

Newbury Green Medical Practice
Patient Participation Group
Newbury Place Health Centre
20th September 2018 @ 6:30pm

Minutes

Present:

Dr Simon Joseph (SJ)	GP Partner (Newbury Green)
David Flinn (DF)	Practice Manager – Acting Chair
2 female patients (DG, LE)	
4 male patients (ME, NB, ND, DR)	

Apologies:

Dr Deborah Larah	GP Senior Partner
Jennifer Collins (JEC)	Practice PPG Representative (Admin)
6 patients (JB, GD, RB, MC, WL, JM)	

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, MC, WL, JM, JEC and Dr Larah</p>	
3. Minutes of last meeting	<p>Members reviewed the minutes from the previous meeting on May 17th 2018. LE pointed out there was no comment about the proposed merger situation listed and DF apologised for the oversight which came about because there had been no further information to report to the group that time. Other than the one omission, 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 actions from that meeting.</p>	

	<ol style="list-style-type: none"> 1) All new patients have been added to the PPG email distribution list 2) It is possible to add links to Salford CCG website for pertinent information to the practice's own website. The Newbury Green website will shortly be undergoing a significant change and these enhancements should be added at that time. 3) The feedback from the group about the dashboard had been given to the CCG quality team and amendments made including the suggestion to show the GP to patient ratios. The document has now been revised (see also Item 7) 4) The issue of putting handwash gel in waiting rooms had been raised with the building but would not be going ahead for the foreseeable future 5) The number of concerns about parking at the health centre have significantly reduced as patients are now used to the system and there is a better understanding that parking remains free proving vehicle registration details are entered and that the practice is not responsible for nor benefits from any of the parking charge letters issued by the car park management company. There is more than adequate signage both inside and outside of the building and at various points in tenant's reception areas. 	
<p>4. Guests / Services</p>	<p>No guests were present at the meeting</p> <p>DF advised that for the next meeting in January, one of the practice nurses would be in attendance as it may be interesting for patients to have a discussion with a different member of the clinical team outside of the normal consultative environment.</p> <p>Group members were again asked to let DF know about any person(s) or organisations they would like to see represented at future meetings</p>	<p>PPG members to inform DF as to who they would like to attend meetings for information or queries</p>
<p>5. General Updates</p>	<ol style="list-style-type: none"> 1) Proposed merger with Limefield Medical Practice – DF gave the group a quick update on this project in as much as there was nothing really to report other than there had been a change of management at the other practice, an interim Practice Manager was in place and at the time, no communication had been received about progressing the matter. NGMP will not take any further action until contacted by Dr Levenson as a considerable amount of 	

	<p>work had already been done and no further resource would be used as it has the potential to be wasted effort at the moment. The group were advised they would be further updated as and when more information was known.</p> <p>2) Care Quality Commission (CQC) – DF told PPG members that the practice had received a CQC inspection on the 14th August having been notified by the local CQC Senior Inspector two weeks beforehand. Staff at the practice had worked very hard in doing the preparation for the visit and DF also wanted to record thanks to both NB and ND for speaking to the inspection team on the day. It was pleasing to announce that this very morning, CQC had published their report and the practice was found to be “Good” in all areas. The report itself is quite a lengthy document and any patient can view it at www.cqc.org.uk</p> <p>3) There was little relevant information to report on from either neighbourhood or CCG matters as it is a quieter period through the summer. However, DF is scheduled to attend several Governing Body and Broughton neighbourhood meetings in the next few months along with gatherings of the East Salford Community Committee and is confident there will be some news ready for the next PPG meeting in January 2019</p>	<p>DF to feedback Broughton and wider Salford matters at next meeting</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"> • Dr Tanya Beaumont left the practice in July after being with us for eight years • Dr Karen Nolan worked at the practice for a short period of time • Dr Nick Fernandez joined the practice in July • Dr Carlie Gardner joined the practice in September • A new Healthcare Assistant (Sarah) started in July • A new trainee Advanced Nurse Practitioner (Pippa) is due to start with the practice in October <p>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.</p> <p>DF also felt it was good to notify the group that both practice nurses (Lauren and Claire) have recently passed their respective courses for prescribing and this additional experience will be used in appropriate consultations with patients in the near future adding flexibility for some patients</p>	

