



**MINUTES OF THE NEWBURN SURGERY
PATIENT PARTICIPATION GROUP MEETING
HELD AT NEWBURN SURGERY
ON MONDAY 22 JUNE 2015**

23 June 2015

Those Present:

Mr Bryan Rees; Mr Alan Phillipson; Mr Ian Bell; Mrs Tatjana Surbek-Chaytor; Mr David Gardner; Dr Julian Hargreaves; Mr Malcolm Smith (Secretary).

Apologies:

Mrs Pat Hopper;

Agenda Item 1 – Chair’s Introduction

1. The Chair opened the meeting at 1915 and welcomed a new member, Mr David Gardner. All members present introduced themselves. The Chair went on to introduce Claire Harrison, a guest speaker present to talk about the Ways to Wellness Programme, and explained that some group members had taken part in the earlier pilot work of the Social Prescribing project.

Agenda Item 2 – Ways to Wellness Programme Briefing

2. A very enthusiastic Claire Harrison explained that she was a Healthworks Health Trainer and her organization was one of the partners in a new programme introduced by Newcastle and Gateshead CCG. She explained that Ways to Wellness is a uniquely funded long term programme aimed at providing non-medical interventions to improve the lives and health of patients aged 40-74 suffering from a range of Long Term conditions. She went on to give some examples of the activity she was involved in and answered some questions. She confirmed that the scheme required a referral from a GP but was clear that if her team identified suitable candidates she could go to the GP and ask for a referral. She was particularly keen to advertise the programme and had done a significant number of engagement events and was always happy to do more if members had any suggestions. Alan Phillipson noted that there was an age bracket and asked what happened about people outside of this range, Claire responded that there are other programmes available but they are designed as short term interventions rather than the Ways to Wellness scheme which is designed to offer long term support (2 years). This is a contractual requirement placed on Ways to Wellness partners by the CCG who are targeting their resources where they feel they can have best effect. The group thought this was a good scheme and the Chair noted that it was good to see it developing. He thanked Claire for taking the time to explain the programme.

Agenda Item 3 – Minutes of Previous Meeting

3. The Chair invited members to comment on the minutes and asked if there were any outstanding actions. The Secretary responded that there were no formal actions outstanding but following the last meeting the analysis of the local patient survey had been circulated to core and virtual group members and placed on the practice website. He felt that it was very similar to previous surveys, confirming a broadly satisfied patient population. He also briefed that the practice was now asking patients with long Term Conditions to consider increasing and improving the information available on their Summary Care Record and were getting quite a lot of positive responses. The minutes were accepted as a true record of the last meeting.

Agenda Item 4 – Primary Care Foundation Access Report

4. The Secretary referred to the Primary Care Foundation report circulated in advance of the meeting. He explained that this was a CCG funded initiative to encourage practices to look at how easy it is for patients to access their services. Essentially it was a benchmarking exercise undertaken by a company experienced at looking at surgeries across the country. He went on to say that the Partners had discussed the report and the surgery felt it was very positive and confirmation that our access system compares very favourably with surgeries across the country, indeed we scored in the top 25% in 9 out of 10 of the measures examined. The report analysed the results of the independent patient survey conducted by IPSOS Mori in 2014 and commented very favourably on patient perceptions of the helpfulness of reception staff and ability to get an appointment. It noted that our consultation rates are close to the national average for this type of surgery and patient population and that we offer more same day appointments than the national average. There was adverse comment on the staffing ratio for telephones but that was not really consistent with the relatively high levels of satisfaction in getting through on the phone. Obviously this is an area we would always want to keep under review but at present physical space and staff limitations determine how many people we have to answer phones. The consultant made 2 recommendations we felt were worthwhile and have implemented:

- Make space in Duty Doctor's morning surgery to allow visit priorities to be assessed earlier in the day
- Remove appointments that are "3 day embargoes". These were a hangover from a previous contractual commitment to provide a certain number of appointments within 48 hours and it was felt that all they now do is force some patients to call more than once unnecessarily for an appointment.

