

**Ponteland Medical Group  
Patient Reference Group (PRG)  
6<sup>th</sup> November 2018  
Ponteland PCC meeting room 5pm  
Minutes**

Present: Gordon Allan (GA), David Hesselberth (DH), Peter Hopley (PH), Shirley Hill (SH),  
Beverley Wears (BW)

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

Guest - Elliot Nichols (EN), Head of Public Relations - Northumbria Healthcare NHS  
Foundation Trust

**Apologies:**

Ian Morton  
Elizabeth Macfarlane  
Nirmal Seghal  
David Hedgcock  
Julie Danskin

Introductions took place for the benefit of EN.

**1. Previous Meeting Minutes**

The minutes were agreed.

**2. Actions Arising from Minutes**

Northumbria Primary Care were still looking into whether to continue with monthly patient surveys or just rely on the annual NHS Patient Survey results. AS said an update would be given at the next meeting. GA said that in his opinion to wait a year on patient feedback was too long and some way of measuring performance more regularly was needed.

Julie Danskin had sent her apologies for not attending the meeting due to unforeseen personal reasons.

GA advised that no S106 payments would be made in Dinnington to upgrade the practice facilities. GA said he was concerned that as Dinnington was in Newcastle rather than Northumberland the local CCG had missed an opportunity to request additional funding. He asked NPC management to be aware of this for the future.

All other items were complete or in hand.

### **3. Standing Items**

#### **a. PMG Update on Standing Items**

##### **Flu discussions**

In response to concerns raised by PPG members AS and RH went through a presentation to explain the issues around the second flu clinic, where the practice ran out of vaccines for the over 65s.

RH explained the problem arose due to a higher than expected demand for the vaccine at the first clinic in September. The Practice, applied in March 2018, for vaccines for all eligible patients. The delivery system, that runs across all GP Practices and Community Pharmacies, is a staggered approach where vaccines are delivered in batches because practices do not have the physical capacity to store all the vaccines required. The first delivery in September saw 40% of the vaccines delivered as per the plan agreed nationally.

RH said on Saturday 29<sup>th</sup> September at the first walk-in clinic 598 patients were vaccinated, this was a 44% increase on last year when 415 patients were vaccinated at the first clinic. As a result of this unexpected increase, the Practice was concerned that there would not be enough vaccines to cope with the second flu clinic on the 13th of October. Staff tried to mitigate this by approaching other practices in the county to see if we could borrow some of their vaccines, but all practices that were approached were in the same position as us. We phoned the supplier to try and request an earlier delivery however; there was no flexibility in their system to do this. The Practice received its second batch of vaccines (20% of the total ordered) on the 15th October, as planned. The final batch (40% of the total ordered) will be delivered at the beginning of November. This will enable all patients to receive a vaccine.

BW questioned if in the light of this years' experience will there be any changes in the plan for next year. A lot of elderly patients had been inconvenienced, as had their families with some of them having to make special arrangements to enable them to take their parents for a vaccination. AS replied we haven't discussed a plan for next year yet, but it will be on the agenda to discuss with all clinicians so a plan can be put in place to avoid the problems seen this year.

GA asked why if problems with the second flu clinic were anticipated couldn't this have been communicated to patients. The lack of communication from the practice had resulted in a lot of negative comments and rumours amongst the patient population, none of this enhanced the Practice's reputation.

EN replied stating it was a complex issue and they need to keep communications simple.

GA strongly disagreed and said this was a good example of where improved communication was needed. Firstly an apology should be given to patients who attended and failed to get a vaccination. Secondly had patients had an explanation they could have decided not to take the risk of attending the second flu clinic. Most patients, whilst disappointed at having to wait longer for their vaccine, would have understood that it is difficult to plan for an unexpected increase in demand of over 40%. Indeed the problem showed that there was an in-

creased awareness about the benefits of a flu vaccine, which is a positive message to get across.

BW queried if walk-in clinics were the right approach given the age of the target audience. Not all patients are able to attend the practice without help from family or friends so an appointments system may be easier for them. AS replied that elderly patients in this situation could make appointments to see a nurse.

BW also asked if the practice could be order more vaccines for the first delivery, say 70%. What are the consequences for ordering more? RH responded that all Practices have limited cold storage facilities for large batches of vaccines so ordering more would be difficult without investment. Waste can also be an issue.

BW asked how long the Practice will be able to vaccinate patients. RH answered, we will be able to give the flu vaccination through till February. The Practice will be able to offer the vaccine at various clinics in the coming months and an additional walk-in clinic is being arranged.

GA stated that this is a perfect example of how the website and social media need to be updated as things happen. Meaningful, up to date announcements will encourage more patients to look at them. If the Practice does not communicate why and when things change, negative messages and rumours spread around the community and these undermine the reputation of PMG.

