



**MINUTES OF THE NEWBURN SURGERY
PATIENT PARTICIPATION GROUP MEETING
HELD AT NEWBURN SURGERY
ON MONDAY 18 JULY 2016**

19 July 2016

Those Present:

Mr Bryan Rees; Mr Ian Bell; Miss Liliana Ghilardhi; Mr Alan Phillipson; Mrs Pat Hopper; Dr Julian Hargreaves; Mr Malcolm Smith (Secretary).

Apologies:

None

Agenda Item 1 – Chair’s Introduction

1. The Chair opened the meeting at 1915. The Secretary apologized for not getting the agenda and minutes distributed in advance of the meeting and explained that he had just returned from holiday so had had a busy week.

Agenda Item 2 – Minutes of Previous Meeting

2. The Chair asked if members were content with the minutes of the meeting. There were no comments. The Secretary said that there was one outstanding action from the previous meeting which was to approach virtual group members to seek volunteers for the core group. This action was completed in March and one lady had volunteered to attend. Unfortunately, due to an administrative error she had not been invited to this meeting. The Secretary has apologized and reassured her that she is now on the distribution list for the core group.

Agenda Item 3 – Retirement of Dr Adams

3. The Secretary briefed that Dr Adams was retiring from the practice on 31 August. There was unanimous agreement that she will be sorely missed. A new partner has been recruited and she will start on 1 September 2016. Dr Sajni Gupta is an experienced GP who is currently with Branch End surgery in Stocksfield. She is very much looking forward to joining us,

Agenda Item 4 – Medical Interoperability Gateway

4. Dr Hargreaves briefed that the surgery is being encouraged to sign up to the Medical Interoperability Gateway (MiG). He explained that this is becoming known as the Great North Medical Record and is a regional attempt to make important elements of a patient’s GP medical record available to clinicians in secondary care. Like the Summary Care Record, a clinician will require the patient’s consent before he or she attempts to access the record but

this has the advantage that it is available to the doctor or nurse through their own hospital clinical system so it does not require them to enter another system to obtain the clinical information they need. There will be a surgery publicity campaign before this system is activated and patients do have the right to opt out. Any patient who has previously opted out of the Summary Care Record, Enhanced Summary Care Record or the Care.Data programme will receive a letter from the surgery asking whether they wish to opt into this system. At present the system will allow real time information in the GP record to be viewed by the secondary care clinician but secondary care are unable to enter information into the record. Dr Hargreaves sought the views of the group. The consensus was that secondary care clinicians should not have to spend time taking histories or working out medication when the information was already available and the group supported the introduction of the system.

Agenda Item 5 – Application to be a GP Training Practice

6. Dr Hargreaves explained that the surgery is committed to training the next generation of doctors and has hosted 3rd, 4th and 5th year medical students for some time. We also host 2 Foundation year doctors, who are qualified and are in the second year post-registration. The recruitment of Dr Gupta, who is already a qualified and very enthusiastic GP trainer, provides us with an opportunity to meet a longstanding aspiration and move into formal training of GPs. Whilst we had always intended to become a GP training practice once we move into new premises, the partners have decided to apply to see if we can get accreditation for this building. The shortcomings of the current building are well known and it is possible that this application will not be successful but Dr Gupta and the partners feel it is worth trying. Dr Hargreaves then sought the group's view. In response to questions he highlighted that we could only accommodate a GP trainee in 4 Newburn Road by dropping to a single F2 doctor. He also explained that, whilst there is a modest payment from Health Education England for the work involved in supervising a GP Registrar, the value to the practice is that the Registrar brings clinical capacity which improves access for patients. The group indicated they supported this aspiration.

Agenda Item 6 – Surgery Update – New Build

7. The Secretary stated that progress had been disappointing with 3 problems encountered. Firstly, the Outline Business Case was not approved by the NHS England premises group who had referred the plans back to the District Valuer (DV) for reassessment. On a positive note, the DV stood by his original assessment and responded very quickly. In some frustration the surgery had engaged with a senior member of NHS England who had helped to provide some impetus. Nevertheless, there were still some questions which had to be answered. The developer had also expressed some concern over commercial aspects of the build but we think these have been overcome. Finally, there was some concern over the leasing arrangements for the building and the financial risk which could accrue to the partners. We do have a way ahead on all of these issues but the fact remains that the project has been delayed for some months and we have still to receive approval from NHS England.

9. **Date of Next Meeting.** The date of the next meeting was agreed as 1915 on Monday 31 October 2016.

10. The Chair thanked members for attending and closed the meeting.

M Smith
M SMITH
Secretary

Approved by the Chair

Annex:

A. Action Grid.

**ANNEX A TO
PPG MINUTES
DATED 23 FEB 16**

NEWBURN SURGERY PATIENT PARTICIPATION GROUP - ACTION GRID

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
24	22 Feb 16	Approach Virtual Patient Group for any volunteers to join the Core Group	Secretary	22 Mar 16
23	26 Oct 15	Download and disseminate GP Patient Survey Results for the Feb 16 Meeting	Secretary	22 Feb 16
22	22 Jun 15	Seek patient feedback on Electronic Prescribing via the Friends and Family survey at the next convenient opportunity	Secretary	1 Jan 16
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

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
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
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