

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

**Present:** Gordon Allan (GA), Elizabeth Macfarlane (EM), Shirley Hall (SH), Nirmal Seghal (NS), Peter Hopley (PH), Beverley Wears (BW), Ian Morton (IM)

Robin Hudson- (RH) – Chair

Arlene Atkinson (AA) - Minutes and Finance Representative (NPC)

Guest- Lily Lamb (LL) GP Ponteland Medical Group

**Apologies:**

Abigail Stewart (AS)

David Hesselbrath

Introductions took place for the benefit of AA.

**1. Previous Meeting Minutes**

The minutes were agreed.

**2. Actions arising from minutes**

Information on the flu vaccine uptake from staff had been circulated by AS prior to the meeting which reported c82% of staff had received the flu vaccine. It was noted by the RH that all staff have been and continue to be actively encouraged to receive the flu vaccine. In response to a question by GA RH added that the practice had seen more flu like illnesses in the last month including 3 of their own GP's off in the first week of January.

GA said he had made contact with Elliot Nichols (EN) regarding the action on analysis of the PMG website and that once he received it he would circulate this to the PRG members.

GA updated the PRG and said that Pont News and Views were welcome to receiving articles as long as they are patient focussed.

RH updated the PRG in response to writing an article on the appointment system and noted that this would be completed once the system has embedded and people are happy with it. RH explained that PMG had embedded the Nurse Practitioner role in September but due to staff sickness the system was not working as fully intended.

SH noted that she found the Nurse Practitioners a very useful service. PH advised the PRG that the only on line appointments showing on the website for the next 6 weeks were for the Phlebotomist and it was useful to people to be able to see a nurse. RH added that due to sickness the Nurse Practitioner establishment was affected but they were addressing it through more GP time.

RH advised the PRG that on Monday there had been 135 contacts with patients so the practice were seeing an increase in demand due to winter pressures. BW noted that it would be useful to update the Practice website on the winter demand pressures and access issues. GA added that it was better to be proactive and publish communications on the website so patients are aware. BW asked about the promotion of the alternatives available, such as a Pharmacy. LL added that the NHS had recently issued an NHS app and in response to a query from EM the group indicated that it would be useful to ensure patients are aware of this app. RH and LL both noted that the app had only recently been launched.

What	Who	When
GA To circulate analysis of the PMG website once received from EN	GA	Next Meeting
Review if the website can be updated to publicise the launch of the NHS App	AS	Next Meeting

NS noted that it would be helpful if receptionists could better understand what patients needed and RH updated the PRG that there had been a programme of training for receptionists, including customer service, however they were not medically trained so to ensure a safe service calls are triaged. LL also noted that many of these issues including access were national and not just local to Ponteland.

PH noted the latest published NHS Strategy Plan and the links to Primary Care within this.

What	Who	When
GA agreed to draft a news update on access to appointments for circulation with a view to publishing this on the website and possibly Pont News and Views.	GA	Next Meeting

All other items were complete or in hand.

Due to LL having to attend surgery the agenda was altered:

### 3. Any Other Business:

#### a) Care Navigators and Empowering Communities Project (LL)

LL presented an outline proposal to the PRG on how the local community might help meet the needs of the most the most isolated, lonely and vulnerable patients.

She presented some local information to show that

17% of residents say their day to day activities are limited by their health

16% of households are occupied by a sole resident over 65

National studies have shown that loneliness increases the risk of early death by 50% whilst it is estimated that 20% of a GP's time is spent on social problems rather than health related issues.

Being the Practice lead for Dementia a recent home visit had highlighted the need for wider community support to improve health outcomes. A few simple DIY tasks would significantly reduce the anxiety and stress being felt by the patient.

Christchurch Angels was a project, on the south coast, where Care Navigator were used to match patients needs with volunteers. LL asked if the PRG would be willing to support such a scheme.

BW said it would be important to understand the funding requirements and the costs of running volunteers as they would require support and coordination by the Practice. GA agreed and said that his experience of volunteers on project showed it did need investment in management and systems to be effective.

The PRG noted that there are already a number of local schemes running, such as Penpals with local schools and Church working groups. EM also noted the Aging Well group as a good example of local working and that there was a Handyman Service available from the Council for those that needed support.

GA advised he was aware of the Empowering Communities Initiative were funding has been made available by the County Council and Public Health with the aim of improving health through working with local community groups and charities. The project had just begun and 6 Locality Officers were being recruited across the County, 5 were already in post. One premise of the project, which GA agreed with, was there is a lot happening in communities but it was not coordinated and so people were often unaware of what was available. By coordinating what was available and creating a repository of information it would enable GP's, nurses, Care Navigators, social workers, charities, community groups and individuals to match people with the support available. GA said it would provide a network for Care Navigators to use to improve health and social outcomes for patients.

GA said he would be happy to meet with the Empowering Communities Locality Co-ordinator for Ponteland (covers Castle Morpeth) and local community groups and report back with some initial thoughts for discussion at the next meeting.

