**THE GLEN MEDICAL GROUP & PARK SURGERY**

**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**HELD ON Thursday 22nd February 2018**

**Present:** Dr Heather Joll GP Partner

 Mrs Lynn Crutwell Practice Manager

 Miss Chantelle Farrington Administration

 Mr Michael Gough PRG Member

 Mr Gerald Fionda PRG Member

 Mr Martin Simpson PRG Member

 Mrs Denise Hetherington PRG Member

 Mrs Sandra Dummer PRG Member

 Mr Alfred Dummer PRG Member

 Mr John Sutherland PRG Member

Apologises for absence: Mr Trevor Nicholson, Mr Michael Harte

Mr Nicholson has withdrawn from the group for now due to work commitments but may re-join at a later date.

**Introductions**

Lynn thanked everyone for attending the meeting. Lynn introduced Dr Joll as the Partner attending this meeting and Chantelle Farrington as administrator.

Terms of reference sent to PRG members for a reminder. Lynn reminded PRG members that we are unable to discuss medical information concerning about a patients, family members or yourself as not appropriate for these type of meetings.

**Review of Previous Minutes**

Mr Harte mentioned in the last meeting that the practice telephone message did not have the opening and closing times on the Out of Hour message, Chantelle has checked those messages and it does state the closing times.

E-Referral communication has been sorted and Lyndsey has chased this up with the hospitals. Lyndsey fed back to E-Referral service about the format of the letter not stating which appointment.

Noticeboards – The practice have purchased a larger freestanding noticeboard with the aim of focusing on one topic at a time. We are now advertising two different focus groups a month on the board. On the board this month is pharmacy first and prostate/ovarian cancer.

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.

**Staff Update**

GP Registrar Dr Chappelle left us in February 2018. Dr John McGonigle the new GP registrar joined us for 6 months in February 2018.

Joanne our receptionist will sadly be leaving us in March.

Pat our Nurse Practitioner joined us in November.

New Practice Nurse Katie-Jo joined the nursing department but she is still in training.

Dr Roy-Craggs is now on maternity leave however she will not be returning to the practice in the future.

**List Numbers**

Glen Numbers: 7798 registered patients

Park Numbers: 2919 registered patients

Albert Road in Jarrow has recently closed their list but has made no change in our list numbers. Dr Joll explained that the capacity we have is about right for the amount of currently registered patients we have.

The group asked if the new housing has created an issue for numbers but up to now it seems fairly stable.

Further new houses are being built in Victoria Road and more houses are being built in The Maples in Luke’s Lane.

**Merger - Update**

Update – Lynn explained that the practice have put another official request in to the CCG for a merged list transfer. NHS England have no responsibility for this request now as the CCG have now gone to Level 3 so this means it’s now a CCG decision. The CCG are very supportive with the idea of merging the 2 practices however because of the two different types of contracts there might be difficulties around the legalities of this. The practice is awaiting a decision after a meeting in March and will keep the group informed of any news.

Gerry asked if it was possible if the patients from the Park could register at the Glen if we are unable to merge. Lynn explained that the contract states we cannot move Park patients to the Glen. LC also explained that we offer exactly the same service and GP’s to both practices so there would be no reason to register Park patients to the Glen. Lynn explained the only reason we would move a Park patient to the Glen is if there family was on the other surgery as we try to keep households/family members together on one system.

**Priorities**

* Signposting/Self Care – LC spoke about how the reception girls have been on signposting training and that if you ring up you will be asked specific questions regarding your problem so that the girls can direct you to the appropriate clinician or direct you to the correct service such a physiotherapist or the pharmacy. Dr Joll explained that this will help with the access for the practice. She gave an example of a patient that was booked in for a ten minute routine appointment that was for a referral which the secretary could have done without the patient being seen by the doctor. This could have been avoided if the receptionist had have asked a little bit more about the problem and could of spared a GP appointment. Pat is also running training sessions with reception staff for them to understand what she sees and deals with in clinic.
* Merge of Practices– as discussed, see above.
* Better U – LC explained that there are a lot of things going on within South Tyneside including Age Concern and Diabetes Talking Group. Martin mentioned that there are Monday and Tuesday groups for Age Concern for isolated and elderly people. LC explained we try and put all of the information out there on our newsletter, flyers, posters and our website. Martin explained the website for Age Concern isn’t great and they are trying to relaunch the website so that the patients can understand the information. LC asked for a link when the website is launched so we can put it on our website for people to access directly. Martin mentioned doing coffee morning on a weekly basis at the surgery. LC explained weekly might be difficult to facilitate however we would be happy to try and do another one for Carers week. The practice is actively involved in the South Tyneside Better U scheme promoting self- care and health education to our patients.
* EPS (Electronic Prescription Service) –LC explained we are trying to get everyone onto EPS as this benefits both patients and practice. Example if a paper prescription is mislaid we would have to reprint the prescription whereas with EPS we can track where the prescription is. Benefits of EPS are; audit trail, patients no longer have to come to the surgery to collect paper prescription you can just go directly to the chemist, it can go to a pharmacy of your choice, patients who forget their medication when working away or on holiday. Mrs Dummer explained she had a few problems with the prescription not being at the chemist, LC did explain there has been a few teething problems with the chemist and the chemist saying they haven’t got the script. Dr Joll suggested that we ask the receptionist to tell patient when ordering a prescription that they will need to call the chemist before going to make sure it is ready. Denise mentioned another benefit of having a nominated pharmacy is the opening times as some chemists work weekends and late evenings. This is ideal for working people.