	<p>with specific conditions in that they will not always need to see an actual GP.</p> <p>In addition, the practice is looking to train a number of non-clinical staff as Care Navigators, i.e. people who will have trained specific experience in one or more conditions who may be able to offer some basic advice to patients and/or signpost relevant pathways.</p> <p>The group expressed several comments about these issues, mainly around the need to make sure that patients making appointments were booked to see an appropriate clinical person. DF agreed that there needed to be a robust process for the reception staff to follow and a protocol for the staff would be written, trained and initiated before said process(es) became live. ME highlighted that patients would need adequate questioning about the need for an appointment and staff would need to be confident about pressing patients about what their problem is in order to be booked into the correct clinic, rather than just accepting the <i>“its personal”</i> comment that some people have used, especially and unfortunately to secure an appointment for a non-urgent routine matter. SJ acknowledged that this has been a problem that will never totally go away, but we should look to educate patients about all the appointment options available ...as seeing a GP may not always be needed. DG asked about who decides who a patient will see and suggested we develop a flowchart that could be used both by practice staff and by patients who could access through the website to illustrate this. All thought this a good idea that could also be included on the practice leaflet and this will be investigated. LE and others made the comment that patients at the reception desk may not feel comfortable discussing issues of a personal nature at the reception desk, which was understood but DF pointed out that there is a side room just off reception where patients can have a more private discussion if that makes them feel more at ease. ND suggested highlighting this with something as simple as a “speak in confidence” sign and this will be implemented as soon as possible.</p> <p>Further information on these schemes will be communicated once training is completed and we have definite start dates for the changes to come into effect.</p>	<p>DF attending initial training session for this project in early October 2018</p> <p>NGMP practice management to discuss, write and install the appropriate systems and controls to allow correct and easy booking systems for patients</p> <p>Information will be added to a new practice website in 2019</p> <p>DF to arrange for a “<i>speak in confidence</i>” notice for the reception area</p>
<p>7. Patient Experience</p>	<p>The ongoing piece of work concerning the development of a dashboard for patients to look at to easily compare the performance of practices in any given CCG neighbourhood is now almost concluded. Feedback from this group was previously presented to the CCG Quality Board and that along with some other changes has resulted in a much more user-</p>	

friendly document that will soon be available for patients to see on the CCG website. DF showed a version of this document to the group and the format was well received albeit easier to read through electronic media as the printed version has quite small text and graphs in order to keep it to one page

The main information shown includes:

- Friends & Family Test Recommendations
- Ease of getting through on telephone
- 2x Quality scheme measures (1 local and 1 national)
- The practice's mandatory training compliance
- Infection Control Audit Results
- CQC rating
- GP to Patient ratios
- A brief narrative of each measure

Patients will be able to view the data and use it to inform their choices when registering with a GP's practice in future.

DF advised that due to its participation in a Salford pilot scheme, the practice will be increasing its usage of a text messaging service to communicate various messages to patients. These messages will include things like reminders for routine GP appointments and advisories for issues such as seasonal influenza vaccinations.

The practice has installed a new patient information screen on the reception desk, the idea being that two or three simple, but appropriate messages be displayed at various times of the year to inform people waiting for a receptionist. For example, at the moment there are three messages rotating through a cycle and concerning flu, online registration and the PPG meetings. These can be changed at will and group members were asked to tell DF if they felt other messages / information should be displayed.

The practice has been asked to take part in two patient surveys, one from Healthwatch Salford about patient access and the other, a postal survey about dermatology (with a prepaid return envelope). Various members of the group kindly offered to provide responses and additional survey forms will be available to all patients at the reception desk from the following morning along with a drop box to allow anonymity with any completed questionnaires.

