

Newbury Green Medical Practice

Patient Participation Group
Newbury Place Health Centre
17th January 2019 @ 6:30pm

Minutes

Present:

Dr Simon Joseph (SJ)	GP Partner (Newbury Green)
David Flinn (DF)	Practice Manager – Acting Chair
3 female patients (JC, LE, JM)	
2 male patients (NB, ND)	
Lauren Lewis (LL)	Practice Nurse (Newbury Green)
Tina Dixon (TD)	Salford Primary Care Together (SPCT)
Natalie Taylor (NT)	Salford Primary Care Together (SPCT)
Laura Hosey-Davies (LH)	Informatics Manager - NHS Salford CCG

Apologies:

Dr Deborah Larah	GP Senior Partner
Jennifer Collins (JEC)	Practice PPG Representative (Admin)
5 patients (JB, DG, RB, DR, GD)	

Item		Action
1. Introduction	<p>DF welcomed patients to the meeting and thanked those present for attending on the evening and for giving up their valuable time.</p> <p>No patients on this occasion were new to the meeting format, so the standard information that this was not a forum to discuss individual issues or problems, but a more general discussion about how services to patients could be improved and/or expanded was not required.</p>	
2. Apologies	<p>Noted from JB, GD, RB, DG, DR, JEC and Dr Larah</p>	
3. Minutes of last meeting	<p>Members reviewed the minutes from the previous meeting on 20th September 2018. It was agreed they were a true representation of the discussion.</p> <p>DF then gave a brief overview about relevant issues from the last meeting and an update on the relevant actions from that meeting:</p>	

	<ol style="list-style-type: none"> 1) Some practice staff had attended familiarisation sessions for the Care Navigation process in October and as this was a main agenda item for this meeting, would be discussed in further detail later 2) A review of the system(s) used for patients booking their appointments was still ongoing in order to ensure that all patients were appropriately directed to the correct clinician(s) within the practice. 3) The facility for patients to speak to a receptionist in confidence, whilst always having been available, was now advertised at the main reception area. 4) The proportion of appointments available for on-line booking and been amended slightly as the practice strives to determine the most appropriate balance between “normal” and on-line bookings. 5) The specific prescription issue raised by ND remains unresolved. DF will address the issue with a member of the CCG’s Medicines Optimisation Team. 6) The request for copies of the minutes for meeting attendees to be produced by printing on both sides of A4 paper has been complied with. 7) JEC has had communication with DG concerning the difficulties experienced with completing the registration to access on-line services and it is understood this issue has now been resolved. 8) The positive comments received about the possible provision of a headache/migraine clinic were fed back to the CCG / SRFT and DF was pleased to confirm that a pilot clinic for Broughton patients was scheduled to start at the end of January 2019 and will initially be run from rooms within the practice. 	<p>DF / SJ to chase up issues with Medicines Optimisation Team</p>
<p>4. Guests / Services</p>	<p>DF was pleased to be able to introduce a number of guests to the meeting who were also thanked for attending the evening.</p> <p>Following some discussion at previous meetings, TD from Salford CCG’s provider partner SPCT attended to give the group some information about the new Care Navigation project that is being rolled out across Salford. She highlighted details about the rationale, design and operation of the project and answered a number of questions from the group about issues such as which clinical areas are covered, referrals, locations, staff training, longevity and patient feedback mechanisms.</p> <p>NT then introduced herself as the project’s local “Community Connector” and spoke about patient support, promotion, communication, accessibility and housebound patients. This was followed by a discussion around methods of engaging with patients and various ways in which appropriate messages and/or the programme itself could best be made available to all patient groups</p>	<p><u>ONGOING</u> PPG members to inform DF as to who they would like to attend meetings for information or queries</p> <p>DF/JEC to review options for additional information display in waiting areas</p>

	<p>LH spoke about her role within the CCG's I.T. structure and that she was keen to understand ways in which newer technologies could be implemented alongside engagement and consultation with patients. This included both computer and telephony services in primary care settings. LH proceeded to talk about developing and improving systems such as what patients use the internet for?, use of / access to on-line services, various communication media and challenges associated with all these things. She also briefly mentioned items such as the "My GP" app and increased use of text messaging services for appointment reminders etc.</p> <p>A healthy debate followed with PPG members discussing their own perceptions of communication needs, interpretations of what an on-line consultation actually is (and various challenges associated with them) and challenges engaging with older patients who may not always be as familiar with or interested in various technologies.</p> <p>As indicated in the previous meeting, one of the practice nurses was in attendance and LL gave a brief overview about practice nursing and some of the current challenges faced, including patients not attending for their important review appointments and then offered to respond to any questions the group had which included queries about the use of coloured paper in review letter invites (usually the difference between clinics or whether a fasting or non-fasting blood test is needed) or availability of specialist nurses (e.g. for diabetes). LL also offered to field any problems the group had in the future and she can be contacted through the practice.</p>	<p>Any specific queries about the practice's nursing service to be sent to LL at the practice</p>
<p>5. General Updates</p>	<p>There was little relevant information to report on from either neighbourhood or CCG matters as it was a relatively quiet period over November and Christmas however, DF will continue to keep the group informed with any future developments, projects or changes as they happen.</p> <p>DF did advise patients that there was to be an increased focus on neighbourhood working which was no surprise as this has been the plan in Salford for some time, but the idea was reinforced in the government's "10-year plan" for the NHS that had been announced just a few days earlier.</p> <p>This will include practices working together to develop more efficient ways of working and ultimately better outcomes for patients across the whole range of clinical conditions and has already been discussed at some length within the CCG and will continue to be on the agenda at various neighbourhood meetings</p>	

<p>6. Staff</p>	<p>DF gave the group an update on the situation regarding recruitment of practice staff:</p> <ul style="list-style-type: none"> • A new Healthcare Assistant (Urszula) is scheduled to start at the practice in February to support the clinical team • The practice will shortly be looking to recruit a Pharmacy Technician to support the GPs with a view to freeing up more of their time to consult with patients and reduce their administration workload • The new trainee Advanced Nurse Practitioner started in October but unfortunately had to leave quite soon thereafter. The practice is working with the university to source a replacement as soon as possible • Two new members of staff (Sarah and Amirah) have joined the practice in the Reception/Admin team <p>The practice will continue to look to recruit staff that will assist to improve access for patients. This does mean that some patients can be seen by appropriately qualified clinicians who may not necessarily be traditional GPs as there is a well-publicised shortage of doctors nationally.</p>	
<p>7. Patient Experience</p>	<p>DF spoke briefly about the usage of the text messaging service to remind patients about appointments and invite specific patient groups to attend for a range of clinical sessions.</p> <p>Regarding the former, it was pleasing to note that although it can not be proven as directly attributable to the changes made in July 2018, the number of Did-Not-Attend (DNA) appointments reduced from an average of 92 per week (Jan – Jun 2018) to 70 per week in the second half of the year.</p> <p>One startling fact remains that the total number of DNAs in a 9 year period now stands at 35,395 so work will still continue to improve attendance and/or communicate any inability to attend so the appointment slot can be otherwise used.</p>	
<p>8. A.O.B.</p>	<p><u>Meeting adjourned at 8:15pm</u></p> <p><u>Date and Time of next meetings (provisional):</u></p> <p>Thursday 16th May 2019 @ 6:30pm</p> <p>Thursday 26th September 2019 @ 6:30pm</p>	