

Newbury Green Medical Practice

Patient Participation Group
Newbury Place Health Centre
27th April 2017 @ 6:30pm

Minutes

Present:

Dr Simon Joseph (SJ)	GP Partner (Newbury Green)
David Flinn (DF)	Practice Manager – Acting Chair
1 female patient (CB)	
4 male patients (RB, ME, ND, DR)	
Caroline Elliot (CE)	Salford Citizens Advice Service

Apologies:

Dr Deborah Larah	GP Senior Partner
Nicola Allan	Practice PPG Representative (Admin)
2 female patients (JB, DG)	
2 male patients (NB, WL)	

Item		Action
1.	Introduction DF welcomed both new and returning patients to the meeting at the practice's new health centre. Numbers remain slightly disappointing, but those present were thanked for attending the meeting and for giving up their valuable time. As there was at least one patient who had not attended before, DF quickly went over the ground rules in 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. This will be continually reviewed on a meeting-by-meeting basis depending on if and when new members join.	
2.	Apologies Noted from WL, DG, NB, JB, Dr Larah, NA	
3.	Minutes of last meeting DF gave a brief overview about issues from the last meeting in December 2016 and an update on the actions from that meeting. <u>Practice Website</u> – Further to comments that the website was looking a bit "tired", the practice staff (and in particular Miss Sarah Williams, the APM) have spent some time on updating the information and improving the links within and overall	

	<p>“user-friendliness”. DF asked the group to view the site when they were able and feedback any comments to him about possible further development.</p> <p><u>Requests for Guests</u> – DF had made several requests to have guest “speakers” from both Salford Clinical Commissioning Group (CCG) and the Citizens Advice Bureau (CAB) attend one of these meetings after the group had previously expressed interest in talking with them. Both bodies had initially agreed to send representative to this meeting but unfortunately the CCG representative was unable to attend although we were delighted to welcome Caroline Elliot from CAB (more details later).</p> <p><u>Merger Proposals</u> – The proposed merger with Limefield Medical Practice had been delayed several times as we were waiting for them to relocate into the new building. This move finally happened late in 2016 year and the situation is under review although it still remains likely that another patient consultation process will be gone through should the merger go ahead. Further information will be communicated in due course.</p> <p><u>Layout</u> – The issue of changing the queueing layout in the reception area has been addressed simply by changing the direction of the queue around the rope barrier(s). This step does appear to have improved the situation and reduced congestion in the main doorway area. Enquiries have also been made about the provision of additional technologies in the waiting area, patient check-ins and the like but it has been determined that it is cost prohibitive at this time.</p> <p><u>Prescribing</u> – A project is currently underway to “map” the prescribing process with a view to identifying any critical break points and therefore change ways of working if possible to make the process simpler and more efficient when patients request and/or need medication. This will involve IT systems, staff training, patient education and consultation with both the practice pharmacist and local area pharmacies. There is no “quick-fix” as it is quite a complex process but any changes and updates will be advised in due course. NB pointed out that the EPS system on the whole works very well and he was impressed by how quickly he understands requests can be processed and medications available when the system is used correctly.</p>	<p>DF to continue to canvass attendance from CCG staff</p>
<p>4. Guests / Services</p>	<p><u>Citizen's Advice</u> - DF introduced Caroline Elliot from Salford Citizen's Advice Service who had agreed to come to the meeting following earlier requests from the group and who gave the meeting an overview of the new weekly advice service that is starting for the practice's patients w.e.f. Monday</p>	

May 8th 2017. The service will start off as a drop-in clinic on a Monday from 10:00am to 1:00pm and timings will be reviewed after a few weeks once demand has been established. CE gave the group a brief idea as to what types of advice could be given to patients and which patients may, at least initially, be able to get more out of it (e.g. those with Long Term Conditions) although it is not an exclusive service and is open to all practice patients. Advice may be given about a range of issues, examples of which could be welfare, orientation, bureaucracy, rights & entitlements, finance etc. and if the CAB staff cannot offer specific advice, they may be able to signpost patients as to where to go to get more detailed information. There may also be a number of issues governed by specific regulations that the CAB are not able to give advice on (e.g. some financial problems), but again, they can direct people where to go to get that detail.

