GA had invited AM so she could increase her understanding of the issues at a general practice level.

**1. Previous Meeting Minutes**

The previous meeting minutes were agreed.

**2. Main Item for Discussion at the Meeting - Social Prescribing**

**Background**

GA told the meeting he had earlier that day attended a conference on “What the NHS wants from the voluntary sector” in Morpeth. The keynote speaker was Rachel Mitcheson, Senior Head of Commissioning at the Northumberland Clinical Commissioning Group. Her presentation was about the NHS 10 year plan and the increased focus on the voluntary sector and social prescribing as a way of supporting patient self-care and healthier lifestyles. For example, Care Navigators had recently been trained in every GP practice in Northumberland to support patients with non-clinical interventions that could stabilise or improve their health outcomes. NHS Support Planners were also there to support people with advice and signposting on non-clinical issues.

GA went on to say, the Empowering Communities project was establishing a database of community services, organisations and activities, this would help to signpost people to support services or activities that could improve their health.

The conference had given information on how the NHS 10 Year Plan is going to be implemented in Northumberland. It is planned that GP Practices will be encouraged to amalgamate or work together

to form groups of 30,000 to 50,000 patients, so that services specialist service can then be provided at a local level. For example, with that number of patients one full time Care Navigator could be employed to focus on social prescribing (non-clinical interventions).

SD confirmed she is looking at how to implement social prescribing within NPC and was here to learn from today's discussion.

In summary GA said social prescribing is going to happen and the PPG and PMG needed to start thinking about how it could work for the benefit of patients in Ponteland and surrounding areas.

### **Social Prescribing Presentation and Discussion**

In response to a request from Dr Lily Lamb to the PPG, at the last meeting, GA had spent some time meeting with a few of the community organisations in Ponteland and had developed a social prescribing presentation to aid a discussion the subject and to agree next steps.

#### **Main points**

- Ponteland is fortunate to have a lot of community groups providing a wide range of activities. Patients could be signposted to those activities to improve both their physical and mental health.
- There are, as Dr Lamb said, isolated and lonely people that the organisations can find hard to reach. Some of these patients are the ones that would benefit the most from being more involved with the community. Those patients need support as they won't come forward on their own.
- Organisations are finding it harder to recruit young volunteers to replace those that they lose due to age. They are often dependent on a few key people which is a risk going forward.
- PMG is not seen as proactive in the community.
- Organisations would struggle to provide volunteers to provide a link between PMG and themselves, so that patients, who are often the most in need, can be supported into an activity.
- People still look to their GP for advice, a referral or suggestion from a GP would mean patients are more likely to engage with and benefit from social prescribing.
- Volunteer Care Navigators, managed by a properly resources Care Navigator, could support patients and this would help to achieve more of the desired health outcomes
- The NHS would have to invest in social prescribing and volunteer management systems
- A concern that this is just another NHS cost saving and it won't be properly supported

SD advised that the CCG had trained two Care Navigators in every practice and asset mapping was being done in house. If a GP or Nurse identifies a need for care navigating, they would send the information on to the trained care navigator to action it. The CCG has plans to develop this in line with a new GP contract.

GA had it confirmed that the current Care Navigators were existing staff, who were having to do this work on top of their existing roles. As a result they were limited in what they could achieve. AS confirmed that one of the trained Care Navigators has recently left the practice and hadn't been replaced at the present time.

RH confirmed there are plans to make funding available for dedicated Care Navigators, although those plans are still in development. Practices need to decide on how they can work together and the CCG, how it can enable them to do so.

BW queried if the practice networks were being established for other benefits and not just social prescribing. This was confirmed by SD. SD also added that this is not mainly about additional resource; it is about looking at how to make changes and reallocate budgets to prevent hospital admissions and shorten hospital stays by providing more local treatment.

SD confirmed that discussions have started within the NPC management team but that NPC needed to do more work to involve all staff and learn from other GP practices.

GA asked what could be done now, with existing resources. After a discussion and RH concerns about the impact on GP workloads, it was agreed:

- PMG supported the new Health Walks being started in Ponteland. RH agreed PMG would look at how it could proactively signpost patients to the Health Walks. GA said this needed to be more proactive than just a set of leaflets in reception. It was agreed that GA and BW would attend a practice management meeting and do a 10 minute presentation on the Health Walks.
- PMG would look at how older patients could be signposted and made aware of the activities taking place at Merton Hall, possibly using the Care Navigator rather than clinicians. Look at promoting Merton Hall activities in reception.
- With the help of AM and the PPG, develop a list for clinicians of what is available locally.

Action	Who	Status
Subgroup to be formed regarding social prescribing	GA, BW and SD	Ongoing

BW queried who would have access to the database that is being developed. AM responded that they would like everyone to be able to access the database using an app. The plans are for everyone to access it not just Care Navigators, GPs or patients attending the Practice. It needs to be available and accessible to as many people as possible.

SD and AM left the meeting.

### 3. Standing Items:

AS and RH went through the presentation.

#### a) Staffing Update

Neal Bradford has been seconded to the role of Practice Team Lead for 3 months. AS will be stepping up to Senior Practice Team Lead during this time so she can focus on key improvement projects. This will be reviewed after the 3 months and any updates will then be communicated.

#### b) Major PMG or NPC Announcements or Plans

RH discussed changes to on the day urgent appointments. When demand is exceptionally high PMG now closes the triage list when there is no more appointment capacity that day. This is to allow the clinicians to work safely with patients. It also frees up clinical resources answering the phones to see patients, that wouldn't otherwise not be seen that day.

RH said the last thing the practice wants to do is to turn patients away, however when the demand from patients get too much, the practice has no option, it does not have the resource and cannot do anything else. Patients have to be directed elsewhere. The telephone answering message signposts patients to the local walk in centre in Cramlington and local A&E departments.

AS explained that on one day recently the practice had 100 telephone calls in the first hour of opening and on another day the practice received over 800 telephone calls.

In reply to a question RH confirmed there had been an increase in demand across most local Practices compared to previous winters.

### 4. Any Other Business

#### a) Virtual PPG

GA discussed people's thoughts on having a separate meeting with the VPPG to discuss the way forward. The current VPPG was not working to anyone's satisfaction and it wasn't sustainable.

It was agreed GA should organise a meeting with VPPG members and agree what to do.

It was noted that some VPPG members could possibly join the PPG following recent resignations if they wanted to be more involved.

Action	Who	Status
Meeting to review future of VPPG	GA and AS	In April

#### b) Dinnington

GA asked what was happening in Dinnington to meet the needs of the growing population there, an issue raised at previous meetings. GA also advised the PPG that following his discussions with the

Parish Council he had been approached by a councillor, who was also a patient of PMG, who wanted to join the PPG.

RH advised that he had met with the Northumberland and Newcastle CCG's today alongside AS and David Hedgecock (Group Manager). It was agreed that Healthwatch would get involved and do a survey of what patients in Dinnington would like to see happen to the primary care services there.

Northumberland and Newcastle CCG are working together on this and would keep PMG informed as to any developments.

GA proposed a separate meeting with the Dinnington councillor to ensure everyone had the same understanding of what was happening. RH agreed but said David Hedgecock was best placed to hold this meeting as he managing this on behalf of NPC.

Action	Who	Status
Meeting with David Hedgecock to discuss Dinnington	AS, GA, and DH	Asasp

#### **Next Meeting**

5pm Tuesday 7<sup>th</sup> May 2019