

**Ponteland Medical Group
Patient Reference Group (PRG)
5pm 7th May 2019, Ponteland PCC Meeting Room**

Meeting Minutes

Present:

Gordon Allan (GA), Shirley Hill (SH), Keith Jones (KJ) Sarah Kitchin (SK) Peter Hopley (PH) David Hesseberth (DH) Elizabeth McFarlane (EMc) Beverley Wears (BW), Keith Jones (KJ)

Robin Hudson (RH), Abigail Stewart (AS) Angela Barry (AB) minutes

Apologies:

Nirmal Seghal (NS), Ian Morton (IM)

Introductions

GA updated the meeting on the decision taken at a meeting of VPPG members on the 15th April to wind up the VPPG. It was agreed by all those present (and by others in writing) it was no longer working. VPPG members had been invited to join the PRG.

SK and KJ, who had been VPPG members were welcomed to the meeting as new members and introductions were made.

RH explained his role at PMG and Neal Bradford's departure as temporary Practice Manager. Despite Neal's departure, AS will continue in secondment role of Senior Practice Team Lead.

An update was given on Georgina Morgan (our Rothbury GP) and the group were informed of the walk for Georgina and donations to the Just Giving Page.

1. Previous Meeting Minutes

The previous meeting minutes were reviewed and agreed

The following actions were discussed.

Action - GA to contact Samantha Davidson for an update on social prescribing

RH said that in recent weeks no urgent on the day patients had been turned away although patient demand was still higher than previous years at this time of year. Most GP Practices in Northumberland were reporting an increasing trend for appointments. The reasons are not fully understood though an ageing population is having a significant impact.

GA told the meeting he had been unable to meet with David Hedgecock, Senior Group Manager of NPC to discuss Dinnington. GA did however confirm that David had today

informed him that a letter was being sent from Pamela Phelps, Senior Head of Commissioning at Northumberland CCG to Dinnington Parish Council.

Action - GA said he would request a copy of the letter so that the PRG could understand what was happening. RH confirmed that he knew meetings had taken place to discuss primary care provision in Dinnington.

2. Standing Items

a) Staffing Update

As explained earlier, Neal has departed to Cramlington and AS is continuing in secondment of Senior Practice Lead. PMG reception is now fully staffed with Khaled and Trish recently joining the team.

b) Major PMG or NPC Announcements or Plans

Complaints – We had 4 for the month of April which were for access and patient care.

Compliments – We had 6 for the Month of April for clinical care and receptionists.

NHS Choices Review – 2 x 5 star reviews
1. Very good care
2. Receptionists do a good job

c) KPI's

Key points were

Patient List Size – 10,003

Timely – Average time taken to see a GP 8.83 days (target is 8)

There was a discussion on appointments for the benefit of the new PPG members. KJ was concerned that PMG wasn't meeting its targets and wanted to know how it was performing on the actions identified in the latest CQC Report. RH highlighted the changes over the past twelve months and discussed some of the ongoing issues and improvements. GA cut short the discussion saying the PRG may wish to discuss this again at a future meeting as all agreed it was still the main source of patient dissatisfaction.

Contact – Monthly contact with patient population (GP or NP) per week – 8.2% (target 10%).

DNA rate – 2.94% (target 3%) – A discussion took place about improving DNA's; are there regular offenders, how do we communicate this information to patients, do we contact to let them know they DNA'd. RH explained that the practice had to get the balance right as often patients DNA'd due to hospital appointments, poor mental health or carers not being able to bring them.

Action - RH said he would ask AS to look at how regular offenders could be made aware of the need to improve. AS said the systems didn't make it easy to identify those who regularly didn't turn up for appointments.

Patient Centred – Patients who would recommend our services to friends & family 85.7% (target 90%). However, this was based on only 7 patient responses.

3. Main Item for Discussion at the Meeting

Mental Health Overview

RH gave a presentation on “Mental Health at PMG” which had been prepared by Dr Hannah Brown (HB) the mental health lead at PMG.

RH explained that each month HB & Dr Lily Lamb have an afternoon of 30 min appointments for patients with more mental health issues. They also tried to provide continuity of care wherever they could although this wasn't always possible.

RH gave an overview of how the practice treated, around 60, patients on the Serious Mental Illness Register. This involved working with mental health specialists at the NHS Northumberland, Tyne and Wear foundation Trust, developing individual care plans, annual reviews and regular health checks.

The majority of patients with mental health issues presented with either low mood, anxiety or depression. Approximately a quarter of patients had presented with some form of mental health issue over the past year. GA said he wasn't surprised as this was in line with national statistics and Ponteland was no different.

RH explained that treatment options depending on the condition were,

- Self- help advice, including signposting to NHS Northumberland Tyne and Wear Foundation Trust leaflets, guides, apps, websites and social prescribing to activities such as the new Health Walks in Ponteland.
- Medication, such as anti- depressants. Over 20% of all patients with mental health issues are on such medication which requires regular reviews.
- Regular and annual GP reviews, this is a significant % of appointments.
- Self- referral, or GP referral to Talking Matters Northumberland who provide the NHS funded talking therapy and counselling services in Northumberland. There are however delays in appointments with Talking Matters due to the high demand for its services.
- Referral to specialist secondary care mental health services

GA said that with his experience of volunteering on a number of mental health projects he was concerned about the risk of patients not self-referring themselves into Talking Matters Northumberland or not following through due to the delays in getting an appointment. GA asked if PMG followed through to ensure patients saw Talking Matters. RH agreed this was a potential problem as PMG relied on patients self-referring.

PMG had no young people on the Serious Mental Illness Register but had around 40 who had been seen with mental health issues over the past 12 months. Where PMG has concerns it

would refer children to the County's young persons' Mental Health Hub, though only the more serious cases were accepted due to limited resources. GA said he had attended a conference on young persons health in the County and been informed that resources were being made available to reduce waiting times. PMG would involve families as appropriate and follow all safeguarding guidelines.

PMG had just over 100 patients on the Dementia Register. GA queried this saying it looked low but RH said that patients in the early stages of the condition would not qualify for the register. Dementia patients on the Register would have an annual review but they could also be seen at the monthly clinic and appointments for such patients would often be 30 minutes.

PMG did not have a major issue with drugs and substance abuse; however, alcohol was an issue. The Northumberland Recovery Partnership played an important role in the treatment of such patients.

Finally, RH said that partly due to the influence of the PRG the practice now had more control over its website. As a result, it was hoping to use the website to improve mental health information with links to NHS self-help guides, NHS approved apps, charities like Mind and to promote community based activities that could improve physical and mental wellbeing.

GA asked RH to thank HB for the work she had put into the presentation which was very informative.

4. Any Other Business

Health Walks

GA reported that the first Health Walk had been a great success with 52 people taking part. He thanked the practice for proactively signposting patients to the Health Walk on the website and the reception screen and for making leaflets available in reception.

AS added that Merton Hall activities are also promoted in reception.

Meetings

There was some discussion about the meeting as some members thought the discussion on standing items had taken too long and had meant the time for mental health was too short. It was proposed that at future meetings the main item should be placed 2nd on the agenda and standing items moved to the end.

KJ asked about the PRG's Terms of Reference

Action - GA said he would circulate the Terms of Reference and arrange a meeting to review them and to discuss the format for future meetings.

Next meeting - 5pm Tuesday 2nd July 2019

Action - AS to circulate dates for future PRG meetings over the next 12 months

Date	Time	Place
Tuesday 2 nd July 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 3 rd September 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room
Tuesday 5 th November 2019	5pm – 6.30pm	Ponteland Medical Group Meeting Room