ND enquired about the clinic timings and the accessibility for local patients who may have been victims of a "post-code lottery" with other services in the past and was advised 10am-1pm Mondays (at least to start with) and that as long as patient was registered with the practice, they would be able to access the service and there is no discrimination because of an individual's postcode. DR asked about the usage of interpreters for those who do not speak English as a first language and it was agreed this could be an issue as the practice has a high proportion of non-English speaking patients. There followed a debate about the process and it was agreed that this issue required further investigation and there may be some possibility of tying something in with the service the practice uses for normal consultations.

SJ asked about the numbers of people to be seen each session and was informed that there had to be a finite number of about 15 patients maximum with 15-20 minute appointment slots in a diagnostic only capacity initially with further appointments being made if necessary

CAB have produced a number of posters and flyers for the practice to use in-house and the staff will all be briefed to direct patients to the service accordingly. DF thanked CE for the support in setting this up and for attending on the evening to talk to the PPG members.

Ultrasound - DF also advised the group that the Ultrasound service run by Diagnostic Healthcare had been running for a couple of months now and the take-up rates have been very good, so much so that the frequency of clinics looks like it will be increased from fortnightly to weekly in the near future. This is now a Choose & Book option for patients to have any appropriate scans done within our practice rather than at the hospital and so is of great benefit to have the service performed locally. ND asked about the time from scan to results being available and SJ commented that in his

Practice staff to review process after 3 months and provide feedback to group

DF to brief all clinical staff to promote the new service

	<p>experience so far, it was taking approximately one week which the group felt was very reasonable. SJ also gave the group an overview of the actual process which was also received with interest.</p> <p><u>Salford CCG</u> - Unfortunately, a representative from Salford CCG was unable to attend this meeting. DF has confirmed that this will continue to be chased up</p> <p><u>Other</u> - DR asked about the provision of other services such as minor surgery and perhaps a specialist diabetic clinic which it was felt would be useful. The former had been stopped before we relocated in 2016 for a number of reasons although DF stated he was happy to go back to the GPs with the request in order to determine any possibility of restarting. A specialist diabetic nurse is something that the practice has never had although again, in line with the practice's staff development policy, it is something that could be explored in the future. DF pointed out that 12 months ago the practice had employed two brand new practice nurses and they have done an excellent job in becoming familiar with many aspects of the role having never worked in a GP practice before, going through a very steep learning curve and always looking for new challenges. DF will feed any information on this issue back to the group in due course.</p>	<p>DF to consult with nursing staff about training and development needs and possible service provision options for the future</p>
<p>5. Staff</p>	<p>DF confirmed to the group that after many years of service to both Dr Warburton's practice and latterly to Newbury Green, Sister Mary Nixon had retired and had left the practice at the end of March 2017. Mary was thanked for her efforts and our best wishes and good luck for the future go with her.</p> <p>GP recruitment is still a problem across the whole of primary care and we are continually looking to add to our team. Some positive news is that Dr Golam Chowdhury has now become a partner in the practice (w.e.f. February 2017) and it is looking likely that we have secured the services of a locum on a longer-term contract to work an additional two days per week which will help to increase the number of appointment slots available. This should start towards the middle of May 2017.</p> <p>The group was advised about the plans to install Champions / Care Navigators at Reception which are essentially members of staff who have had some specialised training in one or more medical conditions and who may be able to offer advice and support to any patient suffering from said condition. These people will not be clinical staff, but they will know where a patient can go to get specific assistance and DF asked the group, which areas they though may be candidates to be addressed first. The group responded with several comments,</p>	

