

Newbury Green Medical Practice

Patient Participation Group
Newbury Place Health Centre
25th July 2023 @ 6:30pm

Minutes

Present:

Dr Michael Starkie (MS)	GP Partner (Newbury Green)
David Flinn (DF)	Practice Manager – Acting Chair
Joanne Smith (JS)	A.P. – Clinical Performance Lead
Kimberley Finney (KF)	Practice Nurse (Newbury Green)
Mike Yates (MY)	Community Connector – Wellbeing Matters
4 female patient(s) (LE, MH, SK, PH)	
6 male patient(s) (ND, DR, BH, RB, JK, NB)	

Apologies:

Dr Simon Joseph	GP Partner
3 patient(s) (DG, JM, ME)	
Rachel Dilworth	Newbury Green Office Manager

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 Introduced Dr Michael Starkie (GP) along with Joanne Smith and Kimberley Finney from the practice nursing team who had a question and a short presentation respectively for the group.</p> <p>DF reminded patients about Ground Rules, signing in and car parking requirements</p>	
2. Apologies	<p>Noted from Dr SJ, RD, DG, JM, ME</p>	
3. Minutes of last meeting	<p>Two sets of minutes were produced for group approval. This was due to the fact that the previous meeting on March 14th had been a neighbourhood-wide Primary Care Network (PCN) event and the one before that (10th November 2022) was just for Newbury Green Medical Practice (NGMP) patients. DF advised that the minutes for this meeting would be circulated as soon as possible and as always would be grateful for any feedback about content or style.</p> <p>Both sets of minutes were agreed as a true reflection of the respective meetings.</p>	

4. Guests / Services

DF introduced Mike Yates from Wellbeing Matters (WM) who has recently been appointed as the practice's new Community Connector, replacing Natalie Taylor who has moved onto another position. DF wished to convey thanks to Natalie for her support to both the practice and these meetings over what is now a number of years.

MY gave a brief reminder to the group about the service and the current situation including how to access. LE enquired about how do patients know about it and ND asked about NGMP patients being seen at Newbury Place Health Centre. DF confirmed that the service will be highlighted again at one of the weekly practice meetings to ensure that all Clinical staff were aware.

BH asked for examples of how / when / why the service may be needed with MY explaining options based on an individual patient's needs.

DR asked is interpreters were offered as part of the service and this was confirmed.

JS and KF gave a joint presentation to the group explaining a "*Day in the life of the Nursing Team*". This included an overview of the team and the clinical roles within, how a working day is often structured and a summary of the many and varied services that the team is required to provide from the basic to the more advanced. The details of the presentation are included as an attachment at the end of these minutes.

Following the presentation PH asked about the annual review and recall processes and JK enquired about some issues with prescriptions and dates on prescriptions. MS explained the details and process and DF reminded the group that the practice would be happy to look into individual concerns or queries, but this meeting was not the appropriate place to do that.

PH also asked about letters from hospitals – hard copies were being received but letters were not appearing in patient records when viewed through the GP "App." DF was unable to explain this in the moment but assured PH it would be looked into and fed back. PH acknowledged that a member of the NGMP staff had been very helpful regarding this issue, but full resolution had not been possible as yet.

RB challenged the comment on letters to "*call back at 8:00am*" as to its appropriateness. This may be a simple wording change requirement and will be looked into.

DF to remind clinical staff about service at weekly meeting

nb: WM to set up a designated noticeboard in the practice to promote services

DF to arrange for NGMP staff to look into the date issue on JK's prescriptions

DF to arrange for NGMP staff to look into the situation regarding information viewed through the GP App

NGMP Office Managers to review outgoing letters

NB asked about the removal of *the “you are number X in the queue”* message when waiting on the telephone. DF was not aware any change to the system had been arranged by the practice and will investigate and feedback to the group

LE queried the number of appointments needed sometimes to have a full range of checks carried out, particularly the potential this has to cause inconvenience to working people or those who may find it more difficult to get out and about. JS gave an explanation that this is a system being worked on in order to provide better care (i.e., in having basic tests carried out at a first appointment, it can either ensure results are back for a more detailed second appointment, or even negate the need for that second appointment to happen. It is a bit of a “work-in-progress,” and it is possible tweaks will be made to the current system in order to make it better and more efficient for patients.

