



Patient Participation Group Meeting
Monday 1st December 2014 - 5pm

Attendees :

Patients

Jean Kyle - JK
Harry Frith - HF
Eric Fallais - EF
John Tait – JT
Shenene Fontenelle-Struthers - SFS

SMG Staff

Dr Mari McGeever - MMG - GP Partner
David Nicholson - DN - Practice Manager

Other Attendees

Annie Brotherton (Qualified BSL English Interpreter) – AB
Alison Thompson – AT (Patient and Engagement Lead – Newcastle North and East Clinical Commissioning Group)

Apologies :

Laura Mullin
Linda Rule
Alan Rule

Meeting opened with a reminder of the ground rules for interpreting facility provided for JK which are as follows :

- We should not all talk at the same time.
- We should raise a hand to indicate that we wish to speak.
- We should look directly at JK when asking questions.

- Meeting will stop after 40 minutes for AB to have a break.
- We should not speak too quickly.

1. Previous Minutes

Agreed for accuracy, more concise and contain fewer acronyms.

EF – reference to medication changes was just an example, wanted a follow up from GPSs. MMG explained that medication reviews by SMG GPs are operated on a yearly basis for more complex cases or for patients with Chronic diseases reviews are diaried according to birthdays. Ideally these reviews should not go over the set date and often carried out opportunistically during appointments , dates are also amended where patients have been in hospital. The system works for the majority of patients and we also do regular searches of our clinical system to review those patients where reviews are overdue or very close to review date.

2. ACORN Group Update

AT explained her role is to make sure the views of patients and the public are taken into account by the Clinical Commissioning Group (CCG) . In addition it is important that Practices engage through specific pieces of work such as the projects relating to COPD and Diabetes that SMG worked with Involve North East in the summer to ask patients how improvements can be made to service provision. Future projects will include work with patients that have Musculoskeletal related health issues.

AT also works with community and voluntary organisations such as the Newcastle Carers Centre to develop services.

EF asked how patients get through to CCG to make their views known

AT – ACORN is a Newcastle wide group, at present there are no SMG patients represented. MMG explained history of involvement, at one point we had 5 patients in the ACORN group until we were then told only 1 patient per Practice was allowed. Feedback to SMG Patient Participation Group (PPG) was ACORN meetings were very bureaucratic and communication from ACORN / CCG has been difficult.

AT - ACORN has changed dramatically in last year and relationship with CCG is much better, the group has gained confidence as to why they are there and are very keen to be involved with other groups that make changes to health services.

EF – we as a Practice PPG want to support Practices with things such as new surgery premises. Found last set of ACORN minutes to be unreadable and meetings poorly attended.

AT – Purpose of ACORN group is to bring Practice representatives together (allowance is now 2 patients per Practice), needs local expertise and to be locality focussed.

HF asked for an example of when patient feedback had brought about change. AT explained how ACORN was involved in the review of the Urgent Care System during summer 2014 including the current and future role of Walk In Centres. Also COPD project already discussed.

MMG – would be helpful if PPGs could feedback to ACORN what the different practice groups are working on. AT – this has not happened yet but not to say this won't happen in the future when they look at wider issues.

EF – PPG leaflet provided by CCG to Practices said it would help Practices whereas AT view seems to be different and asked AT what she thought PPGs are doing. AT explained that ACORN is different, it brings representatives together to have involvement at the level of service change in the work of the CCG.

JT – at the early meetings of ACORN patients were told that the group would not be dealing with individual Practice issues and did not feel as if he, as a patient, knew enough about the operation of SMG to contribute to ACORN.

AT – the next ACORN meeting is 22nd January, 2015 at 5.30pm at South Northumberland Cricket Club.

MMG asked how we can get more SMG representatives on ACORN, AT suggested we discuss as a group and come up with names to be forwarded to her. We will contact our PPG members and ask them if they want to attend ACORN meetings. *****we will also have attendance at ACORN meetings as an agenda item at our next PPG meeting and summarise the ACORN meeting minutes *****

EB and JK asked if meetings could be in more centrally situated and familiar venues.

HF – SMG PPG works well, it is what we signed up to at the outset i.e. contributing to our own GP Practice.

AT – minutes of ACORN group are sent to Practice Managers. DN we will continue to send out to our members. AT presented details of 3 CCG projects :

- My NHS
- The future of specialist mental health services in Gateshead & Newcastle
- Keep Calm and Look After Yourself

3. Progress Report on 2014-15 Action Plan

1. Nurse / Healthcare Assistant appointments to run concurrently with GP appointments

MMG - We have appointed Sue Robson, one of our Nurse Practitioners, as Clinical Co-ordinator to oversee the day to day running of our clinical staff, assess their roles and ensure their training is up to date. Work has already been done and is continuing in order to maximise the services that patients can receive during a single visit to the Practice.

HF – difficult to arrange unless staff know why patients are coming in, needs to be a better link between the annual review and tests that the Doctor arranges during an appointment. MMG explained that in most cases a reason is placed on the screen next to each patient listed in the surgeries. HF also asked if it would be possible to have an extended appointment for annual reviews.

2. Customer Service Training for Reception & Switchboard Staff

DN - As ever the Practice is engaged in an active training programme for staff and the following have been arranged for our Admin staff in 2015 :

- GP Receptionist Master Class (with telephone skills) provided by Prima Linea Training Associates – Admin Staff
- Online Child Safeguarding Training – Admin & Clinical Staff
- Learning Difficulties Training provided by Suzanne Taylor Community Nurse / Primary Care Health Facilitator , Community Team Learning Disability - Planned Care North of Tyne – Admin & Nurses
- CPR Training – Doctors , Nurses & recently employed Admin Staff
- Fire Safety Training – Yearly Update (provided by Fire Risk and Assessment Training Services)
- Equality & Diversity (provided by HAREF the Health And Race Equality Forum) – Admin Staff

3. Promotion of Health Services by the wider healthcare community to our Doctors

Following our last PPG meeting DN and MMG have worked closely with Dr Marie Wright, one of our GPs, to expand our in house education programme to include fixed sessions to promote health services provided by the wider healthcare community.

During 2014-15 we have invited representatives from many groups including :

- Tyneside MIND
- Mental Health Matters
- Northumbria University Student Wellbeing Team
- REACH (Rape Examination Advice Counselling & Help)
- Newcastle Challenging Behaviour Service

Our Doctors also contribute such services they become aware of and we collate resource to be accessed by our team.

In summary we will provide a further update on the three sections of our action plan at our next PPG meeting in March.

Any Other Business

JT – SMG Reception staff are very helpful.

MMG – we will listen to and review the Saville Place phone message.

Date and time of next meeting - 5pm Monday 2nd March