<b>What</b>	<b>Who</b>	<b>When</b>
RH to circulate the presentation on Care Navigators via GA	AS	Circulate with minutes
GA to meet the Empowering Communities Coordinator and local community groups and feedback to the group at the next meeting.	GA	Feedback at next meeting
LL to present on Care Navigation to the NPC Exec meeting.	LL	Next NPC Exec Meeting

#### **4. Standing Items:**

### a) Staffing Update

Dispenser now in post.

Dr Katie Elliott- appointed for 2 GP sessions a week.

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

As discussed at the previous meeting Dr Twelves would no longer be working at PMG on a Thursday. His sessions would be covered by Dr Katie Elliott. GA noted that although the website had been updated with information about Dr Twelves it was very brief and patients were still asking questions as they didn't understand why he was working elsewhere. GA asked if further information on this could be posted.

What	Who	When
To follow up with Dr Twelves on how much information can be posted.	AS	By next Meeting

### c) Complaints and Compliments

No new formal complaints. All have been dealt with and none has been referred to the Ombudsman.

### d) NHS Choices

GA noted there were 4 adverse reviews since the last meeting, all were about access to appointments.

### e) Key Performance Indicators

RH went through the KPI chart for November.

Patients able to see an appointment with a GP within 8 working days – **6.80 days**

Staff sickness was **3.64%** which was slightly above the target of 3.5% (*Target <3.5%*)

% of patients registered for online was **22.80%** (*2018 Target 20%*)

GP / NP Monthly Contacts: **4,044** It was noted that GP contacts have dropped compared to last to last winter.

% of patient population helped by a GP or NP per week **9.65%** (*Target 10%*)

Practice DNA Rate **3.07%** (*Target < 3%*) DNA rate remains stable and the practice is focussing on the DNA rate. EM noted that the text reminder service was useful and would be good to understand what proportion of patients did the practice have mobile numbers for.

Patients who would recommend our services to Friends & Family **90.80%, 65 returns** (Target 90%)

Staff Appraisal's completed **37.90%**; this was now noted as in excess of 70% so on track for completion by year end in March.

Staff Training **77.7%**

List Size – **9,980** RH advised that the reduction in patient numbers was a focus for PMG and that leaflets were being printed for targeting of new builds within the area. BW noted that this should also include the new development at the Police HQ.

**Latest PMG survey results and trends**-Update was provided that discussions are still on-going regarding the surveys and an update would be provided at the next meeting.

<b>What</b>	<b>Who</b>	<b>When</b>
AS to advise on numbers (%) of patients for which mobile phone data held	AS	By next Meeting
AS to confirm the data on the presentation relates to November and not September.	AS	CONFIRMED THAT DATA RELATES TO NOVEMBER
Action- Surveys- update at next meeting on monthly surveys	AS/RH	On next meeting agenda

## **5. Main items for discussion at the Meeting**

### a) CQC Action Plan

RH went through and update on the action plan. Progress to date was noted.

RH advised that the Year of Care (YOC) work is on-going and the YOC team had been visiting each practice within NPC to support this work.

Discussion was held on the monitoring of the telephones and it was noted that it would be useful to understand what analytical information was available and being monitored. EM noted that the post appointment phone calls improved the service and continuity of cares and it was reassuring for patients, so important to consider this going forward.

However online appointments were still an area causing frustration as almost none were available. GA proposed that consideration be given to stopping on-line appointments and informing patients, as demand for follow on continuity of care appointments effectively meant online appointments were not available. RH advised that is was an NHS requirement to offer an on-line appointments system though he understood patient frustration.

RH advised that the Practice was still reviewing the relatively recent changes to the appointments model and in particular workflow and triaging e.g. examining different appointment times and standardising approach. RH believed further tweaks and improvements could still be made to the systems. The receptionists and admin team have real time information about telephone calls displayed on screens and this is helping to ensure more resource is available at peak times.

RH advised that social media training was booked for 23<sup>rd</sup> January and the PRG noted that this was a positive step forward on communication. The PRG were pleased to note this was taking place.

b) Winter Pressures

RH updated the PRG that they were dealing with demand on a daily basis to ensure safest working practices. In response to a question he noted that routine appointments were only cancelled due to GP sickness and that these were then given priority when rescheduled.

The PRG felt it would be useful to have an update on the numbers of Flu vaccines delivered to patients.

<b>What</b>	<b>Who</b>	<b>When</b>
AS to update at next PRG meeting on numbers of flu vaccines delivered to patients.	AS	By next Meeting

Any Other Business:

a) Care Navigators- covered earlier on the agenda

b) VPPG- this was deferred to the next meeting agenda.

GA raised Dinnington Surgery as an emerging issue in respect of the new builds and demand for the service. RH noted that the practice was already taking action regarding leaflets being made available to new build housing to attract new patients as well as exploring opportunities for S106 funding. It was noted the complexities surrounding Dinnington in respect of both CCG and Council boundaries. GA advised that he had made contact with the Parish Council and that a Parish Council meeting was scheduled for 16/1/2019. GA would make contact with the Parish Council to establish what action had been taken to date in respect of Dinnington and feedback to the next meeting.

<b>What</b>	<b>Who</b>	<b>When</b>
GA to feedback on Dinnington Surgery update from Parish Council meeting	GA	By next Meeting