**THE GLEN MEDICAL GROUP & PARK SURGERY**

**MINUTES OF PATIENT REFERENCE GROUP MEETING**

**HELD ON Tuesday 17th July 2018**

**Present:** Dr Kerstin Akporehwe 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 Cecilia Harrison PRG Member

 Mr John Sutherland PRG Member

 Mrs Vicky Sutherland PRG Member

Apologises for absence: Mrs Denise Hetherington

Mr Harte has withdrawn from the group due to other commitments.

**Introductions**

Lynn thanked everyone for attending the meeting. Lynn introduced Dr Akporehwe as the Partner attending this meeting.

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 Simpson advised colour signage for the doctor’s names on the door for elderly and dementia patients, this has been put in place and every clinician has a different colour name tag on their door.

**Staff Update**

GP Registrar Dr McGonigle will be leaving us at the end of July 2018 and Dr Paul Johnston will sadly be moving on at the end of August 2018.

Joanne our receptionist has sadly left us and we have two new reception staff Jade and Kathryn who have recently joined the reception team.

Sadly our Practice Nurse Katie-Jo is leaving us at the end of July. We are currently interviewing for a new practice nurse.

**List Numbers**

Glen Numbers: 7888 registered patients

Park Numbers: 2905 registered patients

**Merger - Update**

Update – Lynn explained that the practice had submitted another official request in to the CCG for a merged list transfer and this has been declined. NHS England have no responsibility for this request now as the CCG have now gone to Level 3 so this means the decision now lies with the CCG. The Practice has had a further meeting with the CCG who have agreed to look at options to resolve the issues of working on 2 systems.

**GDPR**

General Data Protection Regulations

This is a new European law about patient data and how it used and having consent. In practice, data and consent has always been very highly confidential. There has been a lot of scare mongering within the NHS and it has a negative impact on the practices workload. There will be no change to direct patient care. We are still able to send text messages for things such as appointment reminders or flu campaigns. Patients can still opt out of receiving text messages if they so wish. We have promoted this on the website and in the waiting room. We are waiting for further guidance from the BMA and LMC with regards to other areas of GDPR i.e. medical reports etc..

**MSK/Physio**

MSK – Musculoskeletal

MSK is an Advanced/Senior practitioner they do a little bit more than a physiotherapist. They do things such as higher level of physio, injections, investigation and scans. The pathway for MSK service; Self Refer Number to patient, Physiotherapist will book a Face 2 Face appointment then refer to MSK if they feel appropriate.

Dr Kerstin explained we have two MSK practitioners within the building and they work between here and Cleadon Park and patients can be seen at either.

Wendy for MSK has sent an email round to Lynn to ask if she would like a speaker and the patient reference group, they group are happy with the explanation of the service they received from Dr Kerstin.

 **Any other business**

**Practice Council**

A small group of people to discuss patient’s health for the patients within South Tyneside. Gerry explained they will come up with a few different ideas and take them back to the practice reference group and the CCG. 7 people are already interested but Gerry explained that some of the practices have not yet forwarded the message from Helen Ruffle to their PRG members. Lynn asked what the group would require from the practice for the council meetings, he explained he would just like it advertised in the practice so more people know about it and maybe join the group.

**Health Open Day**

Tuesday 4th September 6pm-8pm at St Aloysius Church.

There will be a presentation on the Health of South Tyneside and then the opportunity to browse stalls and chat to stall holders. The practices are happy to display the posters when they arrive.

**PRG Meetings/Members**

We have had a lady apply to be a PPG member but Lynn has heard nothing back from her.

Lynn discussed with the group about meeting before the scheduled meetings to organise the agenda. Gerry explained that they met 10 minutes before the meeting to discuss what they would like to discuss within the meeting and brought them ideas with them. Lynn explained it would be better if they had a meeting between themselves a couple of weeks prior to this meeting so that they could then inform her what they would like added to the agenda.

Lynn explained that one of the aims of the PRG group is to agree practice priorities from a patient point of view. We would like to come up with something that is achievable. Lynn asked if the group will have a think about it and bring ideas for next meeting.

Gerry asked if Lynn could send the practice list numbers and update of staff members monthly rather than speaking about them at the start of the meeting and this will save time. All agreed this is a good idea.