NB asked about the text message reminder for appointments and the somewhat confusing statement requesting patients to reply with “cancel” if not attending followed by a “this service is not monitored” which seems strange. DF offered a possible explanation regarding system automation which is becoming increasingly popular but also offered to look into it.

PH asked about issue concerning patients getting pneumonia vaccines. JS advised that there had been an issue with supply at one point but that was since resolved and there should be no problems this year.

MS sought responses from the group about some issues around the ordering of repeat prescriptions as certain aspects of this was felt not to be as efficient as it could be. MS also explained the need for control of medication ordering particularly from some pharmacies and reasons for it. He also mentioned the fact that on occasions, secondary care providers (e.g., hospitals) can change a patient’s medication and this can sometimes take a while to filter through to practices.

LE commented on not receiving details of any script from her pharmacy and other members of the group felt this should not be a problem as they always received hard copies as and when requested. Both ND and PH suggested speaking to her own pharmacy in the first instance.

NB reminded the group that the facility exists for patients to rationalize their medication orders, and this can be done through the practice website.

LE and JK questioned the communication process(es) and MS further advised that any proposed changes were only in the early discussion stages, and should there be anything different in the future, this will be communicated to patients in as many ways as possible, both paper and digitally.

**NGMP Office
Managers to
review wording
and actions**

	<p>Group Members were again asked to advise NGMP management about any ideas they had / wanted about guests attending future meetings.</p> <p>In the absence of further guest speakers, DF gave the group an update about some of the additional services now being run out of Newbury Place Health Centre:</p> <ul style="list-style-type: none"> • <u>First Contact Physio</u> – this was expanded to 3 days per week due to demand and the success of the service and is now being explored as to the viability of performing some other actions such as minor surgery (e.g., Joint Injections) • <u>The Pharmacy Network</u> – Service that provides support for the doctors and network pharmacists with medication related issues and patient reviews – May be expanded. • <u>Health Coaches</u> – A service ran until March 2023 assisting patients with specifically mental health issues and offering direction to various pathways in which they can be supported. Uptake for this was surprisingly poor and it has been discontinued across the PCN • <u>Surge Planning</u> – Plans just being established to provide extra services through the challenging winter period. Some of the options being investigated are respiratory hub (located in Broughton this year and not the other side of the city), home visiting and additional same day urgent care in the area. 	<p>ONGOING 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 (PCN) and Salford / Greater Manchester as a whole:</p> <p>The <u>Greater Manchester (GM) Integrated Care Board (ICB)</u> was now fully up and running following the demise of CCGs in 2022. There is still a Salford “locality” but many of the decisions about services and funding are done at a GM level. The locality in some ways is unable to offer as much support (mainly on an administrative or advice level) to practices as before as this can on occasion add to the admin burden practices have to deal with</p> <p><u>Covid-19</u> Spring Booster vaccination clinics were set up but unfortunately are now very poorly attended. It is likely there will be further clinics in the Autumn and there is still a pathway for any patient who wants/needs a vaccine in the present, but it is possible, these could be even less used ...this could be for some patients, their sixth dose of the vaccine.</p>	

Flu vaccination must and will remain a focus both in the practice and across the PCN. Traditionally Broughton as a whole has a very poor uptake of vaccination in this area, partly through a lack of patient engagement and partly through competition from pharmacies and large retailers. What is important is that patients have their Flu jabs accordingly and everyone should promote this service and encourage friends / family / colleagues to access it.