#### **b . Staffing Update**

Angela Barry – full time Admin Team Lead from Dec  
Jill Hindmarch – Secretary from Dec  
Beccy Dixon – new Nurse Practitioner  
Simon Warne - new Nurse Practitioner

Adverts out for Dispenser and Receptionist vacancies

#### **c. Major PMG or NPC Announcements or Plans**

AS explained that Dr Twelves will be reducing his hours at Ponteland for a few months in order to support another Northumbria Primary Care Practice. RH added that he was very mindful of the pressures at PMG and so other GPs will backfill Dr Twelves appointment slots.

GA said that patients would be concerned if Dr Twelves was seen to be reducing his time at the Practice and recommended that something should be put on the website and social media to explain what is happening. RH responded that is not a problem, we just need to get the correct details and upload something.

BW asked what was going to happen with the minor surgery undertaken by Dr Twelves? AS replied, Dr Twelves is still going to be at Ponteland on some days so minor surgery should not be affected. It should still run once per month.

#### **d. Complaints and Compliments**

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

1 formal complaint about access to appointments

3 formal compliments

PH added that it is good to see more compliment than complaints.

#### **e. Key Performance Indicators**

AS went through the KPI chart for September, which showed a positive trend in nearly all areas, in part reflecting lower patient demand at this time of year. The average time taken to see a GP was 7.2 days this was below the 8 day target. The number of patients registered online had also increased from 20.8% in June to 22.5%. The number of patients not showing for an appointment was below the 3% target at 2.87% but this was up slightly from the 2.8% recorded in June.

In September 95% of patients would recommend the Practice to family and friends, this was the best result so far in 2018 and GA congratulated AS for that encouraging score.

PH asked if there is a policy on flu vaccination for staff. EN advised that the NHS cannot force anyone to have it. However RH added, that if a staff member does not want it then we sit down with them to discuss it and expect a good reason why they don't. PH asked what the staff uptake was at PMG and AS replied she would circulate this with the minutes.

<b>What</b>	<b>Who</b>	<b>When</b>
Circulate flu vaccine uptake with staff	AS	Circulate with minutes

#### **f. Latest PMG survey results and trends**

This was as explained under Actions Arising from the Minutes above.

#### **4. Main Items**

##### **a) Communication**

GA opened the discussion by saying that as stated in his e-mail of the 4th November, Northumberland CCG, Northumbria Primary Care and Healthwatch Northumberland all had patient communication and engagement as one of their strategic goals or objectives. GA also added that in his experience nearly every report issued by the NHS has this as a key objective.

GA went on to say, the reality on the ground feels very different and over the past few months the PPG have consistently stated they are unhappy with the current communication systems at the Practice. Given the changes taking place at the Practice this is a major weak-

ness. If the practice does not communicate and engage with patients then gossip and rumours can spread; adversely affecting the Practice's reputation and making it more difficult to successfully introduce the planned changes.

To give some balance GA did say that in his unscientific benchmarking other practice websites and social media were of a similar standard. The problem is the average standard across the NHS is mediocre and well below the standards patients should expect.

EN explained that in his experience a GP Practice website is usually accessed for the practice contact details, hours and opening times, and rarely anything else. EN said he could get a breakdown on access to see where the majority of people go on the website and reasons why the website is accessed. GA asked if this information could be supplied to the PPG.

What	Who	When
Analysis of PMG website usage	EN	Circulate before the next meeting

GA stated that if communication was poor why would people want to access the website and social media and supported this by saying the Practice followers on Facebook and Twitter were less than 1% of patients.

EN responded that social media will not reach everyone but they focus on the quality of people who follow it and who the best people are to cascade the information, for example Healthwatch Northumberland. Social media is a slow burner and the main part is having key contacts.

GA commented that there has been a lot of change over the past few years and patients find it hard to keep up. For patients to accept this change they need to understand why. When there is no communication from the Practice, bad news and rumours travels fast, good real time communication from the Practice would help to ensure this didn't happen within the community.

BW agrees stating the practice needs to be seen as part of the community and making links with local organisations that promote and support health.

SH believes the best way to reach patients would be to communicate using Ponto News and Views as this would ensure most patients would receive and read any communication updates.

DH agreed but queried what we would do with the urgent news? Although a slot in Ponto News and Views would be good the information could sometimes be out of date due to it being a monthly publication. SH responded that the editor is very helpful and could keep us up to date on deadlines whilst urgent on the day news could be posted on the Practice website and social media.