	<p>but the main ones were: Dermatology, Respiratory, Cardiovascular Disease (CVD), Diabetes, Alcohol Dependency, Pain Clinic, Obesity, Smoking Cessation and Sports Injury. ND and DR also felt it may be possible, depending on a GPs particular field of special interest for staff to suggest that doctor for a specific condition which is a good idea, but which may not always be possible bearing in mind the current levels of demand for appointments.</p>	
<p>6. Digitalisation</p>	<p>DF gave an update on the Friends & Family survey, in particular the responses since the practice had actively started to promote the questionnaire and the commencement of the electronic survey option in March 2017. DF acknowledged the support of ND (in his absence this evening) for his contribution and efforts in setting up this electronic survey. Overall the uptake has been remarkable with response for the last four complete months (at time of meeting) being as follows: Dec'16 (11), Jan'17 (80), Feb'17 (129) and Mar'17 (306). It was felt however that this survey has potentially run its course as some patients are simply fed up being asked to complete the survey on a regular basis and perhaps the practice should approach the CCG about the point of carrying it on or is it time for something different to measure patient experience and confidence etc.?</p> <p>Following the launch of the text messaging service for reminding patients of their routine appointments with a GP or nurse, there has been a slight drop in the numbers of missed appointments. Quarter 1 of 2017 showed almost 100 fewer missing appointments than the same period in 2016 although there is still a lot of work to be done. One possibility is to encourage uptake of the usage of the on-line services whereby patients can book AND cancel their appointments on-line, even when the practice is closed. CB mentioned a problem she had experienced with this service and this will be looked into by practice staff as an individual issue. DF also mentioned to the group that he recently met with a company who provide an integrated telephone booking system, that works alongside our clinical system and which allows patients to book, change, and cancel appointments using their phones rather than a computer which may be preferable and/or easier for some patients. This really was a project in its infancy and which may or may not prove viable for the practice, but further investigations will be made to determine if there is a cost effective solution to provide easier access for patients as well as freeing up some administration time within the practice through staff not physically taking so many phone calls.</p> <p>DF also asked the group members to advise if they had any suggestions about what they would like see communicated via text message (e.g. health check appointment reminders)</p>	<p>Group to feedback any ideas to DF</p>

	<p>The group were shown a new leaflet, put together by the practice staff that detailed some of the digital services now offered and the benefits thereof. Comment was invited as to the suitability and user-friendliness of the document (attached at end) and the group agreed that it was very good and easy for patients to understand. This leaflet will go "live" from Tuesday 2nd May and will be available in the waiting areas and eventually on the website</p>	
<p>7. A.O.B.</p>	<p>DF issued a flyer to the group which showed details of Salford Royal's Cancer Patient User Involvement Group and the next meeting at the end of May 2017. DR kindly offered to take extra copies for distribution/display at St Anne's Hospice.</p> <p>DR had asked about parking problems, particularly at school drop-off and collection times when for a 15 minute period there is definitely a traffic management issue. DF advised there is no definite solution to this and although the local school had been approached about the problem, they had not been very supportive in trying to find a solution. This is unfortunately a situation that could get worse if no solution is found and the plans to expand the school across the road go ahead. The landlord of the health centre is looking at a number of options including, spike strips, number plate recognition systems and some form of token redemption system, but as yet nothing definite has been agreed as all the options have advantages and disadvantages.</p> <p>DF felt it appropriate to inform the group that although there was no official CCG representation at the meeting this evening and he was attending as the PM of the practice, after a recruitment process, he had recently been appointed to the governing body of the CCG as the Neighbourhood Lead for the Broughton Neighbourhood, One of five "clusters" of practices across the whole of Salford. The group offered their congratulations which was most appreciated.</p> <p>DR commented that he felt it was a positive move that the practice reception desk was now open all day following the relocation and not closed 12:30-13:30 as was the case at the previous site.</p> <p>ME raised an issue around blood testing and any delays and confusion with results. SJ gave the group an overview of the process and explained that there were so many variables, it was difficult to sometimes determine an "exact" plan of what happens every time and as we are relying on external bodies (e.g. Pathology Labs) to do the work, we are not able to find out where any problem, i.e. with "lost" results could be. SJ also talked about the process of electronic results of X-rays following a query from DR</p>	

Meeting adjourned at 8:30pm

Date and Time of next meetings (provisional):

Thursday 24th August 2017 @ 6:30pm

Thursday 11th January 2018 @ 6:30pm