



Patient Participation Group Meeting
Tuesday 13th June 2017 - 5pm

Attendees:

Patients

Harry Frith – HF
Shenene Fontenelle-Struthers – SFS
Alan Gowers – AG
Helen Holmes – HH
Norman Kime – NK
Janette Kime – JK
Linda Rule - LR

SMG Staff

Dr Phil Lamballe - PLL - GP Partner
David Nicholson - DN - Practice Manager
Gabrielle Twist – GT – Personal Assistant

Apologies:

Alan Rule – AR
Jean Kyle – JK
George Holmes – GH

DN opened the meeting with brief introductions as Gabrielle has recently joined to the practice as Personal Assistant and will be attending the Patient Participation Groups moving forward. DN asked that if there is anything the group wishes to add to the agenda then please get in touch with Gabrielle in David's absence.

1. Previous Minutes

Agreed for accuracy.

Page 2 – Long Term Conditions. DN confirmed that all appropriate clinical and non-clinical staff have now completed the training on how to treat and care for patients who fit into the LTC criteria so the practice will now commencing the work which needs to be carried out for the project and Dr Samantha Graham will be taking the lead.

Page 4 – Did Not Attends. DN confirmed following the positive discussion in the previous meeting, the Practice has now produced a Practice Policy to manage and address the high amount of DNAs. The practice is promoting this new policy by advertising this within the waiting rooms and also on our website http://www.savillemed.co.uk/documents/DNA_policy.pdf

DN circulated the policy to the group for their information. DN discussed that on a monthly basis, an in house report will be run to identify instances where patients have missed multiple appointments. Extenuating circumstances will be taken into account and letters will only be sent to these patients if appropriate

2. Saville Medical Group updates

DN updated the group on the recruitment within the Practice and the new starters that will be joining the team. Helen Fyfe has joined the Practice as a Practice Nurse and is working across both sites. Helen is taking on the majority of the management of the Chronic Disease patients and she also specialises in Diabetes. Jennifer Cuthbertson will be joining the Practice in mid-July as a Treatment Room Nurse and will be based at Saville Place for now. Jennifer will be doing a mixture of treatment room nurse appointments and also house calls. There will also be a new GP Registrar Dr Danya Bushwreb joining the Practice in August and will be based at Saville Place. There will be 2 new Administration Department starters also.

Cyber-attack – DN explained what happened with the NHS cyber-attack that hit the Nation last month and who was effected within the North East. It was confirmed that the Practice was not affected by the attack, however due to possibility of the attack entering the local GP Practices, the NECS local IT teams prevented this happening by cutting off all computer internet access to all practices. As the practice computer systems all run on internet connection this is why we could not access the clinical system EMIS, ICE our testing system or emails.

HF asked if there have been any lessons learned or an improvement made to ensure it doesn't happen again. DN stated he is going to be attending a meeting this week with the other practices and the CCG and hoping from that he can find out further information. The ultimate responsibility for computers in Practices lies with the NECS IT systems team and they will be working on the business continuity arrangements.

DN was very proud of the full Practice team for the way they managed a very difficult situation and did their utmost to help patients and kept disruption to a minimum.

Some staff came in at weekend to work on computers and as a result we were back online at 4pm the first working day after the attack.

3. CCG Practice Engagement Work

DN explained to the group what the CCG Practice Engagement was and explained that all Practices sign up to the engagement plan to produce income to the practice as other areas of income has been cut so they do need to participate. The engagement plan consists of 5 areas;

- Section 1 - Engagement
- Section 2 - Planned Care
- Section 3 - Urgent Care
- Section 4 - Prescribing
- Section 5 – General Practice Forward View

DN explained the 5 sections.

Engagement – this is when we have to attend meetings, training and updates to show presence from the Practice.

Planned care – This is what the Practice GPs will be working on and also with the clinical departments regarding referrals. Some of the specialities which are found to be the high referrals are now providing an advice and guidance service which is where the GP can send over the patients symptoms / concerns and they will be provide advice and guidance on further care or decide whether the patient will need to be seen. The departments currently who are offering this are Dermatology, Neurology, Allergy, Immunology, Haematology, and Ophthalmology. They are looking to include more departments but these are the only specialities for now. The Practice also has to involve each other more on referrals, and this could be to get further opinions but also to share special clinical interests. This is being completed by shared decision making, and also practice peer reviews.

The CCG would like all practices to optimise the use of e-referrals (choose and book); as this is a safer way to refer and it also ensures that referrals are being directed to the correct service / department. Finally the CCG have introduced a new integrated policy for Individual Funding Requests (IFR). This is making IFR process a little harder as they are filtering more through the guidelines so if a GP believes you will require an IFR they will need more information to ensure it is processed as quickly and smoothly as possible. AG asked if any referrals are to be rejected, is there is a chance or appealing the result as the referral may still be needed. PLL confirmed that once a referral is rejected, this is when the GP will contact the patient, make them aware of the rejection and then we can either review the content of the referral and see if there is anything additional that can be added or even receive advice from colleagues etc. to see if the referral quality can be improved to submit an appeal.

Urgent care – The CCG want to reduce the number of A&E attendances, so the practices have to try and promote other services instead of patients attending A&E. SF asked if the Practice received feedback from A&E to see what we could do to stop patients attending or if there is any repeat offenders etc. DN confirmed that we do

carry out reports internally and we are then able to see if there are any patterns and investigate if there is any way the practice can lower the attendees, whether this is promoting same day access etc.

HF suggested promoting the prices of A&E because this may curb some patients from attending if they are aware of the costing to the NHS. DN stated that some CCGs are doing this, however for now this isn't something we are going to do at present.

Prescribing – As many people are aware, the NHS are always trying to make savings on prescribing. The CCG provider practice pharmacists, and they attend the practice weekly to check if any changes to medication brands etc can be made to lower the costing of prescriptions.

General Practice Forward View – This area is made up of many components, however we currently working on the signposting and clinical correspondence aspects. SMG have been providing these services for a long time, however refresher training will be taking place next month for all non-clinical staff. Patients will not be affected with these changes.

DN confirmed that all of the above is not to performance manage the practices, but it is to motivate to improve the patient care.

4. Any other business – Patients issues

DN asked the group if there was anything they would like to discuss.

LR ask for clarification regarding the online access and online appointments, as she seen the publicity and promotion to have online access so you are available to book appointments online 24 hours a day. However if you are to contact the practice by telephone, you can only do this from 8am. LR is finding that she is unable to get an appointment when she contacts the surgery at 8am, so are they all being used via the online access. DN confirmed that only a certain percentage is available to be booked online, so he reassured the group they are not all being taken from people who have online access. DN discussed that the practice is always reviewing the appointment system and looking at ways to improve the access for patients.

Date and time of next meeting - Tuesday 10th October 2017, 5pm at Saville Place