

# Newbury Green Medical Practice

Patient Participation Group  
Newbury Place Health Centre  
11<sup>th</sup> January 2018 @ 6:30pm

## Minutes

### **Present:**

Dr Simon Joseph (SJ)	GP Partner (Newbury Green)
David Flinn (DF)	Practice Manager – Acting Chair
1 female patient (DG)	
4 male patients (RB, ME, ND, NB)	
Mr Mark Lupton (ML)	Salford Healthwatch

### **Apologies:**

Dr Deborah Larah	GP Senior Partner
Jennifer Collins (JEC)	Practice PPG Representative (Admin)
3 patients (JB, JC, WL)	

Item		Action
<b>1. Introduction</b>	<p>DF welcomed patients to the meeting at the practice's new health centre. Numbers attending were slightly down, possibly due to the time of year and inclement weather and those present were thanked for attending the meeting and for giving up their valuable time.</p> <p>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.</p>	
<b>2. Apologies</b>	<p>Noted from JB, JC, WL, JEC and Dr Larah</p>	
<b>3. Minutes of last meeting</b>	<p>Members reviewed the minutes from the previous meeting on August 24<sup>th</sup> 2017 and 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 actions from that meeting.</p>	

	<p><u>Guests / Services</u> - DF said that efforts were still continuing to have a representative of Salford CCG attend the meeting but it was not possible for this occasion. The group were also informed that DF has started to have some basic interactions with local ward councillors and the East Salford Community Committee. This is to better understand the service needs of the local community and may also be an opportunity to promote the practice's Patient Groups to a wider audience.</p> <p><u>S.W.E.A.P.</u> – DF was pleased to announce that the Salford-Wide Extended Access Project would be going live in the Broughton neighbourhood with effect from Tuesday 16<sup>th</sup> January 2018. The scheduled start date for this project that enables patients to see a clinician during extended hours in the evenings and at weekends had been moved back and forth several times, but the organisation providing the service had now resolved any issues and were ready to launch. Any patient registered with a GP practice in Broughton will be able to access this service that will be run out of Newbury Place Health Centre (from rooms on the first floor). ME queried about the ability to book appointments on-line for this service after it was explained that the appointments system is slightly different from the practice's usual system due to needing access from all practices in the neighbourhood and this will be looked into and fed back to the group. NB also asked about patients familiar with the building being told about where the extended service will operate from and was reassured that this information will be conveyed to patients by reception staff as and when appointments are booked.</p> <p><u>Merger Proposals</u> – Deferred to separate agenda item later in meeting</p>	<p><b>DF to determine requirements of on-line appointment bookings for extended access services and feedback to group</b></p>
<p><b>4. Guests / Services</b></p>	<p>DF introduced Mr Mark Lupton from Salford Healthwatch who after discussions several weeks ago, had agreed to come along to the meeting to talk to the group about his organisation.</p> <p>ML explained that they are a publicly-funded, not-for-profit body and proceeded to give the group a very informative overview of Healthwatch that included:</p> <ul style="list-style-type: none"> <li>• Background to the organisation</li> <li>• How they can engage with, and act on behalf of the public about general issues</li> <li>• How they can facilitate with, and signpost to other appropriate organisations</li> <li>• How they can access any public building and have the rights to ask questions</li> </ul>	

- How they interact with other health bodies such as the local CCGs and Care Quality Commission (CQC)
- How they can be contacted by patients

The group were very interested in the presentation and asked a number of questions, the main ones including:

- ❖ The size of the local body? (ND) – *approx. 15 in the team and always keen to engage with additional volunteers to gather information and talk to patients*
- ❖ Any escalation process? (NB) – *yes, the organisation has frequent interaction with organisations such as the CCG and local Health & Wellbeing Boards*
- ❖ Domiciliary Care? (RB) – *access to private homes is an issue but they can enter if any care centre / home is publicly funded*

ML also issued to the group contact details and examples of the feedback leaflets that are available to use for any patient wishing to contact them (examples attached). The contact details are:

Tel: 0330 355 0300  
 Email: [feedback@healthwatchsalford.co.uk](mailto:feedback@healthwatchsalford.co.uk)

And further information can be found at:

[www.healthwatchsalford.co.uk](http://www.healthwatchsalford.co.uk) or @HWSalford

DF thanked ML for his attendance and contribution and confirmed that the practice looked forward to working with his organisation in the future.

**5. Staff**

Recruitment of additional GPs continues to be problematic, not just for this practice, but as a nationwide issue. This being the case, the practice has looked at provision of services using other appropriately trained clinical staff and will shortly be embarking on a process of recruitment for a nurse practitioner and a practice pharmacist. This led to a question about a “pharmacist” that one member of the group had recently seen and DF explained the existing “Neighbourhood Pharmacist” program (NIPPS) who was attending all the practices for some time each week to provide assistance with issues surrounding prescribing and medicine reviews etc. These pharmacists are part of a Salford-wide innovation scheme and are not directly employed by the practice although they provide valuable assistance and support. As a directly employed person, the practice will be able to direct the “new” pharmacist to our individual needs and for a greater period of time each week.

	<p>In addition, DF was pleased to confirm that in a staggered fashion, but starting the following week, both of our practice nurses will be attending a prescribing course which not only will upskill the personnel involved, but provide greater flexibility to the practice when both are qualified by later in the year and, the practice will further be supported by a Physicians Associate who has already been recruited and should be starting with us in approximately late-March 2018.</p>	
<p><b>6. Merger Update</b></p>	<p>DF simply advised the group that the merger plans were presently on hold as Limefield Medical Practice had some internal issues they wanted to resolve, and that further information would be communicated as and when it is available and appropriate.</p>	
<p><b>7. Patient Experience</b></p>	<p>As part of a CCG exercise to review and improve overall quality of services, DF shared with the group the dashboard / template used to report the results of the postal patient-experience survey that is distributed each quarter and asked for opinions about the relevance of actual questions asked and the format in which the results are presented. The group gave some valuable feedback around this issue and those comments will be fed back to the CCG accordingly.</p>	<p><b>DF will pass feedback from the group onto appropriate people within Salford CCG</b></p>
<p><b>8. A.O.B.</b></p>	<p>DF gave the group a very brief overview of the deflection service that has been in operation at Salford Royal since the last quarter of 2017. A high proportion of patients reporting at A&amp;E were referred back to their GP, so the question was asked if the group had any thoughts about this or about the fact that the message about educating the population as to what is an appropriate A&amp;E attendance or not does not appear to be either getting through or being understood. The group agreed that education was a key factor but also commented that other issues were generally; timescales of access to GPs in a patient's own surgery, a feeling that A&amp;E was the only option following the demise of walk-in centres and a lack of confidence in the 111 service or Minor Ailments service.</p> <p><u>Meeting adjourned at 8:05pm</u></p> <p><b><u>Date and Time of next meetings (provisional):</u></b></p> <p><b>Thursday 17<sup>th</sup> May 2018 @ 6:30pm</b></p> <p><b>Thursday 20<sup>th</sup> September 2018 @ 6:30pm</b></p>	