**THE GLEN MEDICAL GROUP**

**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**HELD ON Tuesday 25th June 2019**

**Present:** Dr Simon Hutchinson GP Partner

 Mrs Lynn Crutwell Practice Manager

 Miss Chantelle Farrington Administration

 Mr Gerald Fionda PRG Member

 Mrs Cecilia Harrison PRG Member

 Mr Robbie Miah PRG Member

Apologises for absence: Mrs Denise Hetherington, Mr Michael Gough, Mr Martin Simpson, Mr John Sutherland and Mrs Vicky Sutherland.

**Introductions**

Lynn thanked everyone for attending the meeting. Lynn introduced Dr Hutchinson as the Partner attending this meeting. Robbie was welcomed as a new member to the group.

Minutes of last meeting (25th Feb 2019) sent out to PPG members.

**Review of Previous Minutes**

Action required from the last minutes was to recruit new PPG members. Robbie has very kindly offered his time to the group.

**Staff Update**

Dr McGonigle has returned to the surgery as a fully qualified GP.

**List Numbers**

Glen Patients: 10184

**DNA (Did Not Attend)**

Week commencing 17th June **48 patients** failed to attend their appointments Breakdown as follows;

**Age range of patients on both practices**

18 patients ages 16 years and over

3 patients aged under 16 years

**Appointment DNA breakdown by clinician – Glen Medical Group**

GP 19

Advance Nurse Practitioner 1

Practice Nurse 17

Health Care Assistant 11

The group had a short discussion on ways that we can reduce our DNA rate. Robbie suggested a few ideas that he had used whilst working in the NHS, one of the ideas is that he has used an automated call service. This service is automated and rings the patient 3-4 times depending when they answer; this is a brief message to say when your appointment is and where, but he was unsure of what the cost for the service was and did think it was probably more suited to a hospital setting. Gerry explained that some of the practices have interviews with patients after their first DNA but this is not feasible with how many DNA’s the surgery have. Lynn agreed that we could make it more difficult for the patient to get an appointment if they have had previous DNA’s for example if a patient rings up and asks for an appointment but reception can see that they have already had 1st or 2nd DNA they could be transferred to a senior member of staff to discuss before they can book. We monitor the DNA rate on a weekly basis and try to publicise this information as much as we can both in the surgery and on the website. We agreed to keep an eye on numbers over the next few weeks and review our protocol if these remain as high.

**Blood Tests in the Practice**

The group asked why blood tests cannot be done at the practice. Lynn advised to the group that it is not feasible to do blood tests in the practice. Lynn gave a brief explanation of why we do not do blood tests in practice. Historically the district nursing team were in general practice they used to do bloods in the surgery, this service was removed from general practice and used for more housebound patients. Lynn explained that because we have so many patients that it would not be feasible for the nursing team to take bloods everyday as this would use up a large percentage of nursing/HCA time and have an impact on how long patients would wait for their nurse appointments.

The PPG members queried on who reported on/reviewed the blood tests when results comes back to surgery, Dr Hutchinson explained the results go to the requester, either GP or Nurse if for a chronic Disease review, however if abnormalities were to be shown then this would be checked by a GP.

**Technology Update**

South Tyneside/Sunderland technology funding is well underway this includes funding for:

* Online Consultations – Currently available at pilot practices, this is due to be rolled out over the next few months.
* MJOG (texting message service) – This is now installed and running, patient are receiving text reminders for appointments. This also includes a new piece of software that we can use for campaigns such as Flu, Promoting Patient Access and workshops.
* ECG and Spirometry Machine – This equipment and software have now been installed on the Practice Nurse/Health Care Assistant computer and they are using this in surgery to manage patient care.
* Video Consultations – This is included in the GP contract to be in place by 2021. There are a few practices within South Tyneside that have been trialling this and found a few problems that are being looked into. The practices have found that the resolution is not very good depending on different patient’s phone or webcams. There are also problems with the signal if patients are not on Wi-Fi and using mobile data.
* My COPD App
* TeamNet (Intranet)
* 2 x Laptops – In the past week we have received our 2 new laptops for the GP’s to use on home visits.
* New Check in Screen – We now have 2 checks in screens at reception that both up and running.