**Telephone Message**

Dr Joll asked for the PRG member’s opinion on the first initial recorded message on the telephone system being recorded by one of the regular GPs. She explained it would say something along the lines of ‘Welcome to The Glen and Park Surgery, this is Dr Joll. You will now be transferred to one of the reception staff who will ask a little bit about your problem in order for them to direct you to the right clinician’ she explained that this is better received by patients if it is a familiar voice. The PRG members agreed that it should be one of the partners or they could take it on turn in a yearly basis.

**Any other business**

Alfred Dummer explained the ticket machine signage is not very noticeable the few times he has been to the surgery he had to tell patients to take a ticket. Mrs Dummer explained the signs up in the waiting area are not useful as they did not indicate what the ticket machine was to be used for. LC explained that we have improved the signage since week 1 and the receptionist is also responsible for directing patients to use the ticket machine. Lynn also mentioned the NHS choices comment ‘we are only just a number’ she explained that it was the same as the queuing system as previously at the barrier but by using the ticket machine it allows elderly and unwell patients have a seat whilst they wait to see a receptionist; it also gives the patients more confidentiality when explaining their problems.

Lynn mentioned that we are in the process of installing speakers into the corridors and the reception area which will play background music to help with confidentiality. This gives the patients more privacy on talking to clinical and reception staff. Mr Gough suggested a channel called Free sat that plays all back ground music; Chantelle said she would look into this.

Martin mentioned that he has recently attended a dementia meeting who have discussed about coloured name tags on doors for clinicians. Martin explained that primary colours such as Red, Pink, Yellow and Blue are the colours that they are most likely to remember. Martin suggested changing the name tags on the door, so one colour for a GP and one colour for a nurse, or ideally a different colour for each GP.

STEPS (South Tyneside Extended Primary Care Services) is run by South Tyneside Collaboration. Most of South Tyneside Practices are offering an extended service which provides early morning, late evening and weekend appointments. Our practice offers quite a few appointments which also helps with the access at the practice. We offer Monday, Wednesday and Fridays morning and 2 Saturdays a month. The services we provide are not just accessible for our patients they can be used by any South Tyneside practice; you have to book these through your own practice to access these appointments. Gerry asked if 111 have reserved appointments within the service as was discussed at his CCG meeting, we confirmed there are protected appointments for 111 use only.

Gerry asked if we can put the nurse appointments on patient access. Lynn explained that unfortunately we are unable to do this due to the nurses dealing with different problems and needing different times for each problem. We have suggested that the practice may trial adding nurse appointments on patient access for specific reasons i.e. the Flu Jabs with Jan next Flu season.

Lynn asked if the PRG members are still happy to be part of the PRG group, she has asked that the members email her if they were not happy to stay within the group. We are looking to recruit more members for the New Year in the April. Gerry suggested that if we were to get young people on the panel could come for the first 30min/1hours because it is a long meeting to sit through. LC suggested putting posters within the waiting room for new PRG members. The group suggest a young people PRG forum so a younger member could lead the meeting /social group.

We discussed the future format of the PPG meetings. Lynn asked for example if the members would like to meet in between the 3 annual practice meetings. This was well received and the members suggested a meeting 2-3 weeks before attending the formal meeting with Lynn and a GP. They were keen to arrange this to discuss what they want to put on the agenda and practice goals/suggestions for the year. We also felt we could then shorten the time of the practice meeting keeping to approx. an hour. Denise Hetherington offered to be the Chair of the forum (to be agreed by the members) and minute the meeting and send to Lynn, Gerry also happy to be involved. Lynn offered the use of the meeting room here if the group require a place to meet they can let her know. Lynn also mentioned the chair of the PPG at Victoria medical centre had been in touch and asked for contact details from our group, Gerry offered to contact him to have a chat. Lynn will forward details to Gerry.

**Actions**

Completed

In progress

Outstanding

**Actions**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
| E-Referral | LMC | Completed |
| Telephone Message | LC/CF | Completed |
| Carers coffee morning | Jan |  |
| Coloured signage for clinical rooms | CF |  |
| PRG changes/new members | LC/PPG members |  |

**Next meeting – Date and time (probably May) to be confirmed after format of meetings/group agreed.**