Since November 2022, the Community Diagnostic Centre has opened in the Newbury Place site. This is something that had been absent from the Broughton PCN due to a problem with lack of suitable accommodation, but we now have a service that patients can access through their GPs as part of the normal Electronic Referral Service (ERS). This clinic will look at things like:

- Blood Pressure Monitoring
- ECGs
- Phlebotomy
- Spirometry

It is still hoped that this service / option can be further developed over time.

Additional Roles Reimbursement Scheme (ARRS) – Much publicity is given to the “huge” amounts of funding ploughed into the NHS and from this there is potential for little understanding about how much trickles down to individual Primary Care practices. (NB: it is still a relevant fact that Primary Care actually “sees” 90% of patients but only receives around 10% of total funding – *[source: BMJ]*)

The ARRS scheme is designed to allow PCNs to recruit certain roles to improve services, access etc. These roles however, are not “standard jobs” (e.g., GPs or Practice Nurses) and are very specific in who or what can be employed and exactly what qualifications and experience they may have. Examples include Paramedics, Pharmacists, Physician Associates, GP Assistants, Care Coordinators and Social Prescribers.

So far, the PCN has had mixed success with this for a number of reasons: the varying needs and demographics of practices, the difficulty in recruiting, the balance of funding itself as although ARRS pays for an individual, it does not cover costs to recruit and employer on-costs which can be significant, and the restrictions of the scheme its self (e.g. a “Paramedic” needs to be a minimum of 5 years post-qualification to be acceptable)

A survey is being conducted to determine individual practice needs and then which roles to be recruited for the best benefit to all will be progressed. Due to the logistic challenges of this across all the practices, these additional services may be offered during the PCNs enhanced access operating hours

Physician Associates (PA) had received some negative press lately due to the unfortunate death of a patient in the London area, possibly because of a missed diagnosis. As Newbury Green now has three PAs, DF wanted to assure the group that this was an extremely rare situation and that the people in our team and all appropriately qualified and, are monitored and supported by GPs on a daily basis. They provide a vital service to patients and allow for more access to a clinical consultation than could be delivered if practices solely relied on doctors which as has previously been advised, are increasingly difficult to recruit.

MS also gave an overview around what the support and mentorship actually means from a GP's perspective and responded to questions about a GP's time to do this (ND) and lateral and holistic thinking in treatment (BH).

DF reminded the group about what some of the other key focus areas are across the city currently. These include:

- Health Inequalities – what can be done to help patients from all parts of the system gain access to and engage with appropriate services.
- Improved Access – non-traditional clinical roles, increased care navigation, use of technologies for both telephone and I.T. systems and triage
- Workforce wellbeing – increased understanding of challenges faced by staff working in the NHS and promotion of resource such as the GM resilience hub to support workers
- Cost of living – Practices are asked to promote various support pathways accessible to patients who are struggling for a variety of reasons due to the ongoing national financial “crisis.”

6. Staff

DF gave the group an update on the staffing situation:

- The practice has now recruited a third Physician Associate (Emma Napier) who will be seeing many patients and who provides vital additional support to the GP workload and practice capacity.
- Dr Alison St Rose, a GP partner for the past 7 years has retired w.e.f. 30th June 2023.
- Dy Jonny Chernick has joined the practice as a Salaried GP w.e.f. 21st June 2023.
- The practice has various agreements in place with a number of experienced longer-term locums whilst continuing to recruit permanent members of staff. All of these GPs – Drs Hamarash, Rydel, White, Dongol & Mistry have been with the practice for some time now so are familiar with our requirements, systems and protocols and this helps in providing continuity of care for patients,

