



Patient Participation Group Meeting
Monday 8th September 2014 - 5pm

Attendees :

Patients

Jean Kyle - JK
Harry Frith - HF
Eric Fallais - EF
Linda Rule - LR
Alan Rule – AR
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

Apologies :

Laura Mullin

Meeting opened with AB explaining ground rules for interpreting facility she provides 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.

Previous Minutes

Correct email address for Nicola Johnson – Admin Manager is nicolajohnson@nhs.net
Also her direct number is **0191 242 8245**

Date of next ACORN meeting is now **25th September**, DN will post out agendas to group as soon as he received them from Alison Thompson.

EF would like less an acronyms in future Patient Participation Group (PPG) meeting minutes.

At request of PPG an invitation will be sent to Alison Thompson – Patient Carer and Engagement Lead – Newcastle North and East Clinical Commissioning Group – NNECCG. Meeting consensus was a once a year visit by ACORN representative from the CCG would be helpful

EF would also like to see improvement in the clarity of the minutes from the ACORN group meetings. He thinks they are unclear , meaningless and there are too many documents sent with them.

AB – simpler words and more plain English are more beneficial to deaf people

Agree 2014-15 Action Plan

Purpose of this meeting is to discuss ideas for our 2014-15 action plan.

MMG / DN – we would very much like to get ideas from our patients to implement improvements to the Practice that are workable , relevant and realistic.

New premises were again mentioned at meeting , DN read out latest progress update email from the architect at Assura , our landlord and property developer who are in ongoing discussions with NHS England to try and get us a new city centre premises..

HF asked what exactly was required for the action plan , he had already submitted an email of possible ideas following telephone call with DN.

After a lot of healthy debate the following ideas were put forward and agreed as the three core elements of our PPG 2014-15 action plan :

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

This idea was put forward by HF to save patients having to come back to Practice to see a on a separate occasion to see a Nurse when they have just been to see a Doctor.

We already do this informally but we can implement formal book on the day slots for Doctors and other staff to book patients into see a Nurse / Healthcare Assistant.

MMG explained that Doctors used to do blood tests , blood pressure checks etc within routine appointments but health needs are now more complex and involved , for example Doctors

prescribe a far wider range of drugs and are required to ask more questions of patients when they see them e.g. smoking status , alcohol consumption etc.

MMG also explained how Doctors use the ICE system to receive results for tests they had requested for patients and how other Doctors cover this vital task when originating Doctors are on holiday

AR asked a question about how the Practice has allocated the resource provided by the Practice Nurse we had recently recruited. DN confirmed she worked at both Saville Place and Newbiggin Hall.

2. Customer Service Training for Reception & Switchboard Staff

SFS put forward this suggestion which received support from the group. Particular focus on how the staff ask questions of our patients was felt to be a priority. SFS felt the service was efficient but at times lacked warmth. Previous survey results on this topic were also discussed.

DN to follow up leads from relevant training he has looked at and will arrange sessions for appropriate staff

EF said the service provided by the Practice is excellent but he would like a follow up from a Doctor to see how he and other patients were coping with changes to medication.

LR mentioned the lack of follow up from hospitals after appointments with their clinical staff.

EF would like to see a return to past practice where Doctors would visit their older patients on a routine basis as part of the service they provide.

MMG explained the Over 75s service set up by Practices following an update to the GP contract and also the new Unplanned Admissions Enhanced Service we and the majority of the Practices in the country have signed up to and which we are allocating a lot of Practice resource to implement that involves working closely with other healthcare professionals in both Primary and Secondary care.

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

SFS suggested it would be beneficial for our clinical staff to be able to signpost patients to the wide variety of organisations that are in the region to address specific health needs of patients. The Practice does regularly invite groups such as Talking Therapies , Age UK , McMillan Nurses etc but we will ask Dr Wright to be our Practice Champion and create an in house directory for regular use by our Doctors and Nurses.

SFS was thinking more of the links between the Practice and statutory services , MMG said communication with external agencies such as those responsible for managing benefit payments is very good. Also we are very active promoters of the Choose & Book service.

*****meeting break*****

JT asked if the Practice could approach the private Physiotherapy service next door to Saville Place to get a discounted rate for our patients.

MMG – our CCG are working on a major project to look at the provision and future commissioning of services for patients with Musculoskeletal problems.

EF does not think that provision of physiotherapy services in the region is good enough. SFS asked whether patients need to take up Doctor time to get a referral to physiotherapy. MMG explained that this is mandatory for a referral to NHS funded physiotherapy but is not required for an appointment with a private provider.

JK said there should be more of provision of services for carers , some areas e.g. massage are closing in October due to a withdrawal of funding.

JK also said there should be an emergency service for deaf people to contact the Practice. We will look into the use of the mobile phone used by the On Call Doctor for our deaf patients to contact the Practice in an emergency. Deaf people can text the 999 service.

MMG did raise this issue as a learning need for staff at a recent team meeting of both clinical and non clinical staff. We also use screen alerts on our clinical system to alert staff to the bespoke care needed for deaf patients.

Any Other Business

LR reminded MMG and DN that the message played whilst patients were put on hold until a switchboard operator became available needs to be reviewed.

Date and time of next meeting - 5pm Monday 1st December