**Practice Priorities**

Lynn asked for ideas from the group for the practice to include in their priorities for 19/20.

Martin has spoken to a few patients and sent the following Email - *I have managed to speak to quite a few patients about priorities for the practice and I was asked to see if there was any chance of looking into patient support groups for conditions - diabetes, in particular was mentioned. I think these have been tried before elsewhere with varying levels of success but might be good use of a health professional's time - GP, nurse or even pharmacist, especially if it gets more people managing their own condition better.*

Dr Hutchinson mentioned we have recently done some patient workshops targeting Under 5 Childrens parent/guardians to improve knowledge of minor illnesses/medication and CPR/Choking. We carried out 4 workshops with a Pharmacist, GP, Advanced Nurse Practitioner and CPR. These workshops have brilliant feedback and we plan to re-run them in September after the school holidays. Lynn mentioned we would like to improve uptake for the next cohort. Robbie asked how we targeted the parent/guardians we explained it was advertised throughout the surgery and a targeted text when to children under 5 parent/guardians. He mentioned that it may help if we did it at a time alongside baby clinic or prior/after as more people will be around and aware, he also mentioned to send letters to those parent/guardians. We all agreed this was a good idea.

We have also had colleagues from the Better U service contact the practice they provide a service to South Tyneside patients to help/mentor/coach people who suffer with long term illnesses, i.e. chronic disease. Better U colleagues are coming along to our Team Meeting to explain in more detail to the staff how the service works and how they can help our patients. We aim to start promoting this service for the benefit of our patients with Long term conditions.

We discussed the Practice aim to embrace technology this year and how we are looking at multiple digital solutions to not only streamline some practice processes but also to benefit the patients and offer additional ways to access information. This year some of the things we are keen to implement are

* Texting service (new) where clinicians and admin can send individual texts directly to the patients and this is saved in medical record. This is separate to the appointment reminders.
* eMR – a digital solution for medical reports and access to medical record
* To work towards introducing Online consultations

**Hebburn Helps**

The Practice continues to offer our support to Hebburn Helps. This is a local community food bank and crisis response team. They are a voluntary community organisation that was set up by Jo Durkin and Angie Comerford in 2015.  The staff did a big Easter Collection and made hampers to give them just before the Easter period. We continue to have a collection point in reception for staff & patients to contribute food and toiletries which we then take and drop off. We also offered some hours from our reception/administration staff to go and help with anything was required i.e. lunch club unfortunately they mainly need help in the school holidays when we tend to be short staffed due to annual leave. Our lead Pat Johnson is to find out of any help/support or events they are need help with.

**Patient Survey**

Lynn has recently contacted Health watch to see if they could help us by carrying out an independent survey. Lynn is going to meet with them after she returns form annual leave We hope to complete this late summer.

**Any other business**

Gerry had attended the south Tyneside CCG meeting to discuss Palliative Care provision in South Tyneside and feedback that this is still under review following the closure of St Clare’s hospice. There is another meeting due later this week and we await the outcome.

**Priorities**

We agreed the to look at following-

* To implement new texting service
* To look at the possibility of group consultations
* To work with the Better U service offering coaching and mentoring to eligible patients with specific long term conditions.
* To implement online consultations
* To re-run child Health workshops
* To complete an independent patient survey via Health watch.
* To continue review DNA rates and look into alternative ways to reduce if numbers remain high

**Actions**

Completed

In progress

Outstanding

**Actions**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
| Child Health workshops | LC/CF |  |
| Online consults | LC |  |
| Better U | LC/team |  |
| Review DNA rates | LC/admin |  |
| Health watch survey | LC |  |

**Next meeting – Tuesday 15th October 6pm – pre meeting 5.30pm (PPG members)**