

Claypath and University Medical Group

Patient Participation Group

Notes of the meeting held on Thursday, 8th September, 2016, at 6.00 p.m., Conference Room, University Health Centre, Green Lane.

PRESENT:

Gillian Bevan	(General Manager)	(Chair)
Dr Andrew Kent	(GP Partner)	
Tracy Watson	(Deputy General Manager)	
Marion Holloway		
Joyce Scheslinger		
Robin Harris		
Jack Gill		
Janet Gill		
Clive Beddoes		
Robert Feasey		
Paul Briggs		

APOLOGIES:

Carole Lattin
Muriel Sawbridge
Debra Hindson
Barbara Fox
Carole Reeves
Julie Smith
Beryl McDougal

1. Notes of last meeting

The notes of the last meeting held on 25 February, 2016, were agreed without amendment.

2. Matters arising

2.1 Primary Care Outcomes Scheme

It was noted that the Primary Care Outcomes Scheme funding the practice had received for two years ended on 31 March, 2016. In relation to the previously funded schemes:

a) Nurse Practitioner (Frail/Elderly)

The practice had continued to employ both Nurse Practitioners for a further fixed term of two years. Beverley Storey would continue to focus on managing the care of the practice's frail/elderly housebound patients. Marie Mallan was to work at the Claypath Medical Centre providing triage, booked appts, appointments for housebound patients, home visits, and unscheduled care clinic appointments.

b) Pharmacy support

The practice had agreed to fund Helen Beaumont as Pharmacist Support on a fixed term contract of one year up to 31st May, 2017. Helen would work for the practice two days per week.

c) Sports Injury Clinic

The practice had submitted a proposal to the Clinical Commissioning Group (CCG) to continue to provide a Sports Injury Clinic at the University Health Centre. This had not been approved.

d) Dermatology

The practice had submitted a proposal to establish a Dermatology Clinic at the University Health Centre, using the Community Dermatologist who had provided the practice with six monthly dermatology clinical education sessions. The proposal demonstrated how the clinic would provide cost savings for the CCG. Although not rejected outright, the proposal had not been prioritised for CCG funding.

The practice had agreed to continue to fund the six monthly dermatology clinical education sessions.

e) NoticeboardTV

The licence to provide NoticeboardTV in all practice waiting areas came to an end on 31 March, 2016. The practice had, however, developed its own slideshow to display on the TVs.

f) Cervical Smear uptake

The practice would continue to work to increase cervical smear uptake.

g) Unscheduled Care Scheme

This scheme whereby the practice provided additional appointments at the end of surgery each morning at each site for urgent casualties had ended due to funding no longer being available.

h) Saturday Extended Hours

The practice was continuing to provide appointments on a Saturday morning using funding previously allocated to provide extended hours on a Monday and Tuesday evening.

2.2 **Proposal to base a Community Psychiatric Nurse (CPN) at the University Health Centre (UHC)**

The practice had received no feedback from the Tees Esk and Wear Valley NHS Foundation Trust following its meeting with service representatives on 29th January, 2016.

The practice was, however, continuing to pursue having a CPN based at the University Health Centre to help assess and support students with mental health problems without the need for referral into secondary care. It would also help to reduce GP time spent on supporting individuals on a regular basis.

It was proposed the CPN would undertake initial assessments but also provide regular support for students suffering from mental health problems. The practice envisaged that students would be able to directly access the CPN as well as the CPN taking referrals from doctors and nurse practitioners.

2.3 Meeting with Durham Student Union (DSU) representative

Despite the practice proposing a meeting with the Community Officer, DSU, there had been no response to both e-mails and telephone calls.

It was noted that DSU Community Officers varied in terms of engagement in their role and agreed to try to develop a link when a new Community Officer was in post.

3. Annual Patient Satisfaction Survey, University Health Centre

(a) Survey results

248 out of 250 questionnaires handed out at the University Health Centre were returned – a response rate of 99.2%. No questionnaires were distributed via the Virtual Patient Participation Group (PPG) which had previously demonstrated very disappointing returns.

