

Newbury Green Medical Practice

Patient Participation Group
Newbury Place Health Centre
7th April 2022 @ 6:30pm

Minutes

Present:

Dr Simon Joseph (SJ) GP Partner (Newbury Green)
David Flinn (DF) Practice Manager – Acting Chair
1 female patient(s) (LE)
7 male patient(s) (ND, DR, NB, RB, ME, JK, VR)

Apologies:

Dr Laurence Bacall GP Senior Partner
1 patient(s) (DG)
Natalie Taylor (NT) Community Connector

Item		Action
1.	Introduction DF welcomed patients to the meeting and thanked those present for attending on the evening and for giving up their valuable time. It was acknowledged that it has been over two years since the group was able to meet in person and although there have been a number of virtual sessions held during this time, all agreed that it is much better to have everyone in the same room.	
2.	Apologies Noted from DG, NT	
3.	Minutes of last meeting The previous meeting was held virtually on 25 th November 2021 and was attended by DG, LE, JK, NB, ND, SJ, DF (apol. ME) There were no formal minutes following this meeting as it was an open agenda with a general discussion around Practice staffing updates, Covid-19 vaccinations, Social Media, DNA rates & F2F appointments. DF advised that the meeting today constituted almost a “re-start” to the meeting process / schedule, and it is hoped the group can continue to develop going forward.	

<p>4. Guests / Services</p>	<p>No Guests were present at the meeting</p> <p><i>NB: The Community Connector (NT) was due to attend but unfortunately had to send apologies earlier in the day and hopes to be able to attend the next meeting.</i></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>5. General Updates</p>	<p>DF re-advised the group that he thought it would be appropriate to give them an overview of what was happening not just at practice level but also across the healthcare community in the neighbourhood and Salford as a whole:</p> <p><u>Practice</u></p> <p>With effect from mid-May 2022 the practice(s) will be taking over the running of the “Hot” Covid clinic services previously managed by Salford Primary Care Together (SPCT). We have been fortunate to have had this service provision for an extended period as elsewhere in the country, provision outside the GP practice stopped before Christmas 2021. LE asked about funding for this work and Df advised that there will be no additional funds and practices have to absorb the impact as part of their contracts</p> <p>Practices are also required to commence planning for the provision of extended hours services (evenings and Saturdays) that will start later in the year. Planning is at an early stage and will be done as part of a collaborative working project with other members of the Broughton Primary Care Network (PCN). DF advised that it may be possible (and more practical) to offer services on both Saturdays and Sundays rather than evenings as this would better cater for our various patient population groups but permissions for this have yet to be applied for / obtained.</p> <p><u>Neighbourhood / PCN</u></p> <p>DF gave a brief update on the Primary Care Network (PCN) which involves several practices working together for the benefit of Salford patients. The local area PCN (Broughton Health Alliance) matches geographically the Clinical Commissioning Group’s area and contains all the local practices.</p> <p>The PCN has now been in existence for almost three years although development has been slowed in various areas due to the pandemic and the immediate needs of the healthcare system.</p> <p>Work and service provision will become increasingly part of the PCN’s remit and DF advised that although the Clinical Director has recently stepped down from his position, two new GPs from the area have been appointed to the role in a job-share arrangement, one of whom is our own Dr Carlie Gardner and the</p>	

other being Dr Farooq (from Blackfriars Medical Practice). This is positive news as it means the practice will still play an important role and have a voice in any and all decisions and plans relating to future health care

Salford

DF advised the group on some city-wide issues:

- Salford Clinical Commissioning Group (CCG) as an entity will cease to exist from June 30th 2022 and will become part of the new Greater Manchester (GM) Integrated Care System (ICS). This is part of a national directive to streamline services and involves all ten localities across GM being one organisation. The good news is that the vast proportion of staff working for Salford will be moved into the new framework and for the most part will remain working in and for the Salford locality albeit with the possibility of a changed senior management structure. Details of this are still being worked out as the top executives in the GM system are currently just being appointed.
- There is a continuing focus on any organisation's Carbon Footprint, and it is likely practices will have to look at ways to become "greener" in future

6. Staff

DF gave the group an update on the staffing situation:

- Two new GPs, Dr Genis Camprubi-Collell and Dr Sharon Shapiro have joined, the practice recently and we are delighted to welcome back Dr Deborah Larah who is working for us one day per week.
- Both members of the clinical team who left on Maternity leave are doing well and have lovely new additions to their family. Dr Gardner is due back in May 2022 and Anna Haston (Physician Associate) will return a bit later in the year.
- The practice has also recruited a second Physician Associate (Esther Adekoya) who will be seeing many patients and who provides vital additional support to the GP workload and practice capacity
- We also hope to have a new Practice Nurse joining us in the near future as a recruitment process is underway with an appointment hopefully by June 2022
- The practice will continue to host medical students and FY2 doctors.
- Dr Jignesh Mistry who joined us in 2021 has left the practice in February of this year in order to take up opportunities elsewhere.

Reminder - The practice continues 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.

