

Newbury Green Medical Practice

Patient Participation Group
Newbury Place Health Centre
19th March 2024 @ 6:30pm

Minutes

Present:

David Flinn (DF)	Practice Manager – Acting Chair
Dr Lucy Spurrell (LS)	GP Partner – Newbury Green MP
Mike Yates (MY)	Wellbeing Matters
Mr Meir Fletcher (MF)	Newbury Place Pharmacy
2 female patient(s) (LE, MH)	
5 male patient(s) (DR, BH, RB, NB, HB)	

Apologies:

Dr Simon Joseph (SJ)	GP Partner
3 patient(s) (DG, ND, JK)	
Rachel Dilworth (RD)	Newbury Green Office Manager
Natalie Taylor (NT)	Social Adventures
Ian McCance	NCA Diabetes Service

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>DF reminded patients about Ground Rules, signing in and car parking requirements.</p>	
2. Apologies	<p>Noted from Dr SJ, RD, DG, ND, JK</p>	
3. Minutes of last meeting	<p>Minutes from the previous meeting on 21st November 2023 were reviewed and agreed as an accurate representation of that meeting.</p> <p>DF gave the group an update on any Action Points detailed in those minutes including:</p> <ul style="list-style-type: none">• Wellbeing matters noticeboard (<i>on this agenda</i>)• 195 Telephone Service for patients with sight loss or other disability – can be accessed by calling free on 0800 587 0195, obtaining a form and then having a medical practitioner countersign the form for you.	

	<ul style="list-style-type: none"> • Patient information about Registrations, Deductions and Deaths was issued on 27th November 2023 • Review of waiting area patient information screens was still ongoing, specifically the flexibility of the system to be administered directly by the practice and the challenges faced as much of the system is tied in with both the patient check-in screens and the practice clinical systems where there are very strict criteria about system providers. • Group promotion work was done in the practice by LE, NB, ND on 12th March 2024 and can hopefully be repeated before future meetings at different times of the day / week. LE also suggested that any promotion could be tied in with a specific theme to further encourage engagement. 	
<p>4. Guests / Services</p>	<p>Apologies received from NT and IM</p> <p><u>Community Pharmacy First Services</u></p> <p>MF attended from Newbury Place Pharmacy and was able to give a brief introduction to the Community Pharmacy First Service that has started recently. This includes providing advice and treatment where appropriate for the following conditions:</p> <ul style="list-style-type: none"> • Sinusitis for adults and children aged 12 years and over, • Sore throat for adults and children aged 5 years and over, • Acute otitis media for children aged 1 to 17 years, • Infected insect bite for adults and children aged 1 year and over, • Impetigo for adults and children aged 1 year and over, • Shingles for adults aged 18 years and over, • Uncomplicated urinary tract infections in women aged 16 to 64 years, <p>Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those sent by referring organisations i.e. NHS 111, or GP's,</p> <p>Pharmacy First will also incorporate existing elements of the Community Pharmacist Consultation Service (CPCS), i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral).</p> <p>BH asked about ear treatments and was advised that some further Otoscope training was required by the pharmacy which may be possibly done by NGMP GPs in coming weeks.</p> <p>BH also queried treatment for "Red-Eye" – MF told the group that medications were available for sale at the pharmacy and LS</p>	<p>NGMP to determine any opportunity and options for training</p>

	<p>mentioned that there was a separate acute eye service but unfortunately this appears to be restricted to Bury-area patients as Salford has previously opted out of doing this service.</p> <p>LE enquired about any “forums” for pharmacies to escalate concerns or improvements to new processes, particularly after LS confirmed that GPs have no control over many of these schemes.</p> <p><u>Wellbeing Matters</u></p> <p>DF then introduced Mike Yates from Wellbeing Matters to the meeting. Mark and his colleague Nic Spiby have been a long time supporters of the Patient Group and are always welcomed back to give any updates on projects and services. Discussion on this occasion covered:</p> <ul style="list-style-type: none"> • Brief overview of the organisation and its purpose. • Support with non-medical issues (e.g. Jobs / Housing) • Referral from GPs or Fire Service • Waiting list is approx. 30 patients at this time. • Can supply literature and leaflets for notice boards and for distribution through clinical and reception staff. • Patients are allowed to access the service on more than one occasion. <p>BH asked if the service was advertised in other locations but this is not the case at the moment.</p> <p><u>Enhanced Access</u></p> <p>DF advised the group that the changes to the location of the Enhanced Services had commenced, as previously advised at November’s meeting, in January 2024 and along with the rest of the Broughton Primary Care Network (PCN) continue to run Monday to Friday evenings and alternate Saturdays at Blackfriars Medical Practice / Lower Broughton Health Centre and alternate Sundays from Newbury Green / Limefield Medical Practice. These additional clinics continue to provide a full range of GP services outside of traditional GP opening times and are available for patients of any practice to book at any of the locations.</p> <p>Newbury Green also continues to play an important role in the provision of additional Covid vaccination clinics and more recently extra clinics for MMR vaccinations following the outbreak(s) of Measles in several areas of the country.</p>	<p>NGMP staff to designate and set up notice board in patient area to accommodate WbM literature</p>
<p>5. General Updates</p>	<p>DF provided the group with some updates across a range of practice and PCN related matters:</p> <p>The practice’s patient population continues to grow at a steady rate and as of 19th March was 13140 – an increase of 211 patients since</p>	

the start of the year. Many of these patients continue to transfer in from other local Salford practices.