It was noted that the survey results continued to demonstrate that patient satisfaction was very good in most areas. In addition, 92.3% of respondents had indicated that they were either extremely likely or likely to recommend the University Health Centre to friends and family. The group considered the practice was to be congratulated on its achievement and that there were only a few areas where things might be tightened up.

It was noted that this was the first patient survey at UHC still ending “Open Surgeries” and that this change had not as might have been expected negatively impacted in the survey on students’ ability to obtain appointments. Dr Kent commented that in ending Open Surgeries the practice had responded to previous surveys in which patients reported long waiting times in Open Surgery as well as there being insufficient bookable appointments. He commented that when patients had presented in Open Surgery with mental health problems this had caused excessive waiting times for other patients. He indicated that it was better for patients who had mental health or other on-going problems to book appointments and see the same doctor for continuity of care.

In relation to the Claypath Medical Centre, the meeting enquired whether reception advised patients when the GP they were seeing was running late. Tracy indicated that reception did this when patients initially booked in at reception but unfortunately lost sight of how long patients were waiting when they went upstairs. GPs had been asked, therefore, to advise patients when they were running late. It was noted that Dr Panke was particularly good at informing patients if he was running late.

Members of the Group indicated that Dr Timson regularly ran late but recognised that this was because she spent so much time with each patient. Robin Harris enquired whether GPs picked up other doctors patients if they were running exceptionally late. Tracy Watson indicated that this occurred occasionally but not routinely. It was noted, however, that the majority of patients wanted to wait to see the GP they had been booked in with.

In relation to the Claypath Medical Centre, Paul Briggs indicated that the new telephone system seemed to be working well. He felt that the recorded message reminding patients that repeat prescriptions requests are not taken over the phone should have helped clear a few lines. Robin Harris commented, however, that the sound that occurred when patients could not get through was loud and extremely irritating. Tracy Watson agreed and would look into whether this could be changed.

(b) Development of action plan

It was agreed that the practice develop an action plan and share this if possible with DSU student representation. It was agreed that the action plan should include:

- To display information on the type of conditions on which patients could consult a Nurse Practitioner instead of a GP;
- To continue to pursue a CPN being based at the University Health Centre;
- To continue to seek improved service provision for patients with Eating Disorders;
- To further promote Patient On-line Services

4. Monitoring of Claypath Medical Centre, Patient Survey Action Plan 2016/17

The meeting reviewed progress against the Claypath Medical Centre, Patient Survey Action Plan 2016/17.

It was noted that the majority of action points had been completed. Those outstanding included:

- To promote the practice's on-line facilities for patients:
 - see item 6 below.
- To produce a list of conditions on which patients can consult a Nurse Practitioner instead of a GP and to then publish within the practice:
 - Nurse Manager to compile list of conditions
- To re-launch the Virtual Patient Participation Group (PPG)
 - on reflection the practice had decided to abandon the Virtual PPG given the lack of response from patients and the difficulties in maintaining an up-to-date list of patients given the turnover of student patients.

5. Blood Testing

It was noted that Julie Smith had been this item on the agenda and agreed to defer as she was not present.

6. Patient On-line Access

Tracy Watson reminded the meeting that patients were now able to book appointments, order prescriptions as well as access parts of their medical record on-line. She indicated that additional on-line facilities were not automatically made available to patients already using the system to book appointments and order repeat prescriptions. Everyone who

wanted to access their medical records on-line, therefore, needed to request this at reception and bring in proof of their identity.

The practice had ordered on-line promotional posters, leaflets, and appointment cards, and had arranged for the North or England Commissioning Support to meet with staff to help with promotion of on-line services.

7. Care Quality Commission Visit

Gillian indicated that the practice's long awaited Care Quality Commission visit had taken place on Tuesday, 6th September, 2016.

