



Patient Participation Group Meeting
Tuesday 28th February 2017 - 5pm

Attendees :

Patients

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

SMG Staff

Dr Phil Lamballe - PLL - GP Partner
David Nicholson - DN - Practice Manager
Sue Robson - SR - Clinical Manager

Apologies :

Linda Rule - LR
Alan Rule – AR
John Tait – JT
Jean Kyle – JK

DN opened the meeting by welcoming new members to our Patient Participation Group - George & Helen Holmes and Norman & Janette Kime

1. Long Term Care Update / Patient Chase

SR gave a presentation about the changes we have made in the Practice by introducing new Long Term Conditions / Co-Morbidity clinics.

The Practice has bought a software package called Patient Chase that we are using to better identify and recall patients with more than one long term condition.

The clinics have been set up for patients to see a number of different clinicians during one visit rather than have to come into the Practice for multiple visits. Clinics will take place at Saville Place and Newbiggin Hall surgeries.

Patients will have all of the appropriate tests done at the same time and a detailed personalised report will be sent to the patient to read before they attend appointment with GP who will then create a care plan with the patient for their future care. The visits to the Practice will take longer but will be less frequent.

Our staff have had extra training to prepare them to work in these new clinics

Question was raised about double appointments and what the Practice policy is for them. PLL explained that treatment for joint injections , sensitive issues , some mental health issues and Learning Disabilities health checks are examples of where the Practice would book double appointments. RCGP would like to see 15 minute appointments but this would reduce the number of appointments made available.

We hope to have a Pharmacist at these clinics who will look at list of patients in advance to review their medication before they attend and prepare accordingly.

SR distributed copies of leaflets – “Care And Support Planning” and “You And Your Long Term Condition” to those in attendance.

2. Previous Minutes

Agreed for accuracy.

Page 3 – Individual Funding Requests - PLL confirmed that there was an appeals process to review referrals that had been made by GPs that had been rejected.

Referral management will become a major issue for Practices this year as CCG are about to introduce a system for referrals to be reviewed in our region as part of the 2017/18 Practice Engagement Project (PEP). Details will not be known until March. Recent local press coverage has focussed on referral management systems in Teeside , Durham and North Tyneside. GPs have expressed reservations about the systems introduced.

Property – Our developers are working with us and the CCG to submit the required Project Initiation Document (PID). The first draft was returned by NHSE with a request for further information which we are now working on together. After that an outline business case will need to be submitted after which a full business case will be required. At the end of this process the issue of financing the whole project will be discussed with the GP Partners of the Practice to identify what level of support we will get from the CCG , NHSE and our Landlords

3. Practice Update – David Nicholson

Dr Rivers is leaving the Practice to relocate further South. We have taken on two long term Locum GPs – Dr Falk and Dr Sharma and are also in the process of employing a part time GP on a permanent contract.

Pharmacy Provision - we have employed two full time permanent members of medicines management staff , they are very experienced in their roles and previously worked with Dr Sam Graham – GP Partner. Due to an increase in the amount we are charged by Intrahealth we have reduced their working in the Practice from 4.5 days per week to 2.

Extended Access - Another change heading our way via the CCG is Extended Access. This is in line with the requirements of the GP Forward View and will be commissioned by the CCG.

Information available so far points toward extended access being addressed this year and to be delivered via “Hubs” in 2018/19. CCG have secured £6 per head funding.

Practices will not receive any of this directly. Funding is recurrent and clearly CCG would like us to work in clusters. As a first step they will operate via Molyneux , Ponteland Road , Westgate Road and GP in A&E at RVI.

They will be open 18.00 – 22.00 weekdays and 10.00 – 22.00 at weekends.

SFS believes hours offered by Saville Medical Group are already very good and HH thinks that patients need to be educated about services i.e what is appropriate use of A&E and other options for healthcare that are available.

There could be a danger that health service provision is watered down due to lack of clinical staff.

Appointment demand is a huge issue for Practices across the country. Our Access Doctor service is a great asset to help us meet this demand at both the Saville Place and Newbiggin Hall surgeries.

We have also successfully introduced ring back slots so that patients can speak to Doctors they have seen previously to discuss matters further.

Contract Changes - the Department of Health have recently announced a number of changes to our contract with a number of support measures promised to Practices.

These include the scrapping of the Avoiding Unplanned Admissions Direct Enhanced Service and Practices being required to ask patients if they hold a non-UK EHIC card via a new GMS1 registration form. Much of the details about the work we will have to do and the exact nature of the financial support is still to be announced.

4. Appointment DNAs

Issue of Did Not Attends or DNAs is an issue for our Practice like majority of Practices.

Practice would like to reduce DNA rate and therefore increase number of appointments available to patients.

DN asked for feedback and suggestions as to what the Practice could do.

Very productive and positive discussion took place and suggestions from the group included :

- Introduce “Appointment Etiquette” or Policy.
- Promote statistics of DNAs and cost of an appointment to NHS.
- Start gently with introduction of policy and if possible focus on repeated DNAs. Must be very careful about writing to patients where there may be genuine reasons or extenuating circumstances for missing an appointment.
- Send text reminders to patients that they can cancel appointments online as well as booking them.

5. Any Other Business

None

Date and time of next meeting - Tuesday 13th June 2017 , 5pm at Saville Place