



**Patient Participation Group Meeting**  
**Tuesday 4<sup>th</sup> October 2016 - 5pm**

**Attendees :**

**Patients**

Harry Frith – HF  
Jean Kyle – JK  
Eric Fallais – EF

Annie Brotherton – AB - BSL Interpreter

**SMG Staff**

Dr Phil Lamballe - PLL - GP Partner  
David Nicholson - DN - Practice Manager  
Teresa Kenny – TK - Medical Secretaries Manager

**Other Attendees**

**Apologies :**

Linda Rule - LR  
Alan Rule – AR  
John Tait – JT  
Shenene Fontenelle-Struthers – SFS  
Alan Gowers - AG

1. **Previous minutes**

Agreed for accuracy.

## **2. Patient Services (including referrals) – Teresa Kenny (SMG Medical Secretaries Manager)**

TK attended meeting to give overview of the extensive range of services provided for patients by her department.

NHS drive is for everything to be done electronically and SMG have always been major users of Choose & Book system. Soon we will be doing x-ray bookings , e-referrals for dermatology involving taking photos in Practice and transmitting to hospital electronically.

PLL – this could also be extended to record and send things such as breathing patterns.

HF mentioned video referrals. PLL said they have some use but GPs often prefer face to face contact.

TK – hospitals will become more accountable , they won't be able to cancel appointments without justification , everything will move to e-referrals. We will be able to arrange review appointments at hospital for patients.

EF would like to know if problems persist who is best organisation to go to – hospital or GP ? PLL said this would depend on the nature of the complaint.

PLL – multi tasking / problem solving / pattern recognition is what GPs do every day. New referrals cost more than review referrals. As part of CCG Practice Engagement Project 2016/17 our GPs are submitting 2 week referrals themselves via recently enhanced electronic method.

PLL – results are completely different – if normal this is easy to deal with but if a problem is identified it can be very difficult to deal with and requires experience to manage appropriately. Patient Access online facility displays results with comments , this is better but still not enough.

EF brought up subject of an NHS survey from April / May he had read where 7,000 practices had been assessed where Osborne Road surgery were in the top 10% and asked why SMG were not.

PLL/DN explained that this survey is flawed , it did not involve Practices directly and response rate was not high. It also does not reflect the fact that SMG is faced with far more social problems to deal with e.g. rise in problems related to bedroom tax. We are very proud of the way we work with social services and the third sector. Conversely SMG scored very highly for patient satisfaction rate.

TK - Our Medical Secretaries deal with a huge number of such issues for patients particularly with assessments and appeals for various benefit payments. Also we have seen a large rise in the number of requests for medical reports , insurance reports , access to medical records etc.

TK – the other major factor in recent years has been the withdrawal of multiple funding streams. Individual Funding Requests which previously only had to be submitted to the NHS / CCG for exceptional forms of treatment now have to be done for things such as tonsillectomy , carpal tunnel (we now fit splints whereas in past we referred), trigger finger etc. This involves having to make an application for every such request for patients by their GPs. We do our utmost to obtain funding for treatment for our patients.

DN – CCG have just offered referral management scheme whereby Practices are incentivised financially to reduce the number of referrals they make.

PLL – under fund holding system we used to have a number of additional services we could offer patients in house such as podiatry , hearing aid fitting service etc which meant patients did not have to make separate visits to hospital. Service is now slower, stricter and aimed at saving money. We are constantly taking on work from Secondary care.

### **3. Practice Update – David Nicholson**

**Good news !** After a lengthy recruitment process we have employed a new GP Partner – Dr Samantha Graham and a Salaried GP – Dr Hannah Griffiths.

**Flu vaccination clinics** being held on Saturdays as usual and we have invited the Newcastle Carers organisation , who we work closely with , to attend the clinics at both surgeries to make patients and carers aware of the various support packages available to them.

**Property** – application for new NBH premises under review , national strategy is moving to a hub and spoke model.

**Great North Care Record** – this is a new electronic system enabling NHS health professionals providing treatment to view a summary of GP held medical records. Medical professionals will ask patients for their consent to access their records at the start of each period of care.

Instead of phone calls and letters the new system will make information available electronically in a view-only format. This will include medical conditions , medication , operations and treatment , tests that have been requested or carried out and contact details for next of kin or other carers.

The system will mean patients spend less time answering the same questions and even avoid admission to hospital or reduce time spent in a hospital bed and reduce delays to treatment if their GP Practice is not open to confirm their medications.

We have signed up to this system , as have the majority of Practices in our CCG.

Even though this system requires consent patients still have the option of opting out.

**Co-commissioning** – Primary Care co-commissioning is one of a series of changes set out in the 5 year forward view

We have recently been asked to vote , as a member Practice of our CCG , to move to level 3 whereby CCGs take on delegated responsibilities from NHS England.

Under level 3 the role of the CCG will be to exercise the delegated functions which include :

- Decisions in relation to commissioning , procurement and management of primary care medical services such as enhanced services , local incentive schemes , establishment of GP Practices and closure of GP Practices
- Approval of Practice mergers
- Performance management of GP practices
- Management of delegated funds
- Premises costs directions functions

There are obviously benefits and risks associated with such a change. After much discussion we have decided to vote for the move to level 3 co-commissioning.

#### **Any Other Business**

None

**Date and time of next meeting - To be confirmed**