8. A.O.B.

DF advised that the timescales for booking appointments were under review and although there had been a thought to reduce the maximum time ahead to book an appointment to two weeks, there were some issues with this that needed to be

	<p>investigated so nothing would change at the moment. The reasons for looking into this were still the high numbers of appointments made but not attended, and the group were shocked to learn that the figure (for all clinical appointments) stood at 3302 for the year to date. A question was asked about the numbers of on-line appointments available (and would this be compromised by the issues described about appointment bookings in Item 6 above?). DF assured the group that online appointments would still be available and in fact the balance between what was available online and what is not at the moment could be reviewed with a view to increase the former. <i>(NB: the contribution made by RB who sent apologies for the meeting but had submitted some thoughts via email for this issue was acknowledged)</i></p> <p>ND highlighted a specific query about items on a prescription showing erroneously. This could not be answered at the meeting but will be looked into and a response supplied.</p> <p>NB mentioned an issue with space/access to one of the patient toilets in the waiting room. This will also be looked at and any concerns reported to the landlord.</p> <p>NB also commented on the usage of paper for minutes and that they should be printed double-sided. This was acknowledged as needing to be addressed and will be sorted for the next meeting.</p> <p>DG raised an ongoing problem experienced with using the online registration / repeat script system. DF advised that the practice has had the clinical system support team look at this in the past and apologised it has not been resolved. DF will get JEC to contact DG directly to see if there is a time when they could physically attempt the registration process in the practice together to see if the problem can be fully identified and resolved.</p> <p>DR asked if the Citizen's Advice Bureau outreach service was only available on Mondays at the practice and was informed that for the moment, that was indeed the only day it was running in the building.</p> <p>DF again raised the issue of having a neighbourhood PPG meeting as there will be an increased focus in the future of collaborative working between practices even though they will remain as individual entities and information such as patient confidential data will not be exchanged. The work will look mainly at administrative, operational and logistical issues. There was not a huge amount of enthusiasm for the idea but a limited acceptance that a toe-in-the-water discussion may be worth having a try at least. Nothing has been planned for the time being, but it may be possible as we move through 2019.</p> <p>A question had been submitted by JM who was unable this</p>	<p>Practice will review proportion of online booking slots available and adjust accordingly</p> <p>DF & SJ to look into this matter</p> <p>DF to report to landlord</p> <p>DF to arrange for next meeting</p> <p>JEC to contact DG to examine process</p>
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time to attend but had been concerned about the amount of waiting time to get an appointment to see a GP. JM was thanked for sending in the question and DF explained about the general demand on Primary Care, the overall shortage of GPs which means practices are looking to alternative clinicians, the main summer & religious holiday period and lack of availability of locum GPs and, reiterated the ongoing attempts to recruit extra staff.

DF advised the group about a notification the practice had received that significant roadworks were due to commence on 29th September at the large junctions immediately outside the health centre where Bury New Road meets Northumberland Street. Works are scheduled 07:30-17:30 Monday to Friday and are expected to last six months. The concern is obviously about delays for patients getting to the practice and there being potential to miss appointments. Practice staff are aware of the problem and will try and deal with any issues for individual patients should they arise.

The practice has been approached by Salford CCG and Salford Royal Hospital to see if there would be any benefit to running a pilot scheme of a headache / migraine clinic (for a limited time initially) in our building for appropriately referred patients. DF has already indicated that this would be of benefit to patients but also would like the group's opinion. The group felt that this, as with any service that could be provided locally would be of benefit, so the practice will try and progress this project as soon as possible.

DF to report positive comments back to CCG / SRFT

Meeting adjourned at 8:25pm

Date and Time of next meetings (provisional):

Thursday 17th January 2019 @ 6:30pm

Thursday 16th May 2019 @ 6:30pm