

# Patient Participation Group

## Notes from the Meeting Held 5<sup>th</sup> September 2016

Present: PS, DH, DH2, NP, SG, AW, PE, SB, MB

Mr Simon Guy (Business Manager), Dr Nick Hargreaves

Apologies: AK, IJ

1. SB and AW were welcomed to the group.
2. The notes from the previous meeting were agreed.
3. Matters Arising: Newsletter (on agenda), Car Park – nothing to report, Simon to meet with the director of estates this week.
4. News Updates  
With the agreement of the PPG the children's play area has been "refreshed". The play house had developed growing splits in the plastic around the windows and clearly needed to be changed. With the money from the book sales we have purchased a new, slightly smaller playhouse along with a seat in the shape of a car that can store books.

The group agreed that advertising the use of the book sales income would be beneficial, and Simon will review that alongside a new TV call system informational presentation on the waiting room facilities.

After a long wait we now have Wifi for patients. This has been provided to us at no cost and will not impact on our own IT systems.

With low uptake of the friends and family paper forms in the waiting area the Practice has deployed a bespoke electronic data collection system built into the existing ballot box. We don't yet have a full month's worth of data to report on, though it's hoped that uptake of the F&F test will be improved.

Dr Frew and Dr Franc remain on maternity leave until the new year. In their absence we had Dr Duncan who has now gone to work in India, and Dr Duck who we hope will remain with us longer term as a salaried GP. Dr Bryant will soon complete her GP Training and will remain working part-time here on a locum basis. Dr Ralston has been replaced as a GP Registrar by Dr Varughese. Dr Powell will be reducing from 4 to 2 days per week from November with the reduced hours being covered by Dr Duck. Overall once the maternity leave periods are over we will have the same or slightly more clinical sessions and one more GP.

5. PACS/Vanguard

The Clinical Commissioning Group (CCG) were successful in gaining “vanguard” status (early adopter/pilot) for a new model of vertical service integration called Primary and Acute Care Systems (PACS). In essence this means funding to enable Primary Care and Secondary Care to work more closely together for the benefit of patients. Since the PACS Vanguard was announced a few months ago it’s fair to say that patients (and staff) would not have seen a great deal of change. The CCG now wish to move the integration agenda forwards by creating an Accountable Care Organisation (ACO) for Northumberland. This would likely be led by Northumbria Health Care NHS Trust who would take on a capitated budget (ie a fixed amount per patient rather than being paid for the work done as happens with the current payment by results tariff-based system). We understand that the core GP contracts (which are already capitation based) would sit outside of the ACO budget so there should be little risk to the core Practice budget. However extra or “Enhanced” services that Practices offer would be pooled. The ACO would decide what services were needed and within their fixed budget arrange for those services to be provided. The intention is to go live with the PACS from April 2017 if Practices vote to accept it.

6. Book Sales

We discussed the recent purchases and roughly how much income had been received to date. Simon will provide accurate figures next meeting.

7. Flu Vaccination

We will soon receive our flu vaccines and begin the annual campaign to have patients vaccinated. This year the target groups are essentially unchanged with everyone over age 65, people under 65 with chronic conditions and all children aged 2,3,4 all being offered vaccination at the Practice. In order to ensure that eligible patients are given every opportunity to receive a flu vaccination we will again be writing to patients, texting them and placing an advert in the Hexham Courant. Uptake last year was around 57% in the under 65 year-old group and around 75% in the over 65s. We averaged around 30% in the healthy 2,3,4 year olds. The national target for children this year is 40-65%, 55% in the at-risk under 65s and 75% for the over 65s. We discussed not pressuring people who did not want to be vaccinated. The Practice follows national protocol on this which is to ensure patients are offered the vaccine and add a code to their records if they wish to decline. That will ensure that we do not continue to target patients who do not wish to be vaccinated. It should be noted that this “opt out” only lasts for the current flu season, so the following year the patient will need to decline again. It’s also the case that declining the vaccine doesn’t preclude a patient from changing their mind at any time.

8. Newsletter

The draft newsletter was discussed which will include information about flu vaccination and team changes. Ideas welcomed on existing and future content.

9. GP Retention/Recruitment

Recent media headlines have illustrated how stretched the GP workforce is and how difficult it can be in some areas to recruit and retain GPs. The result in some cases has been the closure of Practices. The traditional model of General Practice was that of Partnerships, later including salaried GPs and supported by locum GPs as required. Over time there seems to have been a shift away from GPs wanting Partnerships into salaried roles and now into locum work. West Northumberland fairs pretty well when it comes to recruitment and retention and we do not have issues at the present time. No-one knows what the future will bring but for now Hexham is a draw to GPs who would perhaps not wish to live and work in more deprived areas.

10. AOB:

We discussed the department for work and pensions “fit to work” initiative. GPs are able to refer working patients who have been off sick for at least 4 weeks into this service where they will receive occupational health advice and assistance to help them back to work. It’s voluntary and because of the criteria it’s not for the majority of patients. An animated advertisement runs on our TV call screen.

The use of Hexham General Urgent Care Centre will be added to the agenda for the next meeting.

Date of next meeting – December 2016