



Patient Participation Group Meeting Minutes
Thursday 7th November , 2013 - 5pm

Attendees :

Patients

John Tait - JT
Linda Rule - LR
Alan Rule - AR
Marie Curran - MC
Eric Fallais - EF
Sunil Bhopal - SB
Naomi Brown - NB
John Frith - JF
Laura Mullin - LM

SMG Staff

Dr Mari McGeever - MMG - GP Partner
Dr Rebcca Howe - RH - Salaried GP
David Nicholson - DN - Practice Manager

Apologies :

Jean Kyle

MMG opened meeting by informing everyone of the sad news of the passing of Angela Banks who was one of the first to sign up for our group having been a patient at Saville Medical Group for many years.

A proposal to hold future meetings on Monday evenings in the first floor boardroom was approved.

EF asked about the ACORN patient participation group operated by our Clinical Commissioning Group and stressed need for our Patient Participation Group (PPG) being able to feed into it. When group was set up Saville Medical Group (SMG) patients were well represented but this is no longer the case. SMG don't receive a lot of information from the ACORN group. Feedback from SMG patients about the ACORN meetings highlighted a difficulty in information flow from the meetings and also confusion over times, dates and venues for meetings.

***DN to contact Tracey Stuchlik for more information to pass onto group including 1) clarification of the representation on the ACORN board and 2) Communication i.e. how patients can get ideas up to the board ***

MMG asked the group if they wished to change the way our PPG was set up and how it operates now that it has been up and running for a couple of years. It was agreed that all were happy with present set up. Minutes will continue to be sent out by post, along with any information from the Care Quality Commission (CQC) we are asked to send out to our group, and will also be available via our website www.savillemed.co.uk.

JF, a new member to our group, asked for an explanation about our PPG. By way of background MMG explained that CCGs were set up to replace Primary Care Trusts (PCTs) and provide the platform for GP / Clinical input into the management and provision of local health services for their patients. Membership of a CCG is mandatory for Practices in order to receive funding and each Practice must have a PPG. Locally 3 Practice Based Commissioning groups were replaced by 2 CCGs which along with the Gateshead CCG are working together to be more efficient. One such area of work that may be operated and funded by CCGs is that of weekend opening.

The main issue for discussion at this meeting, following on feedback at last meeting, was that of access to appointments at our Practice. Group members had asked SMG to look at problems of booking an appointment, how to see the most appropriate clinician i.e. GP or Nurse Practitioner, how to better inform patients of the Access Doctor service and how to see a particular GP.

MMG / DN - finding the perfect appointments system is a huge challenge for the majority of Practices across the country, we have looked at several models used by other Practices to explore ideas. Our Access Doctor service is an integral part of what we offer, in the past less was expected from a clinical point of view and we are constantly adapting to meet demands from the Department of Health.

JF - getting an appointment with a GP is the main problem, once you attend the service is great. EF and others also gave positive feedback about clinical care provided by SMG.

MMG - we have actively promoted the Access Doctor service and set up a working group to look at appointments.

MMG / DN - since last meeting we have employed another Healthcare Assistant, increased Nurse Practitioner provision and are currently in the process of advertising to recruit another Practice Nurse. There are also more staff answering telephones between 8-9 but we have not been able to get more staff answering phones from 7am.

RH gave feedback from the work carried out by the appointments working group. As part of the pilot scheme surgeries were split between half book in advance and half available 48 hours beforehand, the latter being released throughout the day and not just at 8am as was the case in the past when there would be a surge of requests for appointments all at once.

The new system was introduced at busiest time of the year when students from local Universities were registering with SMG. During the first few weeks the new scheme was very successful but subsequently struggled with rise in demand from the new registrations. MMG explained that increase numbers of student registrations had been as a result of an informed choice exercise carried out by the local health authority supplying details about all GP practices across the city.

Appointments are now released at 8am and 1pm, initially this seems to be helping to manage demand more efficiently but we are constantly assessing the service.

NB asked about online services available. DN - Following on from meeting in June we have actively promoted these via flyers, posters and TV screens in the waiting rooms and via our website as well as sending text messages to all patients who have registered a mobile phone number with us. We have also worked on our website to make information about the different roles of our clinical staff clearer to patients and also to inform about the role and work of the CQC. A number of their publications and a video can be downloaded from our website via the designated CQC section of the website.

RH - We are also getting a new clinical IT system in January that will allow us far more flexibility and reliability with providing different sorts of appointment sessions with our clinical staff. We have succeeded in unburdening the Access Doctor of inappropriate tasks leading to a better service but we clearly need to provide more training to switchboard staff to signpost calls from patients and fully accept patient feedback that getting an appointment and variance between staff on signposting requests are the main challenges for SMG.

We are hopeful extra staff and a new clinical IT system will improve our service but it is very much a work in progress. Currently appointment sessions are split between two thirds for pre-bookable and one third acute.

DN - staff need to be reminded to look at screen when fielding patients calls to fully take into account crucial information that is most relevant to correctly triaging telephone calls to provide most appropriate and timely care.

MMG - we will circulate minutes of this meeting to members of the group along with a draft patient survey for use in early 2014. Members of the group will be asked, as per last year, to approve the survey before it is distributed.

MMG / DN - The next meeting of the group will be in late February. We will write to members of the group to confirm date and time.