PH discussed a newsletter to be updated and published on the website as a PDF document. It would only need to be produced say twice a year to keep patients updated with Practice

performance and any planned changes. EN responded that it is hours of work produce a newsletter that is informative, consistent and relevant; there are no budgets for these costs.

GA said that there was a cost to the Practice of poor communication and it was borne by receptionists and front line staff who often had to spend time dealing with patients who were angry and frustrated because they did not understand why for example the appointments system had changed.

PH complimented the flu video on the website using Dr Twelves. EN agreed video is a very good way to communicate but very expensive. For something like this to be worthwhile it would need to be a very general video that could be used across sites. Several members of the PPG disagreed saying that most mobile phones would make a video that would be acceptable for the website; it did not need to be perfect.

GA asked if RH could do a trial video of explaining the current appointment system and the reasons for the recent changes? EN agreed that we need to start moving towards video messages rather than paper.

SH mentioned potential funding for articles in Pont News and Views. GA added that if the PRG approached them and were involved in the articles they may be more likely to get it printed rather than the practice.

SH asked if GPs need to work across all 7 sites if they join NPC? RH responded no; but they may be asked to help at another site however they did not have to agree to the request.

SH asked if Collingwood Medical Group in Blyth is being replaced? EN responded that there is no replacement for Collingwood Medical Group. The patient list is currently being dispersed amongst other practices.

GA said there was a need to brief patients on the wider changes within the NHs that were driving changes at the Practice. For example many GPs are coming to retirement and therefore more routine appointments will have to be seen by nurse practitioners. How do we get this message to the community without a newsletter? If this isn't understood by patients then it will take longer for them to accept the greater use of nurses at the Practice.

EN answered that this is an NHS wide issue. There is constant change but it can take a while for patient attitudes to change. Some nurses are far more qualified than patients realise, this is a national effort to communicate and change perception.

GA agreed but added that this is where a newsletter would be beneficial by reminding patients at a local level why the changes that affect them are happening. BW agreed, for example it needs to be communicated at Practice level what are the changing roles GPs and Nurse Practitioners.

BW asked who changes the website and updates social media? EN replied, the communications team as it needs to be controlled. RH asked, could AS have editing access to allow her to communicate urgent on the day information.

EN responded that it would need to be very simple and straight forward. If we can get a link in with Ponts News and Views for updates (not monthly), that would be great. GA agreed he would speak to the editor.

<b>What</b>	<b>Who</b>	<b>When</b>
Discussion with Ponts News and Views editor	GA	By January meeting

RH agreed he would write an article on the appointments system for Pont News and Views.

<b>What</b>	<b>Who</b>	<b>When</b>
Write an article for Ponts News and Views	RH	By January meeting

All went through and read the Virtual PRG messages. GA stated all points had been covered in the discussion.

GA thanked EN for attending and stated that patient communication needed to be taken seriously by the NHS as it wasn't happening.

#### b) **CQC Report Action Plan**

RH went through the action plan on the presentation.

SH asked if we could get information out to patients to not call first thing unless it is urgent? AS replied, that this could be updated on the voice message and is something she will look in to.

RH discussed the patient flowchart. It is still getting agreed and discussed with clinicians. The main points being, when a patient is with the GP they will complete all actions (e.g. booking a follow-up appointment) rather than sending the patient back to reception. The GP will give full explanation of referrals to prevent patients ringing up and chasing. Once the final draft is completed we will circulate with the PRG. This should improve continuity of care for those with long term complex needs.

GA asked for progress on the CQC action plan to be updated at the next meeting.

<b>What</b>	<b>Who</b>	<b>When</b>
Update on CQC Action Plan	RH / AS	Next Meeting

### 5. **Any Other Business**

#### a) **Care Navigators – brief update**

RH advised the patient flowchart, includes the Care Navigators and he is working with the reception team to update them all on who does what with the Practice.

BW asked if care navigation is within the practice or external? RH replied, both. But to make the external navigation work then internal navigation needs to be right first.

## **b) Minor Surgery**

RH advised that as minor cosmetic surgery at the Practice was no longer funded by the NHS it would no longer be available to patients unless there was a clinical need. For example minor marks on the skin would no longer be removed if there was no health risk to the patient. The Practice cryotherapy machine used for these operations was also no longer available. RH advised that patients on the waiting list for minor cosmetic surgery or cryotherapy would be advised by letter that they were no longer eligible. On the plus side this would reduce the waiting time for those still eligible for other minor surgery at the Practice.

RH wanted to update the PRG so they were informed for any questions that may come their way from the patients receiving these letters.

### **Next Meeting**

<b>Date</b>	<b>Time</b>	<b>Place</b>
Tuesday 15 <sup>th</sup> January 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 5 <sup>th</sup> March 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 7 <sup>th</sup> May 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room