



**MINUTES OF THE NEWBURN SURGERY
PATIENT PARTICIPATION GROUP MEETING
HELD AT NEWBURN SURGERY
ON MONDAY 31 OCTOBER 2016**

1 November 2016

Those Present:

Mr Bryan Rees; Miss Liliana Ghilardi; Mr Alan Phillipson; Mrs Pat Hopper; Mr Malcolm Smith (Secretary).

Apologies:

Dr Mike Scott; Mr Ian Bell

Agenda Item 1 – Chair’s Introduction

1. The Chair opened the meeting at 1915. He mentioned that there were no outstanding actions from the previous minutes. The Secretary apologized on behalf of Dr Scott who had planned to attend the meeting but unfortunately had had to go home due to sickness.

Agenda Item 2 – Minutes of Previous Meeting

2. No items arising.

Agenda Item 3 – Surgery Replacement

3. The Secretary gave the background to his e mail advising members that the surgery had withdrawn from its planned replacement surgery project. This project was being progressed as a 3rd party development where a local developer was providing the finance to build the replacement surgery and would then receive an agreed level of rent across a 25 year period. Such projects are heavily regulated by both NHS England and the Valuation Office Agency on behalf of the Government. Clearly the developer needs to make a return on his investment which is normally done across the extended lease. The lease terms, based largely on the recommendation of the Valuation Office, place quite a heavy burden on the surgery which, like many GP practices, is an unlimited liability partnership. This means that the individual GP partners have to bear the financial risks.

4. The partners faced this issue 3 years ago with the combined surgery/library project but at the time felt able to sign a lease if required. Since then, and with the experience of 2 GP partner recruitment rounds behind them, it is clear that fewer doctors are willing to become partners. The NHS is also sending our fairly strong signals that it is not content with the current General Practice model so an assumption that a 25 year lease on the surgery is safe is now questionable. The partners felt the financial risk of the lease to them and their families was unacceptable. After a round of negotiation we were unable to agree changes to the lease

terms to reduce the risk to the partners. NHS England were also unable to share the financial risk and the partners decided to withdraw from the project.

5. Since then, the developer has approached the surgery again and indicated he may be prepared to move on the lease terms. We are currently exploring whether the terms are acceptable to both sides and, if so, we will seek NHS England approval to resurrect the project.

Agenda Item 4 – Electronic Prescribing – Local Survey Results

6. The Secretary reminded the members that they had asked for patient feedback on electronic prescribing and a question had been inserted into the monthly Friends and Family survey. He circulated 6 months' worth of survey forms. The Chair agreed that the feedback on electronic prescribing was overwhelmingly positive and there was a discussion on its merits. There is sometimes an issue between the surgery and pharmacies with the surgery uploading the prescription into its clinical system and the pharmacy experiencing problems downloading it into their different IT system. It does not seem to be a major issue and the survey results indicate that it is a popular system. The Chair agreed that we should now remove the question from the survey form.

Agenda Item 5 – Surgery Update

7. The Secretary referred to the minutes of the previous meeting:

- **Medical Interoperability Gateway – The Great Northern Care Record.** Whilst the surgery supports the concept, we have looked at the detail and could not see evidence that partner organisations which might access the patient record had given the necessary data sharing assurances. We have not yet signed up to this project.
- **Application to be a GP Training Practice.** The surgery has been successfully assessed and we are delighted that we have been accredited to train GP Registrars. We are expecting our first GP trainee in February.
- **Primary Care Support England.** The Secretary briefed that the NHS has contracted out a number of its support services such as movement and storage of medical records, patient list administration, payments to GP practices, GP Pensions administration and GP registration. All of these services have had some quite serious issues and mobilization of this contract seems to have been seriously deficient. It has resulted in increased administrative loading on the practice and some funding shortfall.

Agenda Item 6 – Any Other Business

8. **Referral Management.** Miss Ghilhardi expressed concern over media reports that About Health, a commercial company, had been commissioned by North Durham CCG to provide a “Rapid Specialist Opinion” which would approve or reject GP referrals before they went to Consultants. She thought this was wrong and asked whether our CCG was doing the same. The Chair expressed unease that this might deprive GPs of essential feedback on the accuracy of their referrals. The Secretary explained that all CCGs were under financial pressure. There is no doubt that there is significant variation in referral rates between individual clinicians and surgeries. This could of course be down to differences in patient populations or to differences in experience between clinicians or even cultures within

individual surgeries. Of course there is a budgetary imperative to reduce unnecessary referrals but also sound clinical reasons to ensure valuable consultant time is not spent on issues that may not need their expertise or could be better managed within General Practice. In this respect the practice supports some form of peer review of referrals. Newcastle and Gateshead CCG already has an administrative procedure in place to vet low level referrals where the clinical benefit of the procedure is marginal and there is general acceptance by GPs of the need for a system. Newcastle and Gateshead CCG are currently piloting a scheme to try to reduce referral rates. It is, however, currently focused on encouraging GPs to consider referrals carefully and possibly peer review them internally. We have not signed up to this pilot and indeed our practice's referral rates are good relative to other practices in the CCG. That said, it is possible that this pilot will be extended to all surgeries next year.

9. **Ways to Wellness.** The Chair mentioned that it was nearly a year since they had been briefed on the Ways to Wellness project and asked whether the WtW link worker could be invited to the next meeting to provide feedback on the scheme. **ACTION: Secretary**

9. **Date of Next Meeting.** The date of the next meeting was agreed as 1915 on Monday 20 February 2017.

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 1 NOV 16**

NEWBURN SURGERY PATIENT PARTICIPATION GROUP - ACTION GRID

Serial No	Date of Meeting	Action Required	Action Owner	Date Completed
25	31 Oct 16	Provide an Update on the Ways to Wellness Project	Secretary	
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