Carole Lattin, Debra Hindson, Paul Briggs and Muriel Sawbridge met with the CQC Inspectors as representatives of the practice's Patient Participation Group. Paul indicated that they asked questions on how the Group interacted with the practice and how representative it was of the practice's registered population. In particular they were keen to know how the Group interfaced with other Patient Participation Group's through membership of the CCG's Patient Reference Group. Representatives of the Group considered that the visit had gone well.

Gillian indicated that she had been asked to put together the CQC Visit Programme/ Timetable and that this had involved a presentation by the practice and then a series of interviews with the Registered Manager (Dr Helen Marsden), herself, Tracy Watson, Anne Phillips as Nurse Manager, as well as representatives of the GP and nursing teams, the Patient Participation Group, and patients in the surgery on the day of the visit. The practice had sent numerous documents to the CQC prior to the visit as evidence of its working practices and had other documentation available for inspection on the day including copies of the practice's Mission Statement, Business Plan, and Annual Report. The Inspectors also did a tour of both sites to ensure compliance in terms of health and safety, etc. Administration staff had been sent a CQC questionnaire to complete and return to the Lead Inspector before the visit.

Feedback at the end of the day was that the practice had passed its CQC Inspection. The Draft Inspection Report giving an overall rating, and individual ratings in the areas of Safe, Caring, Responsive, Effective, Well-led, would be available at the earliest at the beginning of October, 2016, but if selected for audit purposes could take several weeks longer. The practice when it received the Draft Report would then be given a defined time in which to respond in terms of accuracy, etc.

Tracy indicated that the CQC Visit had been a positive experience for the practice in terms of staff updating their skills and refreshing their knowledge. It had also enabled the practice to have a good clear out

Gillian agreed to inform members of the Group of the outcome as soon as it was received by the practice.

8. Patient Participation Group Terms of Reference

It was agreed that given the CQC's lines of enquiry regarding the PPG that it would be timely to review the Group's Terms of Reference. It was considered that some PPGs were

keen to discuss political issues concerning the NHS whilst others focused more on practice issues. It was suggested the Group might be better utilised in supporting the practice to deliver its Business Plan and objectives.

It was agreed that the Group arrange a meeting without practice staff to review its Terms of Reference and that the outcome of the meeting be fed back to the practice for consideration. Gillian agreed to send out the current Terms of Reference and copies of the practice's Mission Statement, Business Plan, and Annual Report.

9. Practice Website

Marion Holloway indicated that she had recently been on the practice website and had found it was confusing. Gillian commented that the practice acknowledged that the practice website was not easy to navigate and was particularly difficult for those accessing it on I-Phones and tablets. She indicated that the practice had highlighted their plans to develop a clearer more concise website within their CQC presentation. It was agreed that the practice involve the Patient Participation Group in development.

10. Friends and Family Test

The meeting received copies of the Friends and Family Test results from February, 2016, to July, 2016. Overall the majority of respondents were either "extremely likely" or "likely" to recommend the practice to "friends and family".

In relation to the comments received the majority indicated that patients were very satisfied with practice services with only one or two over the five months period indicating that they were not satisfied. It was agreed that there were no recurring issues amongst the comments received which required attention and that the total number of responses received was too small to be significant.

11. North Durham CCG Patients' Reference Group (PRG)

The meeting had received a report from Carole Lattin on the issues discussed at the North Durham CCG Patients' Reference Group between March – June, 2016. If anyone has any queries about any of the issues raised in her report please let her know.

It was felt that work needed to be done to improve the channel of communication between PPGs and the PRG i.e. with PPGs identifying issues for discussion at the PRG and vice versa.

The meeting expressed concern regarding NDCCG's Referral Management Scheme whereby GPs were no longer able to routinely refer their patients for a growing number of conditions, instead having to obtain "prior approval" tickets for referral to be considered against a set of criteria. Dr Kent indicated that this procedure had been put in place as a money saving exercise as the NHS had a limited budget and could no longer afford all referrals.

12. Date and time of next meeting

It was agreed to meet again after patient representatives on the Group had had the chance to meet to consider the Group's Terms of Reference.

/GPB

10 October, 2016