7. Patient Experience

DF gave a brief update on progress with the practice's social media, particularly Facebook and Twitter. It is clear that further work is needed with these systems and this will look to be developed as we progress through the year

An update was also given concerning the balance between telephone / online / face-to-face (F2F) appointment slots as there had been much speculation in the press nationally that GPs were "not open" or "not seeing patients". DF confirmed that our practice has never been closed and in March 2022, the practice saw 59% of patients F2F, a figure that is growing gradually in 2022. NB advised that some people prefer a telephone slot as it is more convenient and DF commented that although the proportion of F2F slots will continue to nudge up, it is likely that it will never return to pre-pandemic levels, particularly also as the option to have video consultation becomes more prevalent which is another method better for some patients. NB also mentioned the fact that the ability to ask a question through the practice website was very beneficial, even though there are times when this is unavailable. DF explained that the reason for this is simply to manage the workload, particularly from over a weekend when there would be potential for GPs to become overwhelmed on a Monday and not be able to deal with acute problems. Patients also need to be educated to some degree about responsibility for their own healthcare and what alternative options for advice and/or medication (e.g., Pharmacies) are available.

Members of the group then queried or commented on several other issues:

- NB suggested that the practice look to email more letters out, particularly as postage costs are significantly increasing
- VR asked about the issue of access and delays in getting appointments. DF explained the process and acknowledged there is an issue that affects all practices with this and that we constantly try and get additional resource to increase capacity. He also advised about the problems (practical and cost) of recruiting locum staff and the fact that the practice constantly is tweaking the appointment system to try and deliver a better balance and number of appointments. It has to be recognised however that ultimately there is a finite amount that the clinicians can do both from a clinical safety and personal wellbeing perspective.
- DR mentioned the problem of children walking/running through the car park and the danger of an accident. There are signs in place but getting people to follow them is challenging. DF will raise the issue at the next tenants meeting.
- JK asked about the previously reported problem of issue dates on prescriptions. DF apologised for not having an answer to this specific issue but will investigate and respond to JK outside of the meeting

DF to report problem again to landlord at next tenants meeting in 2022

	<ul style="list-style-type: none"> • LE asked in relation to collaborative working if patient information would be shared across the healthcare system. DF advised this was always on the cards from the days of the National Spine several years ago and needs to be available now albeit ensuring that strict security and access protocols are in place to comply with the many confidentiality regulations • NB queried the issue of ultrasound provision and the lack of signage. DF explained that following a re-procurement exercise in 2021 when the then service provider lost the contract (not a practice decision), we have been dealing with two separate providers, one of whom (YHS) has the same process and previous, within the practice.....but the other has been arranged by the landlord in rooms elsewhere in the building. We will make representations to both the company (PML) and the landlord to improve signage as patients arriving for these PML clinics are also creating additional work for Newbury Green reception staff. • ND asked about the current situation with Did Not Attends (DNAs) as this has been a big problem for many years. DF said that this would be mentioned as part of the facts & figures (see below) • ND also asked about CQC inspections and likelihood of anything in near future. Although the CQC inspection regime has changed, the practice was last visited in 2018 with a telephone inspection in 2019. DF stated that both formats involved a lot of preparation work with lots of evidence requiring submission. It is possible that due to already having a rating of “Good”, the practice could be revisited with 5 years which would take us to some point in 2023. Both ND and NB have assisted with previous visits by taking part in patient interviews and it is hoped that they, along with others, would be willing to do so again if and when needed <p>DF proceeded to give the group a few pieces of data about the running of the practice during the previous year as this has always been well received in the past:</p> <ul style="list-style-type: none"> • Number of GP Appointments = 30,306 • Number of Telephone Appointments = 20,587 • Number of DNAs = 1550 (2020 =1721 & 2019 = 3306) • Letters sent out = 17,085 • Patient Survey Experience “Good” or better = 82% • Telephone calls received = 91,327 (85% answer rate) 	<p>DF to liaise with CCG contracts manager about signage issues</p>
<p>8. A.O.B.</p>	<p>DF asked for any opinions as to the 8 “fixed” agenda items that form the core of the group’s meeting structure as it was felt this represented a good balance an allowed for reasonable debate and dissemination of information. Those attending agreed and the format will continue although it can be discussed again at some future meeting.</p>	

LE had mentioned earlier in the meeting about the Neighbourhood PPG that we were looking to establish and that had met as far back as January 2020 not long before the first lockdown. DF was able to confirm that we were looking to take this project forward and indeed the next meeting would be for patients from all the Broughton network practices. He hoped to have a number of guests attend including, CCG/ICS representative, one or both PCN Clinical Directors and the Community Connector to give updates on social prescribing. This was generally well received by the group and further details will follow in due course. Practice Managers on the other Broughton practices have been asked to promote this meeting in their own practices.

LE also asked about the issue of providing refreshments and has kindly offered to support the meeting by assisting with this task.

Meeting adjourned at 8:30pm

Date and Time of next meetings (provisional):

Thursday 14th July 2022 @ 6:30pm (NEIGHBOURHOOD)

Thursday 17th November 2022 @ 6:30pm

DF to source additional guests and/or speakers for Network Meeting.

DF to liaise with LE about provision of refreshments for the meeting