The secretary also briefed that the surgery has altered its Monday "same day" embargoed appointments to make them available for online booking over the weekend.

The group discussed the report and the consensus was that it was very favourable.

Agenda Item 5- Friends and Family Survey

5. The Chair highlighted that a summary of the results of the last 6 months' Friends and Family surveys conducted within the surgery had been circulated in advance of the meeting. He pointed out the average results were that 93.79% of patients would recommend the surgery, 4.53% were equivocal and only 1.69% (2 forms across 6 months) were unhappy.

The note also pointed out that this was an anonymous survey so there was no way of following up adverse comment. There was some discussion about the value of the survey given that, unlike in large hospitals, patients had an easy option to change surgeries. The Secretary wondered if this might skew the results in favour of the surgery in that logically, those who could not recommend the surgery to others would probably change their surgeries. Dr Hargreaves did not agree with this and said that within his experience patients were normally very loyal to their surgery and it took a great deal to make them want to change. The group was happy with the results which they saw as very complementary.

Agenda Item 6 – Evening and Saturday Appointments

6. The Chair had asked for some statistics on take up of evening and weekend appointments and these had been circulated in advance of the meeting. The take up rate of Monday evening appointments is 93% whilst take up on Saturday mornings is slightly less at 90.8%. The Secretary mentioned that there are more “Do Not Attends” (booked appointments where the patient does not turn up) on Saturday mornings than Monday evenings. Nevertheless, evening and weekend appointments are certainly popular and take up rates indicate that they are clearly viable.

Agenda Item 7 – Surgery Update

7. **New Build.** The Secretary updated the meeting as follows:

- The project is moving more slowly than we and Millfield Group (the developer) would like but we have to follow the NHS England processes.
- The Outline Business Case is drafted and has been into NHS England informally for comment and subsequent amendment. NHS England has authorised consultation with the District Valuer (who assesses project Value for Money on behalf of the taxpayer). This is a very positive step. The initial meeting with the District Valuer was last week and our commercial surveyor feels it was favourable.
- We are now awaiting the District Valuer’s formal report before we can complete the Outline Business Case. This is crucial point in the project and is a key factor in whether or not the project goes ahead so our fingers are very much crossed.
- NHS England are reported to be well disposed to the project and enquire about it at every meeting
- The next step will be to get the Outline Business Case into NHS England for formal consideration. Once approved, the developer will seek planning permission to change the building to medical use.
- At the moment we are optimistic but recognize that the previous project did get to the planning permission stage and failed because funding was withdrawn. So there are still hurdles to overcome in this project before we start detailed planning for a move.

8. **Named Accountable GP.** The Secretary briefed on a new NHS England requirement placed upon GPs. This requires that every patient has a “Named Accountable GP” responsible for coordinating their care. He went on to say that the surgery already does this for those patients at high risk of admission to hospital and for those aged over 75. Our clinical system already includes a Named Accountable GP for all patients so we have now advised them of this and their right to know the name and change the doctor if they wish. Dr Hargreaves stressed that this will have no impact on their care and, indeed, patients should

still book appointments with the GP of their choice. Nevertheless, if patients wish to change their nominated GP they are free to do so.

Agenda Item 8 – Any Other Business

9. Dr Hargreaves sought the views of the group on the value they would place on having electronic access to their medical record. This follows from the discussion at the last meeting about enhancing information on the Summary Care Record and a recent partnership discussion. Newburn surgery recognises the value of electronic tools in patient care and encourages patients to sign up to System Online, its secure clinical application. This gives access to appointment booking and cancellation, secure messaging with the surgery, access to test results, access to repeat prescribing and access to the patient's Summary Care Record, a limited view of the full medical record. All of this is available at a time convenient to patients and without having to telephone the surgery. Although the protocols have yet to be fully developed, the technology exists to give patients access to their full medical record and it is clearly the government's intention that this should eventually be done. Dr Hargreaves sought the group's view on whether or not we should press to do this early. There followed an interesting exchange. A key issue was security of the information. There are also some difficult issues to overcome, such as parental access to teenage records and some safeguarding concerns. The group did not particularly see the need for electronic access to a record they may not understand and felt that in understanding their medical conditions and care, it was far important to have a good relationship with their GP. The surgery felt this was a good contribution which would inform their own discussions on this issue. Mr Philipson raised an issue with the accuracy of electronic prescribing which led to a discussion of the system which does have some complicated interfaces. Dr Hargreaves said that from a surgery perspective this was a good system but it would be useful to have a patient perspective. The group felt it was a good service but not without its problems. The Chair suggested it would be a good topic for a question on the Friends and Family report and the Secretary agreed to put it on the list as a future question, but having just changed the secondary question we needed a period to gather feedback from that one.

