



**MINUTES OF THE NEWBURN SURGERY
PATIENT PARTICIPATION GROUP MEETING
HELD AT NEWBURN SURGERY
ON MONDAY 26 OCTOBER 2015**

27 October 2015

Those Present:

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

Apologies:

Mr David Gardner; Mrs Pat Hopper;

Agenda Item 1 – Chair’s Introduction

1. The Chair opened the meeting at 1915.

Agenda Item 2 – Minutes of Previous Meeting

2. The Chair invited members to comment on the minutes and asked if everyone was content they reflected the last meeting. It was agreed they did and the minutes were accepted as a true record. The Chair then referred to the actions list and asked if there was anything outstanding. The Secretary responded that there was only one action which was to add a question on electronic prescribing to the Friends and Family monthly survey and this would be done in January which meant the previous question has been asked for 6 months.

Agenda Item 3 – 2015 Local Patient Survey and Intentions for a Survey in 2016

3. The Chair briefed that he had asked for the 2015 local survey results to be circulated in advance of the meeting and he said that he felt they confirmed previous surveys. No one disagreed. He went on to seek colleagues’ views on the survey for next year. The Secretary confirmed that an annual survey was no longer required but patient groups were encouraged by NHS England to use existing feedback mechanisms. He explained that the Department of Health commissions Ipsos Mori to conduct random surveys of patients and these are grouped by surgery on the GP patient survey website (<https://gp-patient.co.uk/>) – indeed this website allows people to make comparisons between surgeries. The practice also posts the results of these surveys on the patient participation group page of its own website. The Chair felt that the national patient survey probably provided sufficient information for the group’s needs. He asked how many patients are surveyed from the surgery, though the Secretary was unable to answer (**post meeting note: the surveys are sent out biannually and the latest survey went to 285 patients of whom 98 returned a completed survey. This represents a 34% completion rate which is slightly better than the last 4 local patient surveys conducted by the surgery, though the sample is just under 60% of the size of the local surveys**). It was

also pointed out that the patient group could use the Friends and Family monthly survey to explore specific issues they are interested in. It was agreed that there would be no local survey this year, though the Secretary will extract Ipsos Mori data and present it at the next meeting. **ACTION: Secretary**

Agenda Item 4 – Winter Pressures

4. The Chair referred to the fairly wide-ranging publicity over winter pressures in the national press and asked whether this was an issue to the practice. Dr Hargreaves explained that there are fairly significant seasonal variations in patient demand with the period January to April normally seeing a peak but the surgery seemed able to cope, though it may be harder to get routine appointments in this period. Within the last 18 months the surgery has added an additional Foundation Year doctor to the team, made a modest increase in Practice Nurse hours and recruited an additional Healthcare Assistant. Under pressure from NHS England, it has also adjusted the way in which it delivers Saturday surgeries which has modestly increased the number of GP and nurse appointments available. Dr Hargreaves went on to highlight that there is a contingency plan should there be an emergency situation, eg a flu epidemic, though an increased focus on urgent problems would be at the expense of routine activity. Discussion turned to the wider NHS where publicity is inevitably focused on demand for A&E services. Hospitals also have contingency plans for meeting additional demands but as A&Es operate at close to full capacity most of the year it is clearly fairly challenging for them.

Agenda Item 5 – CCG Incentives to Reduce Referrals

5. Miss Ghilardi highlighted her concern about the publicity over payment of incentives to GPs to reduce referrals and asked for a practice perspective. Dr Hargreaves explained that GPs operated under a range of guidelines and clinical pathways which to some extent moderated referral rates. Nevertheless, there are significant variations between clinicians which may be down to experience, variations in knowledge or differences in practice. In a resource-limited environment there is inevitably a focus on “outliers”, ie those areas that vary significantly from those around them. Sometimes the concern is to reduce demand on a particular service to ensure the most appropriate cases receive the services they need and, of course, in any budgetary system there is also a cost element and sometimes the driver is to reduce the cost of expensive services or drugs. The surgery participates in the CCG’s Practice Development and Engagement Programme which has a clinical quality element and GPs are frequently asked to audit specific areas of clinical activity. The practice is remunerated for this additional work but there is no financial incentive to drive down specific referrals and the practice’s experience to date is that the work is about clinical improvement. It is worth pointing out that there are national expectations that this sort of work will be undertaken and, indeed, the CQC expects to see quality improvement initiatives in GP practice. Dr Hargreaves reiterated that he could only speak about experience of the Newcastle and Gateshead CCG, though of course other CCGs may well have commissioned work differently.

Agenda Item 6 – Surgery Update

6. **CQC Inspection.** The Secretary briefed that this had taken place on 6 October, although the formal report has yet to be received. The inspection lasted from 0900-1630 and involved 3 CQC inspectors. The key activities were:

- A preparation phase which required the surgery to collate a number of key documents and pass them to the inspectors, eg complaints summary, significant events summary, evidence of clinical audits, statement on how we approach 6 population groups
- A formal presentation as an introduction to the surgery. This was comprehensive and covered many of the points the inspectors wanted to raise
- An inspection of surgery processes, recruitment processes, H&S records etc
- A GP discussion with a GP partner, a Foundation year doctor and our salaried GP
- A cleanliness and infection control inspection
- Interviews with selected members of staff
- Informal discussions with patients visiting the surgery that day
- An Interview with the Chair and Ian Bell of the Patient Group

The post-inspection informal debrief was very positive, focusing on the good relationship between members of staff and excellent feedback from patients. The CQC team highlighted good internal processes; a very caring surgery delivering good services; excellent patient access and they were impressed that the surgery had a grip on where it wanted to be, particularly with new build plans. There were some criticisms, though the team leader said she thought they were all minor. Of note, they asked us to review our DBS (formerly CRB) policy for administrative staff undertaking chaperone duties, they commented on some building constraints, they commented on the requirement to re-audit clinical audits to ensure identified weaknesses were followed up and they felt administrative staff were not familiar enough with the surgery's significant events policy. The Chair commented that he was disappointed the team had not met each other before the commenced the inspection. He thought the surgery had done lots of work for the inspection and he asked that his and the group's thanks be passed to all staff.

7. New Build. The Secretary briefed that progress since the last meeting was fairly glacial. On a positive note, the District Valuer has now agreed the rental figures are reasonable and will make a positive recommendation to NHS England; however we have yet to see his formal report so cannot yet submit the Outline Business Case for approval.

8. Access to Detailed Medical Records and Test Results. The Secretary briefed that the surgery has now put in place the procedures to permit patients online access to their detailed medical records. This also allows patients to view their test results online. Take up has been fairly slow with only 32 patients applying for access in the last month.

10. Date of Next Meeting. The next meeting is planned for **Mon 22 February 2016 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 27 OCT 15

NEWBURN SURGERY PATIENT PARTICIPATION GROUP - ACTION GRID

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
23	26 Oct 15	Download and disseminate GP Patient Survey Results for the Feb 16 Meeting	Secretary	
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

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
12	12 Nov 12	Agree the format for a practice Social Prescribing workshop with Sarah Richard (Secretary to initiate virtual discussion)	Chair	Jan 13
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