	<ul style="list-style-type: none"> • Dr Carlie Gardner had a baby boy earlier in the year after going on Maternity Leave in March. We hope to have her back in the practice in the new year. Dr Gardner will also continue to serve as Clinical Director of the Broughton PCN. • We also congratulate Anna Haston (Physician Associate) and Dr Sharon Shapiro (GP) who will both also be going on Maternity Leave later in the year. • Since the last NG meeting, the practice has welcomed Tara Green-Robinson as a full-time practice nurse and recently welcomed back Lisa Burley in an expanded role. Tara has successfully completed her training (Dec '22) and is now expanding her knowledge and experience of the PN role and Lisa, who has worked for the practice in several ways since 2009 has rejoined us to help with the management of longer-term conditions in a more structured way. This brings our total nursing team to 5.5 FTE including Joanne, Kim, Claire and Urszula. • The three members of our Admin/Reception team who had started on a Care Certificate programme of training have all qualified as phlebotomists and assist in providing more capacity in that area as the demand for blood tests remains enormous. They will hold one or two clinics per week to support the nursing team. They will also continue to develop their skills to carry out more basic tasks such as simple health checks, heights, weights, blood pressures etc. and will be trained to vaccinate patients to support the flu clinics. • In addition to Practice Director duties, DF continues to work as joint Operations Manager for the PCN., a role shared with the Practice Manager from Lower Broughton Health Centre. • The practice will continue to host medical students and FY2 doctors who are also appropriately supervised. Most of the students are simply in clinics to observe and patients will always be asked for consent to allow any student in their consultation and, our current GP trainee, Dr Fasanya finished his rotation this week and will be replaced by Dr Al-Nasser at the beginning of August. <p>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.</p>	
<p>7. Patient Experience</p>	<p><u>Enhanced Access services</u> continue to operate across Broughton PCN each weekday evening and on weekends.</p> <p>These are available to all patients from Broughton practices and currently are done from Newbury Place on Wed/Thu evenings and Sundays. Other days are provided for by other practices. There may be a need for some changes in the near future as up until now only three practices have been willing and able to provide such a</p>	

	<p>service with support from the provider organisation SPCT, but presently another three of the practices have expressed an interest in taking part so the hours that are required each week may need to be “split” across more organisations. It is hoped that this will not affect the locations too much for NG patients and there are a series of meetings scheduled in the coming weeks.</p> <p>DF advised that a patient survey about the format and content of the practice website was being constructed and would be issued to patients both in hard-copy and electronic form. The group was asked about the proposed questions and made some useful suggestions about the wording of questions and the capacity to comment in a free-text box. These changes will be made and tested before any links are widely circulated. (copy attached)</p>	
<p>8.</p>	<p>A.O.B.</p> <p>DF asked for any opinions as to the eight “fixed” agenda items that form the core of the group’s meeting structure as it was felt this still represented a good balance and 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> <p>DF advised the group that following the end of the pandemic and the move back to more face-to-face appointments, unfortunately the number of DNAs is on the rise again. To illustrate the point, the total number of DNAs (Jan-Jun 2023) was 1573 compared to (for the same period) 1163 in 2022 and 626 in 2021. Over two-thirds of the DNAs are for nurse appointments / blood tests / baby clinic which remains a challenge for the practice to educate some patients about the problems this creates.</p> <p>The practice list size is steadily increasing. In the last 12 months it has grown by 557 (4.7%) patients and along with those who have left, there is a total churn of 2672 (1615 + 1057). This represents a significant admin burden, but latest data indicates that the practice process 96% of all new registrations within 3 days of receipt</p> <p>July 2023 represents 11 years since the formation of this group and the first PPG meeting. DF was only ever supposed to be an “interim” chairperson so the request was made again to see if any of the group would like to take on the role.</p> <p><u>Meeting adjourned at 8:25pm</u></p> <p style="text-align: center;"><u>Date and Time of next meetings (provisional):</u></p> <p style="text-align: center;"><u>TUESDAY 21st November @ 6:30pm</u></p> <p style="text-align: center;"><u>TUESDAY 19th March 2024 @ 6:30pm</u></p>	<p>Members to consider if they would like to act as chairperson.</p>