10. **Date of Next Meeting.** The next meeting is planned for **Mon 26 October 2015 at 7:15pm in Newburn Surgery.**

M Smith
M SMITH
Secretary

Approved by the Chair

Annex:

A. Action Grid.

**ANNEX A TO
PPG MINUTES
DATED 23 JUN 15**

NEWBURN SURGERY PATIENT PARTICIPATION GROUP - ACTION GRID

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
22	22 Jun 15	Seek patient feedback on Electronic Prescribing via the Friends and Family survey at the next convenient opportunity	Secretary	
21	10 Nov 14	Conduct a postal patient survey of a random 10% of the patient population	Secretary	20 Feb 15
20	10 Nov 14	Consider suitable questions for inclusion in the Friends and Families Test survey	All	23 Feb 15
19	30 Jun 14	Patient Survey to be discussed at the November Meeting	Chair	10 Nov 14
18	24 Feb 14	Prepare briefing sheet on telephone calls to the surgery	Secretary	23 Jun 14
17	4 Nov 13	Conduct annual patient survey using GPAQ questionnaire and in addition specifically target young mothers attending Tuesday baby clinics	Secretary	17 Feb 14
16	4 Nov 13	Summarise patient group views on CCG commissioning intentions and relay to the CCG	Chair	5 Nov 13
15	1 Jul 13	Report Results of CCG Discussion on Patient Participation in CCG Decision-making	Practice Manager	4 Nov 13
14	25 Feb 13	Investigate improvements to existing video advertising system	Practice Manager	20 Aug 13
13	12 Nov 12	Adjust patient survey questionnaire to seek views on service provision in the new surgery; specifically ask young mothers to complete the questionnaire	Secretary	5 Dec 12
12	12 Nov 12	Agree the format for a practice Social Prescribing workshop with Sarah Richard (Secretary to initiate virtual discussion)	Chair	Jan 13

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
11	2 Jul 12	When planning permission for the new surgery is agreed, produce surgery article in local magazine	Secretary	Ongoing
10	2 Jul 12	Offer Core Group Place to Virtual Members	Secretary	Sep 12
9	27 Feb 12	Complete Newcastle Bridges Prioritisation Questionnaire and return to the Secretary within a week (only if members wish to do so)	All	Mar 12
8	27 Feb 12	Examine alternative means to communicate up to date surgery information to infrequent surgery users	Secretary	Complete – see Action 11
7	27 Feb 12	Redraft Practice leaflet to include more detail on GP availability and widen this beyond new patients to all visitors to the surgery	Secretary	Apr 12
6	27 Feb 12	Improve surgery notice boards and specifically generate a notice board to advertise Practice services, extended hours and wider GP availability; reduce distracting over-provision of notices	Secretary	Nov 12
5	27 Feb 12	Improve advertising of the availability of GP telephone appointments	Secretary	Apr 12
4	5 Dec 11	Consider date of next meeting and confirm availability to the secretary	All	Dec 11
3	5 Dec 11	Conduct local patient survey and analyze results prior to next meeting	Secretary	Feb 12
2	5 Dec 11	Conduct in-surgery campaign to recruit patients to the virtual patient group	Secretary	Ongoing via New Patient Packs
1	5 Dec 11	Consider ways of recruiting a small number of people in the 16-45 age group to the core Patient Group and propose ideas to the secretary	All	Dec 11