**STEPS**

Gerry asked how can the doctors do extended hours within a different service but not put their hours into the practice. Dr Kerstin explained that not every GP takes part in the extended hours. She also explained that the appointments are accessible to the patients within our practice but also offered within the whole of South Tyneside but we use a large amount for our patients. South Tyneside Collaboration hold the contract for Out of Hours service. These appointments are particularly useful for people that work so they come early morning or late evening or Saturdays. Lynn explained we do 4 early morning (7am-8am) and 2 Saturdays a month. NHS 111 has access to the Steps service and they have reserved slots within steps which they are able to book straight into. Gerry mentioned the poor quality of use of appointments from NHS 111 was mentioned within in CCG group. We explained that is both within practice and within STEPS this is because of the support the NHS 111 have.

**Patient Access**

Mr Sutherland asked Lynn is online booking a success and what is the percentage within our practice.

Park – 32%

Glen – 24.6%

Lynn explained that we are one of the highest within South Tyneside. Mr Sutherland explained that we should look at the bigger picture and take ourselves out of South Tyneside. Mr Sutherland asked where we stand in the country, Martin explained that the national average within the whole country is under 20%.

Lynn explained that we are going to have another push at registering more people on the online. She mentioned that her main concern was how to improve the access, she mentioned the more people we get registered the more this will free up the phones for other people to book appointments on the phones. Lynn also explained that patient access is not only for booking appointment you can also request your repeat prescription and view at your medical records.

Mr Sutherland requested that we advertise Patient Access on the television screen.

**Sexual Health over 60’s**

Martin has added this to the agenda as has recently attended the care homes and few managers have come to him with Sexual Health for over 60’s queries. Mr Simpson said that there is a large increase in STI’s in this age category. Dr Kerstin does 2 week home visits to our 3 allocated care home and has not come across this but will actively ask next time she is there.

**Social Prescribing**

Martin has added to this to the agenda just to see how the practice is doing with this as some of the practice within South Tyneside has dropped this. Dr Kerstin mentioned that she doesn’t think the service is available anymore. Our social prescribing advisor Anne has left us and we were waiting for replacement and we are still waiting to hear back from Bliss-ability.

Social Prescribing is finding none clinical/medical solutions for patient’s problem.

Dr Kerstin explained that we had a lot of good feedback from her and the patients as the staff started to get used to referring patients to her. She was a lot of help with the mental health patients and people needing help with benefits and housing.

**Patient Leaflet for Chronic Diseases**

Cecilia brought an example of a chronic disease leaflet that her friend got from her surgery. This leaflet is results of their bloods and questions they would like to ask before their appointment, it also gives an opportunity for the patient to read about the problem.

Dr Kerstin to discuss with our Nurse Nicola to see what information she gives patients at the appointment. We all agreed it was a good idea and although it looks like we work slightly differently we could crib some of the leaflet and devise our own for each chronic disease for when we send the recall out.

**Palliative Care**

Gerry asked if we keep a palliative care register and if the patients are informed that they are on the register. Dr Kerstin explained we have kept a palliative care register for a long time and when patients are added to the register the doctor would have spoken to you beforehand regarding becoming a palliative care patient. Gerry had been to a CCG meeting where palliative care was discussed and how it does not always mean you are at end of life, there are different stages of palliative care. Dr Kerstin agreed and explained the practice used the colour coding technique for a number of years. Green would mean that patients were stable; Amber would mean that they would need increased care and carers going in and Red would be End of Life care.

**Priorities**

We agreed the following-

* To improve the information on the call in screen in the waiting room
* To have a concentrated promotion of the NHS health checks (members were unaware these were available)
* To implement a chronic Disease leaflet for improved patient involvement.

**Actions**

Completed

In progress

Outstanding

**Actions**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **completed** |
| Coloured signage for clinical rooms | CF | Completed |
| PRG changes/new members | LC/PPG members | Still in Progress |
| CCG Speaker | LC  |  |
| PRG Members to Meet and organise an Agenda | PRG |  |
| Chase up Bliss ability – Social Prescribing | LC |  |

**Next meeting – Date and time TBA**

**PRG to meet 2 weeks before to agree agenda items and forward to Lynn**