**THE GLEN MEDICAL GROUP**

**MINUTES OF PATIENT PARTICIPATION GROUP MEETING**

**HELD ON Tuesday 4th February 2020**

**Present:** Dr Simon Hutchinson GP Partner

Mrs Lynn Crutwell Practice Manager

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 Denise Hetherington PRG Member

Mr Robbie Miah PRG Member

Apologises for absence: Mrs Vicky Sutherland, Chantelle Farrington – Practice Administrator

**Introductions**

Minutes of last meeting (15th October 2019) sent out to PPG members.

**Review of Previous Minutes**

Nothing outstanding

**Staff Update**

ANP Pat Johnson has left the practice to take up a position with the PCN in Chester Le Street

X2 new reception staff Danielle & Kelly to replace Emma & Kristina who have moved into the admin team.

**List Numbers**

Glen Patients: 10300

Net increase from October 57 patients

Denise asked if there are any plans to build new a new GP surgery in Hebburn due to all the new housing. Lynn explained not as far as the practice is aware, however the building is not the issue as there are currently unfilled vacancies for GPs at local practices and a national shortage. This is why other roles within primary care are being looked at which we will discuss further when we talk about PCN’s.

**DNA (Did Not Attend)**

The group briefly discussed DNA’s, Lynn confirmed we still do remove patients if they miss x3 appointments, however this is not done lightly and after x2 DNA’s the GPs discuss individual patients in a clinical meeting and if there are any concerns i.e. safeguarding or vulnerable patients this is taken into consideration. The group agreed this is the only way to manage the policy.

**PPG/Practice Priorities 19/20**

**Text messaging**

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

E MR – Electronic Medical Record – For secretaries to send medical report electronically. The practice is using where they can however there is a technical issue with redaction of 3rd party information which means this still needs to be done manually. This is a known software issue and the supplier is working on a fix.

**Group consultations**

This had been raised by Martin at a previous meeting as happening in other areas. Our nurses did attend an education session on how group consultations can work. Dr Hutchinson said he believes they can be successful and in essence a good idea but there is a lot to think about around confidentiality and content. John asked if GPs had thought of going out to where group are to promote health issues i.e the bowls club to discuss prostate cancer. The group all agreed these type of groups are a good idea but might be something better arranged at CCG/PCN level open to all practice populations rather than all practices individually trying to arrange with low numbers attending.

**Hebburn Helps**

The practice continues to support Hebburn Helps – taking regular donations along from both staff and patients.

**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. Lynn explained our nursing team have now completed the training and we aim to implement this starting with Diabetic patients from 1st April, this will then be rolled out to patients with other Long term conditions.

**Patient Survey**

The GP National survey was repeated by Health watch in November 2019. This was done with patients in the waiting room to gain a real time result. Lynn went through the results which overall were an improvement in most areas, (with the exception of a couple). Gerry asked if we had received this information in chart format form Health watch which compares you to other practices. We have not but Lynn happy to ask if they can provide this.

**Social Prescribing**

We have had a social prescriber in the practice for a few months now, specifically for patients with COPD and Diabetes. Lynn explained the role of a social prescriber is to help patients who have non-medical issues which they sometimes come to see the GP for i.e. housing/benefits and other social issues – the social prescribers have longer appointments with the patient between 20-60 minutes and can help signpost to other organisations and support with these issues, with the aim to free up GP appointments for medical problems. Lynn explained this role is also on the agenda under PCN.

**PCN – Primary Care Network**

As discussed at our previous meeting the PCN is still in its infancy however they are making progress with the first 2 roles for shared professionals who are Social prescribers and pharmacists. The social prescribers have been recruited and Lynn met with them yesterday, we have agreed the hours they will be in practice and they are just waiting for their DBS checks. Cecilia asked if patients will be able to book directly in and how this will be advertised. Lynn believes the PCN have lots of promotional material which the practice will display in all the usual areas. The practice foresees that the appointment will be a mixture of self-referral/GP referral and reception signposting. The recruitment for pharmacists is also underway and hopefully they will be in place soon to help with medication queries. Lynn explained again the idea behind this is to take some of the workload form the GPs.

**Practice Schemes**

Lynn ran through a quick update of practice schemes we are still involved with including

**Dementia local Group** – Karen has taken over from Robyn as Dementia champion

**Digital Care Homes project** –The practice has been asked by the trust to pilot a new scheme with Willow Dene care home for standardising data received from Care homes.

**GP2 Pharmacy** – The scheme for booking into the local pharmacies is proving very popular, local pharmacists are available to consult and prescribe for specific problems for example tonsillitis. Direct booking has gone live this week meaning reception can book directly in to an appointment book for any pharmacy that has opted into the scheme, Gerry asked if the pharmacists have a method of contacting the GPs if they need to check something or refer the patient back. Lynn confirmed the information comes back in via email. There is a bypass telephone number if they have a query. Robbie asked if this was available in Newcastle Lynn confirmed its just S Tyneside pharmacies.

**Cancer Champions** – We now have 2 admin/reception staff trained as cancer champions they attend updates and promote the importance of screening to our patient population. Denise mentioned that national screening figures are low, Lynn confirmed S Tyneside one of the lowest uptake in the country particularly for bowel screening.

**Any other business**

Gerry gave the group an update from the CCG meeting regarding the provision of a hospice

in South Tyneside – Discussions are ongoing between the CCG and local council still no decision.

Gerry asked again about Blood tests being done at the practice, Lynn confirmed the practice views have not changed and we will continue to use the local phlebotomy services.

Gerry asked about the practice views on a ‘palliative register’ Dr Hutchinson confirmed we do have a palliative care register – and an end of life register - There was discussion around criteria for patients added to this register. Dr Hutchinson confirmed the CCG would expect to see 1% of your population on the palliative register. Gerry had a few questions about adding patients and did we agree with this? Lynn confirmed we have a palliative register and we feel all patients on the register are appropriate.

Gerry asked if we were aware of the ‘Death Café event at Hebburn Hub this week which we were and have circulated as appropriate.

The group had discussed staff badges and asked if they can be more ‘Dementia friendly’ - Robbie gave his badge as an example – it has been made in the ‘my name is style. LC&SH agreed this is something we could look at – Lynn confirmed staff do not always wear badges as they currently have surnames on and staff do not wish to have full name on display. Martin pointed out these are on website and Lynn confirmed this is also something we may need to update to have first names only.

Martin asked if we were aware that the security settings on our website require an update as anyone with high security settings will not be able to access. Lynn as not aware and asked Martin to send her a screen shot of the message so she can contact website provider.

**Actions**

Completed

In progress

Outstanding

**Actions**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
| Staff badges - review | LC |  |
| Website – review settings | LC |  |
| Website – staff names | LC |  |

**Next meeting – TBC**