In recent years there has been interest from the group about certain facts concerning the practice in the previous year so DF gave some data about the practice from 2023 which has been completed since the previous PPG meeting. This included:

- Total GP appointments = 30,559
- Total telephone appointments = 5,141 (16.80%)
- Number of Home Visits = 528
- Total “new” Phlebotomy appointments = 2,130
- Total DNAs = 3,407 (2,588 in 2022)
- Overall change in patient numbers = +1,318
- Letters sent out = 18,826
- Charity Monies raised = £400.00
- PM emails received = 26,812
- Telephone calls received 99,976 (13,601 by one person)

NB suggested more letters could be sent out via email and whilst this can be looked into, it has its own challenges as advised by LS concerning issues such as access to technology and confidentiality

Regarding the PCN – Dr Carlie Gardner has now taken over as the sole Clinical Director for at least another 12 months. Extension to this may be dependent on how the NHS decides to structure PCNs after April 2025.

The PCN has now also recruited a Digital and Transformation Lead to work on all things Digital which may include efficiencies in practice systems / processes, Websites and Social Media streams and possibly patient information systems.

In addition, the roles of Care Co-ordinators have been recruited to and this may expand during 2024 with the use of Additional Roles Reimbursement Scheme (ARRS) funding.

DF advised the group that since January he had now stepped down from the role as PCN Joint-Operations Manager as the demands and challenges within the practice were increasingly heavy and therefore time was better used in focussing on this to reduce burn-out.

The Group were also advised about the success of the Surge-Hub which has been sited in Broughton for much of February. This was in effect an additional clinic that is funded by the NHS that moves around Salford to assist with patient demand generated from normal winter pressures. The Hub had started in Walkden, moved to Broughton, and has now relocated to Eccles. Whilst not ideal for some patients due to geographical restrictions, this Hub does have a great benefit by providing additional access options at the most challenging time of the year and will hopefully continue again later this year when Winter comes around.

6. Staff

DF gave the group an update on the staffing situation:

- Since the last meeting Dr Nadia Abuhussein, Dr Nana Sa'id and Dr Ayesha Munshi have joined the practice and have bedded in well since Christmas. We are confident now that the practice will be able to look into once again the provision of some services previously suspended such as minor surgery and contraception.
- We also welcome the return of Dr Carlie Gardner from Maternity Leave to practice duties in February and are pleased to report that following her starting Maternity Leave in December, Dr Sharon Shapiro has given birth to a healthy baby boy.
- With effect from 4th December 2023, and after completing their Care Certificate training, admin team members Diane, Emma, Rebecca and Shannon are doing a number of clinics including phlebotomy, basic health checks, new patient checks and ECGs.
- Two additional Reception / Admin staff (Icy and Diaz) have also been recruited to support the increasing workload and access requirements.
- The practice will continue to host medical students and GP Registrar doctors who are also appropriately supervised. Most of the students who visit are simply in clinics to observe and patients will always be asked for consent to allow any student in their consultation. Our previous GP trainee, Dr Al-Nasser was with us until February 2024 and has now been replaced by Dr Gregory.

LE asked about an Ear-syringing service and DF informed that although one of the nurses has been trained in this, issues around appointment capacity and physical space have so far prevented anything starting albeit constantly being reviewed.

LE also questioned the situation regarding Physician Associates as this role has been in the press recently due to an unfortunate death of a patient in the London area and calls for the role to be formally "registered" as it not at present. LS spoke about the benefits of having PAs, the ones employed at NGMP are very good and they are constantly supervised by GPs on a daily basis.

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 remains a well-publicised shortage of doctors and nurses nationally.

<p>7. Patient Experience</p>	<p>No update available to report concerning the progress of either the practice or the PCN website development. However, now that the aforementioned PCN digital and transformation lead has been appointed, this issue can hopefully be moved forward.</p> <p>BH mentioned the “landing” message on the practice telephone service being too long and still including information about Covid-19 as well as the queue position updates and the holding music. DF advised that these things will be looked into, and appropriate changes made where needed and where possible.</p> <p>NB talked about the patient call screen in the second waiting area in that it was very difficult to hear. This may be due to the volume control limitations of the screen itself but will be investigated.</p> <p>HB advised that there was still the possibility of confusion for patients using the self check-in screen who are not being recorded as the “Finish” button is not being selected – DF will look into revised signage to try and make this issue clearer for patients.</p>	<p>.</p> <p>NGMP Office staff to check system and amend as appropriate</p> <p>DF to check technical issues</p> <p>DF to check and update as required</p>
<p>8. A.O.B.</p>	<p><u>UPDATE from November 2024: DF canvassed opinions about how additional members could be recruited to our group?. ND suggested creation of A5 flyers and LE thought a table in the waiting area, a couple of weeks before the next event, with some information / meeting minutes etc. could generate some interest. Several group members were in favour of this and offered to man a desk so this will be looked at in time for the next scheduled meeting in March 2024.</u></p> <p>..... LE, NB & ND attended the practice for several hours on 12th March and set up a table, leaflets, and a presentation to attract and encourage new group members. This support is very much appreciated by the practice and is hopefully something that can be repeated before future meetings at varying times of the week to catch different cohorts of patients.</p> <p>NB advised that previous PPG meeting minutes were missing from the practice website for a significant period of time which did not reflect well on the practice and offered to help in sorting this out.</p> <p>LE was thanked on behalf of the practice for planning and providing refreshment options for the meeting.</p> <p><u>Meeting adjourned at 8:10pm</u></p> <p><u>Date and Time of next meetings (provisional):</u></p> <p><u>TUESDAY 16th July 2024 @ 6:30pm</u></p> <p><u>TUESDAY 19th November 2024 @ 6:30pm</u></p>	<p>DF to liaise with group members about further promotional work and canvassing emails pilot to a test cohort</p> <p>DF to liaise with website provider and NB to enable access</p>