**THE GLEN MEDICAL GROUP**

**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**HELD ON Tuesday 15th October 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 Michael Gough PRG Member

Mr Martin Simpson PRG Member

Mr John Sutherland PRG Member

Mrs Vicky Sutherland PRG Member

Apologises for absence: Mrs Denise Hetherington, Mr Robbie Miah.

**Introductions**

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

**Review of Previous Minutes**

Childhood workshops are still ongoing. Advanced Nurse Practitioner Pat Johnston has recently presented her presentation to patients and Dr Joll will be holding a workshop Wednesday 16th October at 11am.

**Staff Update**

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

**List Numbers**

Glen Patients: 10244

Net increase from June is 59.

All surgeries lists in Hebburn are all currently open to register new patients. Cecilia asked about the list size, Lynn explained that we are the largest practice in the Hebburn/Jarrow closely followed by Mayfield.

**DNA (Did Not Attend)**

Gerry explained that at the CCG meeting there had been a lot of DNAs put in the wrong category. Lynn explained to Gerry that wasn’t the case at the surgery as we check each one of our appointments booked in via a search within the system. He explained that the CCG are going to look into DNA’s at a higher level as this is becoming a national problem.

**Blood Tests in the Practice**

Gerry and Martin brought to the meeting that there have been a lot of people talking about being brought back for blood tests at palmers. Chantelle explained that we don’t have many that have not been processed or inconclusive, we had a few a couple months ago but these have been reported to our significant incident reporting system. Gerry said that he knows of a few people complaining that they have had to be brought back several times for to repeat blood tests. Dr Hutchinson explained that there may be several reasons for the test to be repeated. This could be that the result was out of range/abnormal, inconclusive, insufficient amount; the doctor may feel the test needs repeated in a couple of weeks. This could be the confusion behind patient being brought back to get there blood test done several times.

Gerry asked why blood tests cannot be done at the practice. Lynn advised that as discussed at the previous meeting it is not feasible to do blood tests in the practice. Lynn explained that because we have so many patients that it would not be best use of the nursing team’s time to take bloods everyday as this would use up a large percentage of nursing/HCA appointments and have an impact on how long patients would wait for their nurse appointments. Given there is a local phlebotomy service we feel this is not best use of our nursing time.

**Priorities**

Our new texting service is going very well both used by admin and clinical staff. Lynn explained that there are two different types of consents for this texting service, we have the one where is a general consent for all texts and the other consent is for patients to receive the results of any investigation via text message. If patient do not wish to receive texts they are able to opt out of the service. This service complies with GDPR.

We have two text messaging services.

MJOG – This is the main text messaging service that we use to send reminders of appointments and big campaigns e.g. Flu’s, Shingles & Childhood workshops.

Accurx – This is the individual text messaging service, this allows you only send a text to the one patient at a time. Clinicians can use this to send information from Patient UK or the NHS website, for example they can send a link out for back pain, asthma, chronic disease. For example this can be used to inform patients blood forms are ready to collect, blood results, prescriptions are ready to collect or sick notes are ready to collect. It allows you to free text a message to the patient.

Both services are very useful in the surgery and this is helping us cut down on the cost of our postage and how many letters we are sending out.

**E-Consult**

This is a service for patients to contact a clinician online. This is accessed via our website in the blue box, it give many options to choose from administration queries to illnesses. This is another way for patients to access a GP.

Process – A patient fills the online consultation form out, this get filtered through by our administration staff to check whether it can be dealt with by admin or a doctor, if this is for a doctor this will then be booked into a GP E-Consultation slot and the GP will reply within in 1 working day.

Travel has been recently been introduced to the e-consult. This would be filled in by patient and sorted via the nurse.

Lynn explained that the uptake hasn’t been great but it is a new system and we will continue to promote this in the surgery.

Martin suggested that we have pop in day for patients as we have a lot of elderly patients registered at the surgery. It was suggested that we may get a better uptake if patients are shown how to use this and knowing that this is safe.

EMR – Electronic Medical Record

Lynn explained that at the moment there is an issue with the system and that this is a national problem.

**Hebburn Helps**

Hebburn Helps is a local crisis food bank, we have a drop of donation point at the surgery and the patients have been very kind to bring different donations in each week. The surgery staff are once again doing a Christmas shoe box /gift appeal for different genders and ages this is a little something to give to children/adults. We are also collecting to make up food hampers for families in need within the community for Christmas.

**Year of Care**

Year of care is a new approach to look after patients with long term conditions in South Tyneside. Phase 1 practices are up and running and we are in the phase 2 cohort of practices. Year of care is aimed at engaging with patients to be more involved with their care. Our nurses are going to training for this next week, they will then feedback to the staff to see how this will work within in the practice. This will be a change for both patients and staff at the practice so will take a little time to implement.

**Patient Survey**

The general practice patient survey is posted out to a random selection of registered patient’s once a year as national programme. The practice receives the results at the end of July. Our results are ok but a little disappointing in some areas, mainly around access. This is understandable given the issues we have had over the last few years however we are now fully staffed with a much improved telephone system and hoped we would have seen an improvement.

Health watch are an independent body based in Hebburn. They have agreed to help doing another survey exactly the same as the national one but their volunteers will stand in the waiting room asking patients to fill this out. We aim to collect the same number of returned surveys 116. We will then be to compare the feedback and hopefully see an improvement given this will be aimed at patients who have recently used our service. We will feedback the results of the survey provided by Health Watch at the next PPG meeting.

**South Tyneside & Sunderland Merger**

This is still very new and ongoing. There will be a trailer with more information outside of Hebburn Hub on Thursday evening this week.

Simon had recently been to a meeting where stats had shown that Stroke patient were seen quicker in Sunderland hospital. He also mentioned that the Children’s A&E is now only open till 10pm at STDH and if it was after this time the patients would have to be taken to Sunderland.

**PCN – Primary Care Network**

Primary Care Networks are the government’s new initiative to encourage practices to work together. South Tyneside has been split up into 3 geographic areas. We are in the geographic area with both Hebburn and Jarrow; we share our PCN with 7 other practices. This is very new to general Practice and meeting are in the early stages. Lynn explained that our meetings were taking place to share ideas and to make agreements of sharing services. Dr Hutchinson explained that each PCN group will be allocated a social prescriber and a pharmacist to share between the 8 practices. First contacts clinical are providing the practices with the social prescribers. Dr Hutchinson suggested we add as a standing agenda item to our PPG meetings.

**Safeguarding info**

Dr Richard Ellenger – Safeguard Lead for the practice

Dr Ellenger attends 2 monthly meetings with other clinical leads for practices within South Tyneside. We also have a regular meeting within the surgery for our Vulnerable Adults, Children and Palliative care patients that are held monthly. Any safeguarding concerns can be shared or reviewed at this meeting.

All practice staff are trained at Level 1, 2 or 3 depending on their role within the practice.

We have policies and protocols set in place that all staff are aware of.

**Any other business**

**Actions**

Completed

In progress

Outstanding

**Actions**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
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**Next meeting – Tuesday 4th February 2020 – pre meeting 5.30pm (PPG members to organise)**