

Patient Participation Group

Notes from the Meeting Held 8th May 2019

Present: SG, MB, PE, IJ

Dr Paul McClintock, Dr Nick Hargreaves, Mr Simon Guy (Business Manager)

1. The notes from the previous meeting were agreed.

2. Matters arising:

Group consultations. NHS England have unfortunately not been forthcoming in their offer of training for the facilitator role.

3. News and team Updates

Dr Bryant still on maternity leave until September, Dr Bulbeck has been covering her absence. Our GP Registrars changed over in February. Dr Shovlin is no longer heading up the Clinical Commissioning Group (CCG) as of the end of March 2019.

The Paramedic pilot ran from November 2018 to March 2019 and was well received by both patients and GPs. The pilot was funded by the NHS and not the Practice and we await with interest the subsequent evaluation.

Parkrun – there is a new parkrun at Tyne Green and the Practice has opted to become an accredited Practice and support parkrun and promote it to our patients.

The NHS App is being rolled out to all Practices, enabling their patients to book appointments and order prescriptions online as well as use a self-service version of the 111 clinical triage system.

4. Quality and Outcomes Framework (QoF)

Our year end achievement at 31st March shows efforts on improving the care of hypertensive patients have been reflected in our achievement scores. Tougher QoF targets are in place for the 2019/2020 year. Our recent survey of hypertensive patients shows that there's an appetite for patients to share their home readings which already happens to some extent particularly for more motivated patients. The challenge will be to create a process that can be accessed by all hypertensive patients that is user-friendly.

5. Primary Care Networks (PCNs)

This is a new initiative from the NHS that will see Practices formed into networks that cover around 50,000 – 100,000 patients. The local Practices have agreed to have one PCN for West Northumberland which will officially form in July. Over time the PCN will take on responsibility for a wide range of enhanced services such as extended hours that are currently delivered directly by Practices individually. The PCN itself will also be granted new funding specifically to employ designated roles such as social prescribers and pharmacists. The resource will increase over a five year period and be shared by the PCN across Practices. So for example instead of each Practice being given a small amount of money to buy in a few hours of a pharmacist, the PCN will employ a pharmacist and then allocate out their time to Practices, achieving economies of scale.

6. Telephone System

Unfortunately our telephone system broke in early March. We rapidly deployed a temporary solution and then installed a new system which is still a work in progress with problems to iron out and new features to add. For example we want to install a feature that will allow pop-ups on our reception PCs based on incoming phone numbers which is something our old system could not do.

As part of the issues we experienced when the old system broke we diverted all calls to our main lines including requests for repeat prescriptions. After careful consideration we then took the decision to permanently switch off the old dedicated prescription ordering line. Partly because the same staff were answering both lines so there was little practical benefit to staff or patients in having a dedicated line, and also because so many people now order online.

7. Change to Surgery Timings

From May the GPs are switching to altered surgery timings. Historically appointments were at 10 minute intervals. Over time consultations have grown longer for various well-documented reasons, and the GPs were therefore running late more often and were under time pressure. We have now adopted a 15 minute interval. This means that the GPs can do more in the time allocated and shouldn't run as late. We do have to see a few less patients to make this work but coupled with this change we have also increased the number of GP sessions over the last 12 months. We are not advertising to all patients that "appointments are now 15 minutes long" because that might send the message that the GPs have additional time to discuss even more problems. So while this is a really positive move we won't be widely advertising it.

8. Text Messaging

We have now enabled a new paid-for text messaging service that allows automated cancel by reply texting to automatically take place within our appointments system. This will make it easier for patients to cancel appointments they don't need 24/7 and should therefore help to avoid wasted appointments. It will of course also result in less calls to reception which will further free up the phone lines, benefiting everyone.

We are also in the early stages of exploring a system called ChainSMS that allows us to send bespoke text messages to individual patients.

9. Care Quality Commission

As part of their new approach to regulating Practice, we can expect an annual one hour phone call from our local inspector. This will cover any areas of concern, performance and changes in the Practice that they may not be aware of. The calls may trigger a full inspection visit but we will also receive an inspection at least every 5 years. Our first annual call was today which appeared to go well and we can expect our next full inspection before November 2020.

10. Any other business

The issue of "period poverty" was discussed and it was agreed that an initial £50 would be made available to the reception team from the book sales funds in order to provide a supply of sanitary products for patients.

Next meeting August/September 2019