**THE GLEN MEDICAL GROUP & PARK SURGERY**

**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**HELD ON Thursday 26th October 2017**

**Present:** Dr Kerstin Akporehwe GP Partner

Mrs Lynn Crutwell Practice Manager

Mrs Lyndsey McIntyre Administration

Mr Michael Harte PRG Member

Mr Gerald Fionda PRG Member

Mr Martin Simpson PRG Member

Mrs Denise Hetherington PRG Member

Apologises for absence: Dr Heather Joll, Mr Trevor Nicholson, Mr m Gough, Mr John Sutherland and Mrs Vicki Sutherland

**Introductions**

Lynn thanked everyone for attending the meeting. Lynn introduced Dr Kerstin as the Partner attending this meeting in place of Dr Joll and Lyndsey McIntyre as administrator.

One agenda item had been sent to Lynn from Michael Harte regarding telephones.

**Review of Previous Minutes**

Discussion regarding three year plan. Gerry’s thoughts on this were more in relation to strategical planning and long-term goals rather than day to day planning.

Lynn, Dr Kerstin, Dr Joll and Dr Hutchinson had discussed the practice’s plan in length and although there is no formal plan in writing, the aim is to work to a 12 month plan due to ongoing changes within the health service. An example of this provided by Lynn was the “Linked Nursing Home Project”. GP practices are allocated linked nursing homes and attend regular to implement and review care plans to try and prevent hospital admissions. This was put in in place until April 2018; however, recent information has suggested that this now may run until December 2018.

Denise enquired as to how nursing homes were allocated, Lynn advised that this was based on what GP practice the majority of patients were registered with. Any new resident moving into a GP practices linked care home is encouraged to register with that particular GP practice; however patients are able to register with a GP practice of their choice.

The practice has a vision which is defined by our practice Mission Statement. Dr Kerstin advised that the practice has a solid one year plan in place.

Practice information Booklet was now completed in a draft format and Lynn is to review.

Noticeboards – The practice had purchased a larger freestanding noticeboard with the aim of focusing on one topic at a time. However, this had been returned due to poor quality.

Reception staff keep reception desk free of clutter at all times, however, certain information must be available to patients i.e. friends and family feedback.

Gerry suggested colour coding the noticeboards which the practice would consider and review. Gerry also suggested purchasing a freestanding notice board which would be fixed from floor to ceiling; however, due to landlord restrictions and possible health and safety issues, this would not be possible.

**Staff Update**

Dr Johnstone joined in August 2017. Dr Chappelle joined in August 2017 as GP Registrar.

Two new reception staff have recently joined the practice; Ruth and Julie.

We have appointed a Nurse Practitioner; Pat, who will be starting Wednesday 1st November 2017.

Angela Parry (Practice Nurse) will be leaving at the end of November 2017.

**List Numbers**

Glen Numbers: 7763 registered patients

Park Numbers: 2919 registered patients

There are a number of new build developments within Hebburn at present and we discussed how this may impact on our practice as well as other areas, such as schooling. However, we have no issues with practice numbers at present and would have to monitor.

**Telephone System**

Recorded message and queuing system now live as well as call recording. Lynn will continue to monitor the volume of calls received into the practice and review the data to look at what periods are busier. Reception staff have recently had a restructure of their duties and now do not scan clinical correspondence until mid-morning therefore telephone answering is priority for at least the first 2 hours.

The call recording has been very beneficial to the practice, particularly when complaints are received. Lynn is able to listen to all calls, feedback with staff and the practice can learn from these events.

Phase 2 of the telephone system had not yet gone live. As we have two separate EMIS systems, when the automated system searches for an appointment, the time the patient waits for an appointment to be found is quite long and we feel that patients may be deterred from using this service for this reason.

Lynn asked if we had any feedback with regard to telephone system, Michael felt there was not much improvement.

Denise had tried to contact the practice to speak with our Secretaries and had waited approximately 10-12 minutes in the queue. Gerry had tried to contact the surgery on two separate occasions and was in the queuing system for 7 and 6 minutes.

Michael had tried to contact the surgery on a Thursday afternoon when we were closed for training and the recorded message advised the surgery was closed but with no specific times. Lynn advised we have two recorded messages; one for our internal monthly meeting which advises patients to contact an emergency mobile number should assistance be required. A member of staff is available to answer any call received during this time.

The second recorded message is when the surgery is closed due to CCG training events. The message advises patients to contact 111 should they require assistance during our closure.

Our practice closure dates/times are displayed in the waiting area and also on our practice website.

**Patient Online Access**

We are trying to promote patient online access as much as possible as all GP practice appointments are available to patients who book online. 28% of patients registered on the Park and 22% of patients registered with The Glen are signed up for patient online access. Denise was disappointed with these figures and thought this would have been higher, however, Lynn advised we were second top within South Tyneside in terms of patient sign-up.

A new protocol has recently been installed on to EMIS which prompts staff when a patient is not registered for online access.

All staff are encouraged to offer online access to patients and particular promotion has been during flu clinics.

**Practice / CCG Priorities**

The practice has had the following priorities; however, we have to ensure any priority set is both realistic and achievable in its aim:

* Employment of an Advanced Nurse Practitioner
* Signposting training for reception staff
* New telephone system
* Joining of both practices
* Static board display

Our Nurse Practitioner, Pat is commencing employment with the practice Wednesday 1st November 2017. Pat is an Independent Nurse Prescriber. Pat will see patients with minor complaints i.e. chesty coughs, sore throat, rashes, ear or eye symptoms. Reception staff are in the process of undergoing signposting training and Pat will work with our reception staff in relation to this.

Gerry had attended the CCG Patient Reference Group meeting, particular discussion was around:

* Extended health access
* GP practices not part of South Tyneside Collaboration

Lynn and Dr Kerstin advised that we have not signed up to the Collaboration at present, as the practice had done so on two previous occasions, however, this had been unsuccessful. We have however, signed up to certain aspects within the Collaboration e.g. extended access STEPS (South Tyneside Enhanced Primary Services).

We provide additional appointments within STEPS. At present, we have opted in for extra appointments on either a Monday, Wednesday, Friday or Saturday. However, we do not have set days and the appointments we are allocated within STEPS differ week to week. Patients contact their usual GP and when requesting an appointment they could be offered an appointment either in their own practice or at another GP practice within South Tyneside who is participating in STEPS. Clinicians have full access to a patients’ medical record when seen in a STEPS clinic, however, consent must be given by the patient for this to be accessed.

**Any other business**

Gerry had a query with regards to patient pathways i.e. referral s for treatment. A relative wanted to be referred for an operation as previously advised by GP; however, this was now declined. As per CCG guidelines, prior to referring a patient to hospital for treatment i.e. knee replacement, all clinicians have to ensure they fit the criteria as specified by the CCG Checklist.

Gerry raised an issue with regards to a relative being declined medication following discharge from hospital. Gerry was advised to contact the surgery to discuss this.

Michael enquired about E-referrals. Lyndsey explained this was the service used when a patient is referred from their GP to secondary care. A relative of Michael had received two letters requesting them to contact the hospital to make an appointment for which they had been referred. The letters were very poor in content (they had no address or telephone number to contact). Lyndsey advised that these appeared to be automatically generated from the E-referral service but would look into this.

**Actions**

Completed

In progress

Outstanding

**Actions**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
| Review notice boards ( colour coding) | LC | In progress |
| Review telephone closure message | LC | In progress |
| E-referral communication | LMc/LC | In progress |

**Next meeting – Date and time to be confirmed.**